



## 2010 CAMP REGISTRATION FORM

Indicate site:  Lakes of The Meadow  Country Walk Resident ID # \_\_\_\_\_  
 Spring Break (3/29 – 4/2): \_\_\_\_\_ or/and Summer Camp : \_\_\_\_\_  
 Session I:  June 14  June 21  June 28  July 5  July 12  
 Session II:  July 19  July 26  August 2  August 9  August 16

### **CAMPER INFORMATION:**

Campers First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Gender: \_\_\_ Male \_\_\_ Female Age at camp: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Home Ph. #: \_\_\_\_\_  
 Current School Grade: \_\_\_\_\_ Name of School: \_\_\_\_\_

### **PARENT / GUARDIAN INFORMATION:**

#### Parent / Guardian # 1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home Ph. #: \_\_\_\_\_ Office Ph. #: \_\_\_\_\_ Cell Ph. #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Home Address: \_\_\_\_\_

#### Parent / Guardian # 2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home Ph. #: \_\_\_\_\_ Office Ph. #: \_\_\_\_\_ Cell Ph. #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 If not available in an emergency, notify: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

### **HEALTH HISTORY:**

#### **ALLERGIES**

#### **Describe reaction and management of the reaction.**

##### **Medication Allergies (list)**

\_\_\_\_\_  
\_\_\_\_\_

##### **Food Allergies (list)**

\_\_\_\_\_  
\_\_\_\_\_

##### **Other Allergies (list)- includes insects, stings, hay fever, asthma, animal dander, etc.**

\_\_\_\_\_  
\_\_\_\_\_

Name of Camper: \_\_\_\_\_

**GENERAL QUESTIONS** (Explain “yes” answers bellow)

Has / does the participant:	Yes	No
1. Had any recent injury, illness or infectuos disease?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness / condition?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Ever had a head injury?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever been knocked unconscious?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Wear glasses, contacts or protective eye wear?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Ever had frequent ear infections?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever passed out during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever had frequent headaches?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?.....	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?.....	<input type="checkbox"/>	<input type="checkbox"/>
15. Ever been diagnosed with a heart murmur?.....	<input type="checkbox"/>	<input type="checkbox"/>
16. Ever had back problems?.....	<input type="checkbox"/>	<input type="checkbox"/>
17. Ever had problems with joints?.....	<input type="checkbox"/>	<input type="checkbox"/>
18. Have an orthopedic appliance being brought to camp?.....	<input type="checkbox"/>	<input type="checkbox"/>
19. Have any skin problems (e.g. itching, rash, acne)?.....	<input type="checkbox"/>	<input type="checkbox"/>
20. Have diabetes?.....	<input type="checkbox"/>	<input type="checkbox"/>
21. Have asthma?.....	<input type="checkbox"/>	<input type="checkbox"/>
22. Had mononucleosis in the past 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
23. Had problems with diarrhea / constipation?.....	<input type="checkbox"/>	<input type="checkbox"/>
24. Ever had or has psychologcal or behavioral problems***?.....	<input type="checkbox"/>	<input type="checkbox"/>
25. Does he or she have a condition of ADD and/or ADHD***?.....	<input type="checkbox"/>	<input type="checkbox"/>

\*\*\*\* **Requires an interview with Camp Directors.**

Please explain any “yes” answers, noting the number of the questions.

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Which of the following has the participant had:

- Mesles  Chicken Pox  German Measles  Mumps  Hepatitis A Hepatitis B  Hepatitis C

Name of Camper: \_\_\_\_\_

Use this space to provide any additional information about the participant behavior and physical, emotional, or mental health about which the camp should be aware: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent's Medical Authorization and Emergency Release:** The emergency information and health history I have provided in this form are correct. I, as the parent/guardian, hereby authorize USP Camps personnel to seek emergency treatment, to administer emergency CPR-First Aid treatment as required and to transport my child to the appropriate medical facility in the event that emergency care is necessary. I authorize the hospital and its medical staff to provide any treatment which is deemed necessary for the wellbeing of my child. Minor injuries will be treated at camp and I will be notified of any such treatment. I will not hold USP, its owners, its directors, its employees or its legal representatives and Lakes of The Meadow or Country Walk Homeownes Association liable if my child has an accident or sustains an injury during, on the way to and/or at USP Camps.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

To my knowledge the participant is not a carrier of any communicable disease, measles, chicken pox, mumps, aids, etc. Should the participant become the carrier of such, I would not expect USP to retain or admit my child.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Non Prescription Medicine:** I authorize USP Camp staff to administer to my child , if considered necessary, the following over the counter medicine:

Children's Tylenol     Children's Ibuprophen     Benadryl

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**The camp reserves the right to withdraw any camper who shows a conduct / behaviour that requires a special attention by our staff.    Please Initial \_\_\_\_\_**

Name of Camper: \_\_\_\_\_

**INSURANCE INFORMATION:**

Child 's Family Doctor / Pedriatician name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the participant covered by family medical/hospital insurance:  Yes  No

If so, indicate carrier or plan name: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Child's SS #: \_\_\_\_\_

**► Photocopy front and back of health insurance card must be attached to this form  
Important – This box must be completed for attendance**

In case my child does not carry any type of health insurance, I will cover all medical expenses in case of an emergency or accident. Please initial \_\_\_\_\_

**RECOMMENDATIONS AND SPECIAL INSTRUCTIONS WHILE ATTENDING CAMP**

Are there any activities or sports in our program that your child is NOT able to participate in?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is there any other additional information about your child that you would like to share to enable us to make his / her USP Camp experience the best we can? If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

**POOL AUTHORIZATION:**

\_\_\_\_\_ **YES**, I authorize that my child to swim in the pool as part of the camp activities. My child knows how to swim and does **NOT** require any floating devices.

\_\_\_\_\_ **YES**, I authorize my child to swim in the pool as part of the camp activities. My child requires the use of a swimming device (floaters) to be in the pool. I will send the floating device every day. I understand that if the floating devices are not sent, my child will **NOT** be allowed in the pool.

\_\_\_\_\_ **NO**, I do not authorize my child to swim in the pool.

Name of Camper: \_\_\_\_\_

**AUTHORIZED PERSONS FOR CAMPER PICK – UP**

Please list bellow all persons, including yourself who are authorized to pick up your child from camp. ID will be required.

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>PHONE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please initial all that apply bellow:

\_\_\_\_ My child may be released **ONLY** to one of the above people.

\_\_\_\_ I may occasionally send a friend or relative to pick up my child. If so, I will notify the camp by phone or in writing on the day of the change.

Please note: Your child will **NOT** be released to anyone who is not authorized. Authorization will be determined based on this form submitted by the registering parent.

\_\_\_\_ **YES**, I authorize my child to sign out and leave the camp on his own without pick-up. I understand that my child cannot stay in the camp premises after he or she signs out.

**I understand that if my child is picked up after 6:00 p.m. there will and additional charge of \$ 1.00 for every minute after this time.** Initial: \_\_\_\_\_

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Name of Camper: \_\_\_\_\_

## **SPORTS CAMPS RULES AND REGULATIONS**

1.- The camps will take place at the following sites:

**Lakes of The Meadow Health and Racquet Club**

**Country Walk Community Center & Jack D. Gordon Elementary**

2.- Participants must be a resident of the community where the camp will take place.

3.- Drop off and pick up will be at the designated area for each camp. Campers must be signed in and signed out each day by their parents / legal guardian or authorized person.

4.- Campers will be released only to those persons listed in the Registration Form. In case campers are allowed to leave on their own, parents must sign the "Camper Leave Release Form".

5.- Earliest drop-off time for Regular Hours is **8:30 a.m.** and latest pick-up is **4:30 p.m.** For Extended Hours, earliest drop – off is **7:00 a.m.** and latest pick-up is **6:00 p.m.** A \$ 1 per minute charge will apply after 6:00 p.m. pick up.

6.- Parents must follow parking regulations while dropping and picking up campers. Cars must not block traffic in the main entrance driveway.

7.- Payment for the first week or session must be received before the registration deadline. Otherwise, spaces cannot be guaranteed. Payments for each additional week must be done each Friday or latest on Monday's. If payment is not received by Monday, camper will not be allowed to stay in camp on after checking out. Payments can be done by check to USP or by Credit Card. For credit card payments please provide the Credit Card Authorization Form.

8.- Payments for extended hours must be done in advance and must included all the days that will be used.

9.- Camp activities are structured according to camper's age, level and skills. Most activities include outdoor sports. Parents must notify the camp if campers are not allowed to participate in a specific sport or activity.

10.- Parents and campers are responsible in providing adequate sunblock each day.

11.- Weather permitting, pool time will be scheduled daily. Parents must indicate in the Registration Form if camper is NOT allowed in the pool. Additional indoor activities will be scheduled in this case. We strongly recommend campers use goggles, specially if kids are sensible to pool's chlorine. Parents may also want to provide eye drops.

12.- Field Trips will be offered during the camp at an additional cost. Usually one field trip for each week. Cost will vary depending on the Field Trip. Parents will be required to sign a Field Trip Release Form. No camp staff will be available at camp for campers who do not participate in the Field Trip. Camp T-shirt is mandatory for field trips.

13.- Each camper needs to bring their own lunch box. This should be a cold and light lunch such as sandwiches, hot dog, macaroni and cheese, etc. No microwave will be available. Make sure to include plastic forks and knives if needed as well as napkins. Drinks should also be included. The Camp will provide Healthy snacks every afternoon. Make sure to indicate if camper is allergic to a specific food. Water will be available to make sure kids are well hydrated.

Parent / Guardian Initials: \_\_\_\_\_

14.- Camp Staff includes a Camp Director, Supervisor and Counselors. Parents should contact the Camp only if it's important. Contacts phone # are:

Thomas Anderson: 786-234-6478 / Gabriela Casanas: 305-297-2612 USP Office: 305-554-1124

15.- The Medical Release information for each camper will be required in order to participate. Emergency numbers will be available on file. A doctor will be on call and a complete first aid kit will be on site at all times. Please make sure to indicate in the form if your child suffers from any type of allergies or is under a specific medication. The camp must have on file a copy of the kid's health insurance card.

16.- If a Camper is sick, please DO NOT send him/her to camp. USP reserves the right to return him / her home.

17.- What to bring to camp every day:

- 1) Sports Clothing (shorts, t-shirt and tennis shoes)
- 2) Extra t-shirt for afternoon session.
- 3) Bathing suit, goggles and towel
- 4) Sunscreen (mandatory) and hat.
- 5) Lunch box.

Make sure to send all items in a bag with name on it. Camp will not be responsible for lost or stolen items. Found items will be kept in the Lost and Found box for a period of 2 weeks. After this time, all unclaimed items will be donated to charity.

18. If for any reason a camper must cancel his/her registration before the starting date, USP will withhold 25% of the amount paid plus the registration fee, returning the remaining 75% to the student. Once the camper begins the program, USP will not refund any payment. No credits apply for missing days.

19. The camp will run even if it rains. Special activities will be scheduled in covered areas.

20.- The camp reserves the right to suspend a camper from camp for disciplinary reasons. No refund will apply.

21. Campers will be allowed to bring their video games and devices, but can only play them at the designated hour. Camp will not be responsible for stolen or lost items.

22. The following items are prohibited at camp: Roller blades, Heelys, scooters, roller skates, water guns, and paint ball guns.

23. USP Camps reserves the right to take photographs (film and digital) of campers during camp. USP retains the right to use any pictures of campers to promote its Camps.

I have read and agree to accept the above rules,

**Name of Camper (s):** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

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

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

**Note: Please sign and include this document with the camp registration form. Drop Registration at the Community Center / Management office. Please place inside a closed envelope with payment. Indicate name of camper in the payment. If paying by credit card, include Credit Card Authorization Form.**