



# SUMMER DAY CAMP 2016: REGISTRATION FORM



## CAMPER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (     )                      -                      Age: \_\_\_\_\_ Grade (Fall 2016): \_\_\_\_\_

Gender:     Male             Female            Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## PARENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (     )                      -                      Cell Phone: (     )                      -

Work Phone: (     )                      -                      Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (     )                      -                      Cell Phone: (     )                      -

Work Phone: (     )                      -                      Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_

## WEEK(S) OF ATTENDANCE\*

Week 1: June 6 – 10

Week 3: June 20 – 24

Week 2: June 13 – 17

Week 4: June 27 – July 1

\*See brochure for prices. Campers ages 6-11 are accepted each week.

## CAMPER T-SHIRT SIZE

Youth Small

Youth XL

Adult Medium

Youth Medium

Adult Small

Adult Large

Youth Large



# AUTHORIZATION TO ADMINISTER MEDICATION

I, the undersigned, being the parent or legal guardian of \_\_\_\_\_, a minor, do hereby authorize the Office of Student Services of Southwestern Adventist University to administer the below specified medication(s) to the minor named herein at the times and in the dosage written below:

NAME OF MEDICATION	TIMES TO BE GIVEN	DOSAGE (please be specific)
1.		
2.		
3.		
4.		
5.		



Special instructions, or conditions, to monitor after the administration of medication:

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Special instructions regarding camper's physical activities:

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AUTHORIZING PARENT/GUARDIAN

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- All medications must be in the original container labeled with the participant's name, date and directions.
- At the end of Summer Day Camp all medications will be disposed of properly.



# EMERGENCY MEDICAL INFORMATION\*

CAMPER'S NAME: \_\_\_\_\_

Parent/Guardian's Name (print both if applicable): \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please describe any of your child's special needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_, a minor, do hereby authorize the Office of Student Services Department of Southwestern Adventist University, to administer any and all necessary emergency medical care for my child during activities at Southwestern Adventist University and on all designated field trips.

Physician: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # ( ) - Hospital Preference: \_\_\_\_\_

Allergy or allergic reactions: \_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACTS

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone ( ) - Work Phone ( ) -

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone ( ) - Work Phone ( ) -

3) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone ( ) - Work Phone ( ) -

**\*This form serves as consent to participate in activities on SWAU campus and off-site field trips.**



# CAMPER PICK-UP AUTHORIZATION

CAMPER'S NAME: \_\_\_\_\_

Parents and guardians are the first to be contacted to pick up the camper. Please provide the name and information for individuals authorized to pick up the camper in case of your absence.



**Authorized Person #1** \_\_\_\_\_ DL# \_\_\_\_\_

Address \_\_\_\_\_

Phone (M) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Relationship \_\_\_\_\_

**Authorized Person #2** \_\_\_\_\_ DL# \_\_\_\_\_

Address \_\_\_\_\_

Phone (M) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Relationship \_\_\_\_\_

**Authorized Person #3** \_\_\_\_\_ DL# \_\_\_\_\_

Address \_\_\_\_\_

Phone (M) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Relationship \_\_\_\_\_

**Authorized Person #4** \_\_\_\_\_ DL# \_\_\_\_\_

Address \_\_\_\_\_

Phone (M) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Relationship \_\_\_\_\_

**Authorized Person #5** \_\_\_\_\_ DL# \_\_\_\_\_

Address \_\_\_\_\_

Phone (M) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Relationship \_\_\_\_\_

For the safety of your child, only the individuals listed above will be allowed to pick up your child from camp. Authorized persons must provide valid identification. If you need to add or delete from this list, please be sure to contact the camp staff ahead of time to make them aware of the changes.

I, \_\_\_\_\_, hereby authorize the Student Services staff to release my child, \_\_\_\_\_, to any of the above individuals.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



# WAIVER OF LIABILITY AND RELEASE FORM



The undersigned hereby acknowledges that participation in Southwestern Adventist University's Summer Day Camp program and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge Southwestern Adventist University and all employees and agents thereof from any and all known liability of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen, body and personal injuries, damage to property, and the consequences thereof, resulting from the registrant's actions, inactions, negligence of others and/or the conditions of the premises or any equipment used thereon.

I further understand the following issues: (1) that I am legally responsible for action of the named individual including, but not limited to, any damage to private or public property caused by him/her; (2) that I am legally responsible for my own and/or the registrant's welfare and actions including personal needs and medical expenses.

I declare that my signature below shall serve as a waiver for all claims against Southwestern Adventist University, its board of Directors, volunteers, contracted workers, and the employees or agents thereof. I have read and fully understand the Waiver of Liability and Release provisions contained herein.

I further represent and warrant that the registrant's participation in Southwestern Adventist University's Summer Day Camp is covered by a policy of comprehensive health and accident insurance\* that provides coverage for injuries that the registrant may sustain as part of his or her participation in the Summer Day Camp program.



Print Name of Registrant \_\_\_\_\_

DOB of Registrant \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Effective Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Group # \_\_\_\_\_ Member ID \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

**\*Copy of insurance card (front & back) must be on file.**



**SOUTHWESTERN ADVENTIST UNIVERSITY**

# PHOTO, VIDEO & MEDIA WAIVER



I grant Southwestern Adventist University and its officers, trustees, employees, agents, students, representatives, successors, licensees and assignees (hereinafter “the University”) the right to take and/or use photographs, video footage or other media of me and/or my minor child (if applicable) in connection with my participation in events sponsored by the University. I authorize the University to copyright, use and/or publish the same in print and/or electronically. I agree that the University may use such photographs, video footage or other media of me and/or my minor child with or without my name or my child’s name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date



\_\_\_\_\_  
Name of minor child

\_\_\_\_\_  
Date



**SOUTHWESTERN ADVENTIST UNIVERSITY**

# THINGS TO KNOW & CAMPER CHECKLIST

## ATTIRE:

All campers must wear close-toed tennis shoes to Summer Day Camp. Swim wear and flip flops are acceptable only on visits to the pool.

## \*DAILY SCHEDULE:

7:30am	Drop Off Begins
8:10	Worship Begins
9:00	Activity 1
10:15	Activity 2
12:00pm	Lunch
1:00	Silent Reading Time
2:00	Activity 3
3:15	Activity 4
4:30	Recreation
5:00	Pick Up Begins

\*The schedule is subject to change.

## THINGS TO BRING:

- ☆ Bible
- ☆ Water bottle
- ☆ Sun block & bug repellent
- ☆ Swim wear & flip flops
- ☆ Towel
- ☆ Change of clothes
- ☆ Backpack
- ☆ Reading books
- ☆ Medication

