



Spring Break Camp

PARENT/GUARDIAN NAME: _____ PARENT/GUARDIAN DOB: _____
 (Person responsible for account)

CAMPER NAME: _____ CAMPER DOB: _____

GRADE: _____ SHIRT SIZE: _____

Have you attended Camp C-Woo before? Yes _____ No _____ CWU ID Number: _____

Spring Break Camp Full			\$215	
Spring Break Camp Daily			\$50 per day	
Monday	Tuesday	Wednesday	Thursday	Friday

*Payment Due at time of Registration

TO REGISTER: Complete this form and return it with payment to the CWU Recreation Center Administration Office (SURC 175) between the hours of 8:00 AM and 5:00 PM Monday – Friday. Full payment for Spring Break Camp will be due at time of registration.

METHODS OF PAYMENT: For your convenience methods of payment are cash, check or credit card. Communication regarding payments and general camp information will be sent via email from campcwoo@cwu.edu

CANCELLATION & REFUND POLICY: Please note you will not receive a refund for any days the camper does not attend. An administrative fee will be charged in the event of a cancelation or refund.

How did you hear about Camp C-Woo?

Social Media Grand Meridian Ad School Advertisement Word of Mouth

Other: _____

STAFF USE ONLY:			
Method of payment (circle one):			
Check (# _____)	Credit Card (_____)	Cash	
Amount Paid: _____	Balance Due: _____	(Last four digits on card)	
If community member they may need an ID created. (Date request sent to Student Accounts): _____			
Staff Name: _____	Date: _____	Time: _____	
Notes:			

FOLLOW US ON SOCIAL MEDIA:



@CWUCampCWoo



@CWUCampCWoo

EMERGENCY/MEDICAL INFORMATION (PLEASE UPDATE IF ANYTHING CHANGES)

Name: _____ **Date of Birth:** _____ **Age:** _____

PARENT/GUARDIAN INFORMATION

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mother/Guardian: _____
E-mail Address: _____ Day Phone: _____
Cell Phone: _____
CWU ID#: _____ Campus Department (If applicable): _____

Father/ Guardian: _____
E-mail Address: _____ Day Phone: _____
Cell Phone: _____
CWU ID#: _____ Campus Department (If applicable): _____

OTHER EMERGENCY CONTACT INFORMATION (Other than Parent/Guardian)

Name: _____ Relationship: _____
Phone: _____ Alt. Phone: _____

Name: _____ Relationship: _____
Phone: _____ Alt. Phone: _____

CAMPER HEALTH PROFILE

Physician Name: _____ Phone: _____
Medical Insurance Company: _____
Policy Number: _____

AUTHORIZED INDIVIDUALS TO PICK UP CAMPER (BEFORE, DURING, OR AFTER CAMP)
(Please do Not List Parents/Guardians or emergency contact people)

Name: _____ Relationship: _____
Phone: _____ Alt. Phone: _____

Name: _____ Relationship: _____
Phone: _____ Alt. Phone: _____

MEDICAL HISTORY

What Allergies does your child have (medicine, food, insects, plants, etc)?

Does your child have any physical limitations or conditions our staff should know about?

What medications does your child take (prescription and non-prescription)? If you answered yes, please list how often and the reason.

Does your child have medications that have to be with him/her at all times? If you answered yes please list and reason.

Has your child ever been diagnosed with a concussion? _____

If yes, when and afterward were they cleared to participate in physical activity by a doctor?

SELF ADMINISTERED MEDICATION

My child has permission to carry and self-administer the medication listed below:

Name of Medication: _____ Dose: _____

When Medication Should Be Taken: _____

What Happens If Medication Is NOT Taken: _____

Parent Signature: _____ Date: _____

***** STAFF MAY NOT ADMINISTER OR KEEP ANY MEDICATION FOR CAMPERS *****

HOW OUR STAFF WILL ADDRESS BEHAVIORAL ISSUES

When children are at camp, they must abide by the camp rules for their safety as well as the safety of other campers and staff. Please review the camp rules and make sure your child understands the rules. We will periodically revisit these rules as the summer progresses and have them posted in the facility. If we encounter campers that repeatedly break rules, they may be asked to leave the camp. In extreme cases you may be asked to come and get your child immediately. It is important that if your child has any special needs or is challenged by some environments that you communicate this information to our staff. Our goal is to make possible accommodations to provide a better experience for your child as well as the other children at camp. Please review the camp rules and communicate the expectations to your child.

CAMP RULES

1. Respect! Treat others how you would like to be treated.
2. Listen to your counselors at all times and if you have a problem, tell a counselor. Make sure the staff knows where you are at all times.
3. Follow instructions, rules, and remember SAFETY FIRST! Stop means Stop!
4. Come to camp with a positive attitude and ready to HAVE FUN!!

Please have your camper sign their name letting us know that they understand the rules of the camp. We are looking forward to a fun summer!

Campers Signature: _____

Parents Signature: _____

PARENT/GUARDIAN (PLEASE READ CAREFULLY AND SIGN BELOW):

Child's Name (Please Print) _____

Acknowledgment of Risk: I hereby acknowledge that I have voluntarily chosen to allow my child to attend the University Recreation Summer Camp at Central Washington University. The activities for which my child may participate at camp may include, but are not limited to climbing, games, sports, exercise, aquatic activities, hiking, biking and various outdoor activities.

I understand the risks involved in these activities: I recognize that each camp activity involves risk of injury to my child and I agree to accept any and all risks associated with it, including but not limited to property damage or loss, minor bodily injury, serious bodily injury or death. I further recognize that my child's participation in camp activities may lead to minor or serious bodily injury to the head, neck and back; and possible injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system; injury to internal organs; and injury or impairment to other aspects of the body, general health, and well-being. I understand the danger and risk of allowing my child to participate in camp activities may not only result in bodily injury, but also in impairment of my child's future abilities to earn a living; to engage in other business, social, and recreational activities; and generally to enjoy life. I also understand that my child's participation in camp activities involve risks incidental thereto, including but not limited to, travel to and from camp activities; limited availability of immediate medical assistance; and the possible negligent or reckless conduct of other children. By voluntarily allowing my child to participate in camp activities and with the knowledge of the risks involved, I hereby agree to accept any and all inherent risks of property damage, bodily injury, or death.

I further recognize that the risks to my child mentioned above may arise from, but are not limited to, the following circumstances:

Cardiovascular Training - trip and fall, overexertion, improper equipment, improper technique, and uncontrollable natural elements.

Aquatic Activities – Drowning, slip and fall, striking stationary objects, administration of first aid, failure to follow rules, and reckless conduct of other participants.

Games/Sports - Physical contact with participants, surfaces, equipment, equipment failure, reckless conduct with other players, and failure to follow rules.

I understand there are other risks to my child that are not described above, not known to me now or not reasonably foreseeable at this time that are associated with the camp activities. However, I acknowledge and accept those risks as well.

I hereby give permission to the agents of CWU to transport my child on scheduled field trips.

Hold Harmless: In consideration of allowing my child to participate in the University Recreation Summer Camp and to the fullest extent permitted by law, I agree to hold harmless CWU, its officers, directors, employees, agents, volunteers and assigns from and against all claims arising out of or resulting from my child's participation in camp. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting there from. In addition, I hereby voluntarily hold harmless and release the State of Washington, CWU, its trustees, officers, employees, agents, and volunteers from any and all claims arising out of or incident to my child's participation in the University Recreation Summer Camp, which may be made on behalf of me, my child, my personal

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representatives and my heirs or assigns, unless caused by the direct and sole negligence or willful misconduct of CWU.

Child Will Abide By Rules and Regulations:

I have instructed my child to cooperate and comply with all reasonable directions and instructions received from the camp staff. I understand that any violation of Washington State Law and camp rules and regulations by my child will be grounds for immediate dismissal from the camp. I understand that if my child is dismissed from the camp, I will not receive a refund for any unused portion of the pre-paid camp rates.

Permission to Use Photograph or Likeness:

I hereby give my permission to CWU to use my child's photographic image, in whole or in part, for camp-specific public information and marketing activities at the discretion of CWU.

Consent to Arrange Emergency Treatment:

I understand and acknowledge that on rare occasions an emergency may develop which necessitates the administration of medical care, dental care, hospitalization or surgery to my child. Therefore, in event of injury or illness to my child which necessitates emergency medical or dental care, I hereby authorize CWU and its staff in charge of the University Recreation Summer Camp, to arrange any necessary emergency treatment including the administration of anesthetics and surgery to my child. In the event of injury that does not necessitate emergency medical care; I understand that CWU does not have facilities for the care of ill children.

Medical, Dental, Health and Insurance Responsibilities:

I understand and acknowledge that CWU cannot assume responsibility for determining the medical, dental or health condition of my child. Therefore, I have consulted with a medical doctor and/or dentist, as I have deemed necessary, with regards to my child's individual medical or dental issues or needs, and find my child physically and mentally fit to participate in the University Recreation Summer Camp. If my child is required to receive medical, dental or hospital services during camp, I am aware that CWU cannot and does not assume legal responsibility for payment of such costs; rather, I hereby assure CWU that I have assumed all risk and responsibility thereof and that my child has the necessary insurance to meet any and all needs for payment of these services during the University Recreation Summer Camp.

I HAVE CAREFULLY READ THIS AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL.

Name of Parent/Guardian of Child Listed Above (please print)

Signature of Parent/Guardian

Date

CENTRAL WASHINGTON UNIVERSITY - UNIVERSITY RECREATION DEPARTMENT
Rock Climbing Activity and Program Participant
HOLD HARMLESS AND ACKNOWLEDGEMENT OF RISK AGREEMENT

I acknowledge that climbing is a dangerous activity with the potential for death, serious injury, and property loss. I realize that the inherent risks of climbing include falls, equipment failure, bad decision-making, inattentive belayers, and holds that have become loose or damaged by other climbers. I understand that there are many unforeseen accidents which may occur, and I assume all risks associated with such accidents, even though I cannot foresee them.

I agree to pay attention to the condition of the ropes, harnesses, hardware, anchors, and all equipment, and to advise the facility staff if I do any damage or notice any damage. Because of the inherent dangers of participating in climbing wall or related activities, I recognize the importance of following instructions regarding techniques, training, and rules and agree to obey such instruction. I have or will obtain prerequisite skills, qualifications, preparation and training to participate in the rock climbing activity in a safe and competent manner.

I certify that I am physically capable of participating in this activity, and know of no medical or health reason that would prevent me from participating safely.

I give permission for the facility staff to seek emergency medical services for me should I become injured or ill with the understanding that I am fully responsible for any expenses incurred. I understand that the Central Washington University does not provide any medical insurance coverage for me while participating in this facility. I understand that it is my obligation to have a health and accident insurance policy in effect while participating in the University Recreation on activities or to otherwise be responsible for any and all medical expenses which may be incurred as a result of an accident

I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Central Washington University, its officers, employees, volunteers and agents from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of climbing equipment or my participation in all climbing activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the officers, employees, volunteers or agents of Central Washington University.

The venue of any dispute that may arise out of this agreement or otherwise between the parties to which CENTRAL WASHINGTON UNIVERSITY is a party shall be entered into in the County of Kittitas, Washington or the State Supreme Court in Kittitas County, Washington.

I agree to assume all risks of personal injury, including paralysis, death or other permanent disability, medical expenses, lost wages, loss of earning capacity, and property damages, or any other loss incurred while participating in University Recreation activities and programs.

I HAVE CAREFULLY READ THIS AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL. THIS IS A RELEASE OF LIABILITY. DO NOT SIGN THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.

Signature: _____ **Date:** _____
*Must also be signed by parent or legal guardian if participant is a minor under 18 years of age
(See Page 2)*

CENTRAL WASHINGTON UNIVERSITY - UNIVERSITY RECREATION DEPARTMENT

MINOR INDOOR CLIMBING CONSENT FORM

As a parent or legal guardian of a participant under 18 years of age, I have read and voluntarily agreed that said minor may participate in climbing activities and programs through Central Washington University, and I sign this release on their behalf. In addition, I give Central Washington University, its officers, agents, volunteers and employees permission to treat said minor in case of illness, injury, emergency, or accident. Should emergency medical services become necessary for the undersigned participant or minor the expenses are the sole responsibility of the participant and not that of Central Washington University.

I am the legal guardian of _____, and I consent to his or her Participation in **Climbing Activities** at Central Washington University.

I acknowledge that my child's voluntary participation in climbing is a dangerous activity with the potential for inherent hazards and risks of serious personal injury such as, but not limited to: paralysis, brain damage, loss of vision or limb function, permanent scarring, disability, and/or death, and I agree to assume those risks outside the control of the University of Washington Staff. I agree to be responsible for assuring that my child has the necessary abilities and conditioning to safely participate in this activity.

I understand that the University Recreation Department or Central Washington University does not provide accident/medical coverage for **Climbing** participants. I further agree that my child has the appropriate accident/medical insurance to provide for the possible future medical expenses which may be required by my child as a result of any injury sustained in participation in this activity.

Parent/Guardian Signature: _____ **Date:** _____

I am signing on behalf of the minor named above.