

## Camper Information Form

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME TEL \_\_\_\_\_ E-MAIL \_\_\_\_\_ M or F \_\_\_\_\_  
MOTHER/GUARDIAN \_\_\_\_\_ WORK/CELL \_\_\_\_\_  
FATHER/GUARDIAN \_\_\_\_\_ WORK/CELL \_\_\_\_\_  
SCHOOL / CLUB \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_  
ROOM-MATE REQUEST \_\_\_\_\_ (PLEASE LIST ONE, NO GUARANTEES)  
CLUB / SCHOOL \_\_\_\_\_

### CAMP PAYMENT INFORMATION

CAMP REGISTRATION FEE \_\_\_\_\_ PAID ON-LINE \_\_\_\_\_ TOTAL ENCLOSED \$ \_\_\_\_\_

### **CamperPickUpAuthorization** (Parents must list themselves in addition to any other authorized individual.)

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

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

4. \_\_\_\_\_ Phone \_\_\_\_\_

### **Camper Release Authorization (Children 10 and over)**

I request UCLA Recreation to allow my child to release him/herself at the end of camp.

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

**IMPORTANT!! PLEASE READ AND SIGN BELOW**

**100% REFUND:** If notified two weeks in advance of camp by 5pm a refund of 100 percent of the total cost of camp session is available for all refund requests received by the competitive sports department. If UCLA Competitive Sports cancels a program, a full refund will be issued.

**REFUNDS:** Camp fees paid by credit card will be credited immediately upon approval by UCLA Recreation. Purchases made by check or cash will be refunded by check within four to six weeks after approval by UCLA Recreation. Refunds will be made only to the original payee or credit card holder.

**Absences:** If you are unable to attend a day a refund will not be given.

**Dismissal from Camp:** There are times when the camp must dismiss a child due to a psychological, emotional or physical disability that precludes the child from participating safely or effectively in a group. Dismissal will take effect only after consultation among the parents, camper (if appropriate) and the camp director. Dismissal for the aforementioned reasons will result in a complete refund for the unused days. On occasion, dismissal maybe necessary for disciplinary reasons. This action will take effect only after consultation among the parents, camper (if appropriate) and the camp director. If a camper is dismissed for disciplinary reasons, there will be NO REFUND for the unused days.

**Mandated reporting:** UCLA Recreation employees are mandated, by California State Law, to report any suspected cases of child abuse or neglect directly to the appropriate authorities for investigation. While we have established internal procedures to facilitate reporting and apprise supervisors, we cannot by law require our employees to disclose his or her identity to anyone.

**I acknowledge that I have read and have a copy of the Youth Programs Refund Policy and that I understand the words and language in it, and accept its conditions. I also give my consent (and/or consent on behalf of, and as legal guardian for a minor child) to the use of any photographs taken of the minor child by UCLA Recreation Staff, or their representatives, to be used for editorial and/or promotional uses only.**

I am the parent or legal guardian of the minor \_\_\_\_\_, and I am signing on behalf of said minor.

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

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

CAMPER EMERGENCY INFORMATION & EMERGENCY TREATMENT CONSENT FORM

I. Camper Information

Camper Name (First/Last/MI) \_\_\_\_\_ Grade (Fall '14) \_\_\_\_\_  
Camper Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Parent's E-mail \_\_\_\_\_

II. Family Information

Parent/Guardian (First/Last/MI) \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Work Address \_\_\_\_\_  
Parent/Guardian (First/Last/MI) \_\_\_\_\_ Home Phone \_\_\_\_\_ Address \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Address \_\_\_\_\_

III. Health Information

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Employer Group # \_\_\_\_\_  
Policy Holder Name \_\_\_\_\_ Member # \_\_\_\_\_

Please advise us of any learning disabilities, emotional or physical conditions to assist us in providing the best camp experience for your child.

List any or all medications which your child will bring with him/her to camp:

Medication	Medical Condition	To Be Given When/How
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. Allergies: List all known allergies

Medication allergies	Describe reaction and management of the reaction
_____	_____
_____	_____
_____	_____
_____	_____

Food allergies or Dietary Restrictions

_____	_____
_____	_____
_____	_____

Other allergies - include insect stings, hay fever, asthma, animal dander, etc.

_____	_____
_____	_____
_____	_____

IMPORTANT! PLEASE READ AND SIGN BELOW

Informed Consent for Emergency Treatment: In the case of an emergency and if I cannot be reached, I authorize the staff of UCLA Recreation to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees. I am the parent or legal guardian of the minor \_\_\_\_\_, and I am signing on behalf of said minor.

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

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