

Summer Camp 2008 Registration Form

Please fill out a separate registration form for each child (photocopies are acceptable). A confirmation letter with complete details will be mailed after your registration is received. **Registration is due by May 26.**

Child's Name _____ Grade in fall 2008 _____

Address _____ Zip _____

Parent/Guardian Name _____

Day Phone _____ Evening Phone _____

E-mail Address _____ Cell Phone _____

Fee for Campers: (Children entering first through eighth grade).

Member Cost:

_____ \$175.00 fee
_____ \$150.00 Sibling Fee

Non-member Cost:

_____ \$200.00 fee
_____ \$175.00 Sibling Fee

_____ Early Morning Drop- off fee 7:30-8:30 a.m. additional \$25.00
_____ Late Pick up fee 5:00 – 6:00 p.m. additional \$25.00

Jr. Camp Counselor Cost: (Ninth through twelfth grade)

_____ \$50.00 Fee

Please select a T-shirt size:
One T-shirt is included in the camp fee.

_____ Child Small
_____ Child Medium
_____ Child Large
_____ Adult Small
_____ Adult Medium
_____ Adult Large
_____ Adult X-Large

Cancellation Policy:

For cancellations two or more weeks prior: Camp fees, minus the deposit, will be refunded. For cancellations one week prior: ½ of camp fee, minus the deposit, will be refunded. Cancellations less than one week prior: no refunds.

Scholarship Request:

Full scholarship requested Half scholarship requested

Payment Method:

Check enclosed Please charge my credit card - Visa MasterCard American Express Discover

Card # _____ Exp. Date _____

Signature _____ Print Name _____

Mail along with your payment to: Unitarian Universalist Church of Fresno, ATTN: Summer Camp, 2672 E. Alluvial Avenue, Clovis, CA 93611 or fax with your credit card payment to (559) 322-6159. Please make your checks payable to UUCF and put "Summer Camp" in the memo line. CALL (559) 322-6146 FOR MORE INFORMATION.

Unitarian Universalist Church of Fresno

Permission/Waiver Form for Summer Camp 2008

Name of Child, Youth or Adult Participant _____

Parent(s) and/or legal guardians(s) of child/youth _____

Functions and Activities

It is my understanding that participating in the programs and recreational activities of Unitarian Universalist Church of Fresno (hereafter UUCF) is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including as an example, physical injury due to activity-related accidents, and physical injury due to the transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this permission/waiver form, I expressly warrant that the child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of the activities, whether such risks are known or unknown to me at this time. I further release UUCF and its minister(s), director of religious education, employees, youth advisors, volunteers and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of my participation in the activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against UUCF or its minister(s), director of religious education, employees, youth advisors, volunteers and agents. I further agree to indemnify and hold harmless UUCF and its minister(s), director of religious education, employees, youth advisors, volunteers and agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child/youth during such activities.

Photography and Publicity

I hereby grant full permission to the Unitarian Universalist Church of Fresno or agents authorized by it to use any photographs, video tapes, motion pictures, recording or any other record of the Summer Camp for any legitimate purpose. Further, I hereby waive any right I may have to inspect or approve the finished product.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child/youth named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of UUCF to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Health Insurance Information

Insurance Carrier _____ Policy # _____

Medical Doctor _____ Phone _____

Dentist Name _____ Phone _____

Date of last Tetnus shot _____

Emergency Contacts: Names of persons and telephone numbers to call in case of emergency:

Name	Home Phone	Work Phone	Cell Phone

Medical History: Special medical needs and concerns (allergies, diet, medications, etc.):

Other Information:

For Use only if the Participant is a Minor

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above permission/waiver form and am fully familiar with the contents thereof. I give permission for the child/youth named above to participate in the activities of UUCF, including special events/activities. In consideration for allowing the participation of the child/youth in the activities of UUCF, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian _____ Date _____

Print Name of Parent or Legal Guardian _____