

## **Kid's Summer Camp Participant Registration and Release Form**

### **Registration and Refunds:**

Registration and payment for the UNC Wellness Centers Kid's Summer Camp must be completed and submitted to the front desk of the UNC Wellness Center at Northwest Cary. Full payment is required at the time of registration to reserve the child's space. Due to limited space, refunds will not be given. Participants may sign up for any or all of the weekly camps. There will be no proration of fees for any days a child participant cannot attend. Registration is only permitted for members of the UNC Wellness Centers.

### **Age Guidelines:**

The UNC Wellness Centers Kid's Summer Camp is for children ages 5 to 12 years old and no exceptions will be made. The participants will be divided into two separate groups dependent on age.

### **Hours of Operation:**

The UNC Wellness Centers Kid's Summer Camp hours are Monday-Friday 8:45 am-12:15 pm. Please do not drop off your child prior to the start time of camp. Dates for the camp are June 23-27, July 7-11, July 14-18, July 21-25, and July 27-August 1, 2014.

### **Pick-up and Drop-Off Procedures:**

Children need to arrive between 8:45-9:00 am and must be picked between 12:00-12:15 pm. Parent/guardian must park their vehicle and walk their child into the Camp and sign the child into the Camp. The check-in area for the camp will be through the door in front of the Turf Field (the Physical Therapy entrance), not the main door to the UNC Wellness Center at NW Cary.

### **Late Pick-Up Policy:**

There will be a late-fee assessed for children who are picked up after 12:15 pm. The late fee is \$1.00 for each minute past 12:15 pm. Repeated late pick-ups may result in the removal of the participant from the program, with no refund for prepaid programs.

### **Medical Needs/Allergies:**

UNC Wellness Centers are not permitted to administer medication to program participants. In the event of a medical emergency, UNC Wellness Centers will administer first aid, CPR, and rescue in the best interest of the child. Parents will be contacted if care is administered. Allergy medications may be administered if directed in writing by the child's parent/guardian.

### **Special Circumstances:**

Parents and guardians are required to inform the UNC Wellness Centers in writing of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including, but not limited to, any serious behavioral problems or special circumstances regarding psychological, medical, or physical conditions. Once the notice is submitted, a

conference will be scheduled with the parent/guardian to discuss the special circumstances and whether the Center can accommodate the circumstances.

**Dress Code:**

Children should dress appropriately for the activities scheduled. UNC Wellness Centers recommends shorts and a light weight shirt or top, and some type of athletic shoe or sneaker in order to participate in recreational or athletic activities. UNC Wellness Centers recommends a sweatshirt or jacket for indoor activities. Sandals, flip-flops, rubber “cros”-style shoes, and other open-toed shoes are not recommended as acceptable attire for active recreation activities. Shirts should have a minimum of 1” wide shoulder straps. Clothing that displays drugs, alcohol, tobacco, offensive language, excessive bagginess, or is excessively revealing will not be permitted.

**Personal Belongings:**

Please put the child’s name on all articles of clothing, snack bags, bags, etc. Children should not bring toys, mobile phones, electronic devices, jewelry, money, or any possession of value with them to any of the programs, with the exception of a pool toy as more fully explained below. Children will be responsible for their belongings.

**Sunscreen/Insect Repellent:**

Please apply sunscreen and insect repellent prior to the start of each camp session. Children may bring sunscreen and insect repellent but must be able to reapply with staff supervision. Spray or mist sunscreen and/or insect repellent are recommended. Sunscreen and/or insect repellent must be labeled with child’s name. Children may not share these items with others.

**Behavior Management/Discipline Policy:**

UNC Wellness Centers staff will create a fun and safe environment for participants in the program. Praise and positive reinforcement are used as effective methods of behavior management. Children who do not respond to these methods or who are destructive to others or to property will be dealt with in a professional, positive, and timely manner to correct the behavior. The following procedures will be followed for behavior management. All incident reports will be discussed privately with parents/guardians and a copy of each report will be kept on file at the UNC Wellness Centers.

1. In the event a child’s behavior is a repeated behavior and cannot be corrected by the UNC Wellness Centers Staff with a verbal warning or other form of behavior modification, a first incident report will be written to document and correct behavior. A copy of the report will be given to the parent/guardian the same day as the incident.
2. A second incident report will be written if the behavior is repeated by or new behavior problems occur with the same child. This report will follow the same process as the first, but a one or two-day suspension could accompany this report, and no refund will be provided for suspended days. A copy of the report will be given to the parent/guardian the same day as the second incident.
3. A third incident report will be completed using the same process as the first two. The UNC Wellness Centers staff will write this report. Staff will provide this report to the parent/guardian. Incident reports will be discussed privately with a parent/guardian by a UNC Wellness Center staff and Director. Dismissal from a program can occur at this time.

**NOTE: *Immediate dismissal from the program can occur at any time given severe circumstances. Refunds for missed days due to a discipline dismissal will not be granted.***

**Nutrition/Snacks:**

Children must bring a snack and a drink in a non-glass container each day. Snacks should be in a paper, plastic, or reusable bag clearly labeled with the child's name. Beverages must be clear, or light colored. Brightly colored drinks are prohibited. Snacks must be peanut-free. Please do not send gum or candy.

**Rock Wall:**

To use the rock climbing wall, children must have a parent or guardian complete the rock climbing waiver prior to the start of camp. All children must wear a dry shirt and pants/shorts while climbing and bouldering. Children must wear clean athletic shoes, running shoes or climbing shoes. Boots, sandals, hard-soled shoes or bare feet are not permitted. All hand jewelry or long necklaces must be removed. Hair must be tied back when necessary. Climbing in bathing suits is not permitted. In addition, if a child uses the pool prior to climbing, he or she must shower before using the wall because the harnesses and ropes can be damaged by chlorine residue. All climbing gear will be provided and UNC Wellness Centers staff will supervise all climbing activities.

**Swimming:**

Children will need to bring a swimsuit or wear a swimsuit under their clothing on swim days (the weekly schedule will dictate what days are in the pool). Towels will be provided. Undergarments are not allowed under swimsuits for health & sanitation reasons. Lycra swim shirts or rash guards are permissible. Cotton t-shirts, denim, or cotton shorts may not be worn in the water. Floatation devices, such as Puddle Jumpers, water wings, or lifejackets are not allowed. Swimmers must demonstrate they can swim and pass a quick swim test the first time they attend the pool. The swim test that allows children to play in the deeper areas of the pool (4-9 feet) consists of:

1. Jump feet first into water over the child's head
2. Level off and swim 25 feet on the surface of the water
3. Stop and turn around 180 degrees
4. Resume swimming on the surface of the water, and return to the starting place.

If the child cannot pass the swim test, he or she must stay in the 3½ foot depth of the pool area.

## Mock Schedule of Weekly Camp Events:

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>8:45-9:00am</b>	Arrive, check-in and play until first activity at 9am	Arrive, check-in and play until first activity at 9am	Arrive, check-in and play until first activity at 9am	Arrive, check-in and play until first activity at 9am	Arrive, check-in and play until first activity at 9am
<b>9:00-10:00am</b>	Group Exercise Events (2 groups, separate ages)	Personal Training (2 groups, separate ages)	Group Exercise Events (2 groups, separate ages)	Personal Training (2 groups, separate ages)	Group Exercise Events (2 groups, separate ages)
<b>10:00-11:00am</b>	Snack (brought from home) and Rock Climbing (2 groups, separate ages)	Nutrition/ Cooking Activity with Snack	Snack (brought from home) and Rock Climbing (2 groups, separate ages)	Nutrition/ Cooking Activity with Snack	Snack (brought from home) and Rock Climbing (2 groups, separate ages)
<b>11:00am-12:00pm</b>	Swimming	30 mins of Crafts, 30 minutes of "field day" games	Swimming	30 mins of Crafts, 30 minutes of "field day" games	Swimming
<b>12:00-12:15pm</b>	Play time until picked up	Play time until picked up	Play time until picked up	Play time until picked up	Play time until picked up

**Waivers and Informed Consent:**

By signing this form, I, as parent/guardian, permit the UNC Wellness Centers to use pictures of my child(ren) as a program participant in promotional literature, videos, and the UNC Wellness Centers website. I understand my child(ren)'s name(s) will not be published.

I, as parent/guardian of \_\_\_\_\_ (“Child”), hereby assume all risks and hazards incidental to the conduct of the activities at UNC Wellness Centers and transportation to and from the activities. My Child is fit for the program(s) in which I have enrolled him/her. I HERELY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS RELEASEES FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY CHILD MAY ALLEGE AGAINST RELEASEES (including reasonable legal fees and costs) AS A DIRECT OR INDIRECT RESULT OF INJURY OR DEATH TO ME OR MY CHILD BECAUSE OF MY CHILD’S PARTITIPATION IN ANY UNC WELLNESS CENTERS PROGRAMS , WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES ON MY BEHALF OR ON BEHALF OF MY CHILD REGARDING ANY CLAIM ARISING FROM OR RELATED TO MY CHILD’S PARTICIPATION IN ANY UNC WELLNESS CENTERS PROGRAM(S).

I ACKNOWLEDGE THAT, BY SIGNING THIS DOCUMENT, I AM RELEASING UNC WELLNESS CENTERS, UNC HEALTH CARE SYSTEM, THE UNIVERSITY OF NORTH CAROLINA HOSPITALS AT CHAPEL HILL, AND THEIR REPRESENTATIVES, AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, SPONSORS, PROMOTERS, AND AFFILIATES (COLLECTIVELY “RELEASEES”) FROM LIABILITY, AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS SIGN UP AND RELEASE FORM IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES IN WHICH MY CHILD ENGAGES DURING THE SUMMER CAMP AT UNC WELLNESS CENTERS, REGARDLESS OF WHETHER SUCH ACTIVITY IS A PART OF A FORMAL PROGRAM. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS AND WHAT I AM AGREEING TO BY SIGNING.

I understand that no insurance coverage for participants in these activities is provided by the UNC Wellness Centers. By registering for this program, I understand and agree that if a portion of the program is unable to be completed due to unforeseen circumstances under responsibility of the UNC Wellness Centers, I will receive a prorated credit on my account for the uncompleted portion of the program. I also understand that no refunds or proration will be given for any other reason.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\_\_\_\_\_ Parent

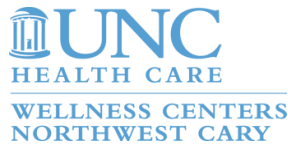
\_\_\_\_\_ Guardian

Name and age of Participant(s) (print): \_\_\_\_\_

Guardian Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please fill out participant information on following page



## Kid's Summer Camp Participant Registration Form

### Participant #1 Information:

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Participant Date of Birth: \_\_\_\_\_ Age during camp: \_\_\_\_\_

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

Guardian Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Alternative Phone number: \_\_\_\_\_ Guardian Email: \_\_\_\_\_

Is this child allergic to anything? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Is this child currently taking medication? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does this child have special needs\*? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\*Programs are provided for people of all abilities. If there is need for reasonable modification, please answer YES above and speak to a manager prior to the start of the camp. Each request will be assessed in compliance with the ADA.

Please circle below what week(s) this child would like to participate in the Kid's Summer Camp

June 23-27      July 7-11      July 14-18      July 21-25      July 27-Aug.1

Number of Weeks: \_\_\_\_\_ x \$110 per week = Amount Due: \_\_\_\_\_ Date Paid: \_\_\_\_\_

### Participant #2 Information:

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Participant Date of Birth: \_\_\_\_\_ Age during camp: \_\_\_\_\_

Is this child allergic to anything? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Is this child currently taking medication? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does this child have special needs\*? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

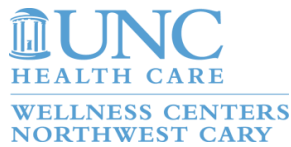
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June 23-27      July 7-11      July 14-18      July 21-25      July 27-Aug.1

Number of Weeks: \_\_\_\_\_ x \$110 per week = Amount Due: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Total Amount Due (all participants): \_\_\_\_\_ Date Paid: \_\_\_\_\_



## Rock Climbing Release Form for Kid's Summer Camp

Participant's Full Name (Print) \_\_\_\_\_ ("Minor Child") Date of birth \_\_\_\_\_

Participant's Full Name (Print) \_\_\_\_\_ ("Minor Child") Date of birth \_\_\_\_\_

Participant's Full Name (Print) \_\_\_\_\_ ("Minor Child") Date of birth \_\_\_\_\_

Participant's Full Name (Print) \_\_\_\_\_ ("Minor Child") Date of birth \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ (all fields required)

In consideration of UNC Wellness Centers (UNCWC) giving my Minor Child(ren), listed above, the opportunity to participate in climbing activities, including, but not limited to, climbing, belaying, lowering on ropes, the right to engage in technical rock climbing, rock wall climbing, rock climbing classes, rappelling, and other activities related in any way to rock climbing activities provided to my Minor Child(ren) by UNCWC ("Climbing Activities"), I, for and on behalf of my Minor Child(ren), his/her/their personal representatives, assigns, heirs and next of kin, state and agree to the following:

### ASSUMPTION AND ACKNOWLEDGEMENT OF RISK

I acknowledge, agree and represent that I understand the dangerous nature of Climbing Activities and that my Minor Child(ren) is qualified, in good health, and in proper physical condition to participate in such activities. I acknowledge that Climbing Activities entail known, unknown and unanticipated risks, seen and unseen, which could result in physical or emotional injury, paralysis, death, and damage to property or third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity.

I understand that UNCWC assumes no responsibility for any injury to my Minor Child(ren) resulting from his/her/their participation in Climbing Activities, and I agree to assume all risk and bear full responsibility for any injury or damage my Minor Child(ren) may suffer while participating in Climbing Activities. My Minor Child(ren) has/have no physical or mental limitations which would preclude his/her/their safe use of the climbing walls, climbing equipment, or exercise equipment, or being in the landing zones ("Walls") and/or I assume all risks that may be created by such limitations. I further certify that neither my Minor Child(ren) nor I am currently mentally impaired or under the influence of drugs or alcohol; and I am otherwise legally competent to understand and enter into this Agreement for and on behalf of my Minor Child(ren). I am assuming the hazard of this risk because my Minor Child(ren) wishes to climb at the UNCWC facility. The risks outlined in this Agreement are not exhaustive and I acknowledge that there may be other risks, hazards, and dangers that, based on the circumstances, are integral to Climbing Activities.

### RELEASE, INDEMNIFICATION AND PROMISE NOT TO SUE

I hereby indemnify, hold harmless and release UNCWC and the UNC Health Care System, its shareholders, directors, officials, representatives, agents and employees from any and all loss, claims, damage, or liability which

might arise out of my Minor Child(ren)'s participation in the Climbing Activities. This release is binding on his/her/their heirs, assigns and agents. In the event that I file a lawsuit against UNCWC or the UNC Health Care System, its shareholders, directors, officials, representatives, agents and employees, I agree to do so solely in the state court located in Wake County, North Carolina.

#### FACILITY RULES AND AGREEMENTS

My Minor Child(ren) will comply with ALL UNCWC rules, both written and as stated to him/her/them by UNCWC during his/her/their participation in Climbing Activities. My Minor Child(ren) will obey the UNCWC staff in regards to those rules as they affect his/her/their safety, other participants and observers, the property of UNCWC, and all resources used in conjunction with Climbing Activities. My Minor Child(ren) agrees and warrants that he/she/they will inspect each portion of the Climbing Activities in which he/she/they take part and that, if my Minor Child(ren) finds any condition which he/she/they considers to be unacceptable, hazardous, or dangerous, my Minor Child(ren) will notify the UNCWC staff and refuse to take part in the Climbing Activities until the condition has been corrected. My Minor Child(ren) understands that any instruction he/she/they receives about the use of the Walls and Climbing Activities and/or any instruction my Minor Child(ren) receives at UNCWC is not sufficient to prepare him/her/they for the risks and hazards of indoor and outdoor rock climbing. Furthermore, my Minor Child(ren) understands that the teaching of rock wall and rock climbing safety procedures is not allowed in the facility except by the UNCWC staff. My Minor Child(ren) understands that UNCWC reserves the right to refuse or terminate his/her/their participation in Climbing Activities for any non-discriminatory reason at any time.

I am aware of the recommend use of a protective helmet during Climbing Activities, which could prevent permanent brain damage or other injury in the event of an accident. I am also aware it is my Minor Child(ren)'s responsibility to provide and use a protective helmet according to the manufacturer's specifications while participating in Climbing Activities and that, should my Minor Child(ren) choose to participate in Climbing Activities without a helmet, I assume all risks associated with that decision.

I have read this agreement, understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature, and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law on behalf of myself and my Minor Child(ren). I also agree that if any portion of this Agreement is held to be invalid, illegal, or unenforceable, that portion of this Agreement shall be deemed separate, distinct and independent, and shall be ineffective to the extent it (i) invalidates the remaining provisions of this Agreement under applicable law or (ii) affects the legality, validity or enforceability of this Agreement.

I certify that I am at least 18 years of age and that no other representations have been made to me that change, alter, or modify anything within this Agreement. Additionally, I give UNCWC permission to use in its marketing materials any picture in which my Minor Child(ren)'s likeness appears unless I notify UNCWC in writing otherwise.

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

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

Today's Date \_\_\_\_\_