Youth Summer Camp Registration

GENERAL INFORMATION
Ages: 7 – 12 years old

When: Weekly, May 28 – August 2 (no camp during July 4th week)

Where: MTSU Recreation Center (officially called Health, Wellness, and Recreation Center)
- A majority of each day is spent in different activity areas inside the Rec Center facility – indoor soccer arena, basketball courts, racquetball courts, and indoor pool with slide and basketball goal.
- Swim time is broken up during the week between the indoor and outdoor pools.
- Campers travel across campus daily, usually by foot, to eat at one of the campus dining facilities.
- Our physical address is 1848 Blue Raider Drive, Murfreesboro, TN 37132.

Cost: $175 per week, this includes all activities and lunch each day
- A $20 off per week if you sign up for the entire summer up front.
- Camp registration is accepted on a daily basis for $40 per day per camper. Prior notice is preferred, and all registration forms need to be completed by 9 a.m. the day of camp.

Payment: Campus Recreation accepts cash, check, and major credit cards.

Cancellation/Refund Policy
- Full refund if a cancellation notice is given by the Monday before the registered camp week.
- Non-attendance or camp disciplinary actions do not entitle one to a refund.
- Weeks may be transferred provided there is space available and with one week’s notice.

Drop Off: 7:30 – 9:00 a.m.; Pick Up: 4:00 – 5:30 p.m.
- During this time campers will have supervised free play.
- Dropping off: Bring your camper to the entry lobby of Campus Recreation (officially labeled as the Health, Wellness, and Recreation Center on campus maps), where you will have to sign them in with camp counselors.
- Picking up: Enter the Recreation Center and stop at the turnstiles. Tell the attendant that you are here to pick up your child from Sports Camp. Camp counselors will be stationed in the seating area at the gymnasium entrance where you will sign out your camper. Campers will only be allowed to leave with people that are on the Pick-Up Authorization list.
- In case of emergency, you must make direct contact with the Camp Coordinator regarding release of your child to someone not on the Pick-Up Authorization list.

Itinerary: Each day will be filled with a variety of group sports, leisure, and fitness activities in a fun, safe environment – activities may include but are not limited to kickball, indoor soccer, relay races, badminton, volleyball, racquetball, and recess-style activities. Campers will swim each day, in either the indoor or outdoor pool. Campers learn the importance of a healthy lifestyle and good sportsmanship. Our goal is to help build a better person, not necessarily a better athlete.
What to Wear: Campers should wear comfortable clothes and tennis shoes/sneakers that allow for a variety of activities.

What to Bring Each Day:
- Water bottles and snacks that do not require refrigeration.
- A bathing suit and towel for swimming
- Sunscreen is recommended for the outdoor pool and where most swimming occurs.
- Sandals or flip-flops may be brought to be worn only during swim time, not during regular activities.
- Change for the vending machines. Change, not dollar bills, is suggested as vending machines often run out of change and Campus Recreation cannot make change.
- **DO NOT** send electronics, video games, valuables, or toys with your camper – Campus Recreation is not responsible for damage to or loss of these items.

BEHAVIOR EXPECTATIONS AND DISCIPLINE POLICY

Youth Summer Camp expects Counselors to demonstrate good character and leadership. All counselors have had a criminal background check. Therefore, we do not condone and will not permit our Counselors:
- to administer corporal punishment
- to ridicule, threaten, or use an inappropriate loud voice
- to leave children unsupervised
- to use profanity

A camper’s behavior is expected to be consistent with the following:
- Use appropriate language at all times
- Cooperate with staff and follow directions
- Respect other children and staff, equipment, the facilities, and themselves
- Maintain a positive attitude
- Stay in program areas – running away or leaving the group without permission is not acceptable

The Discipline Policy
Disciplinary action may range from sitting out of an activity, having a conference with the Camp Coordinator, having a parent/guardian pick up the camper before the day is done, suspension for a day, or dismissal from camp, and is based on the severity and/or repetition of a behavior or action. The Camp Coordinator will discuss any disciplinary issues with the child. The parent/guardian will be notified verbally – either at pick-up or by phone. If bad behavior continues, the Camp Coordinator will discuss with parents possible solutions which may include suspension or dismissal.

Behaviors which may result in immediate dismissal include, but are not limited to:
- Any action that could threaten or pose a direct threat to the physical/emotional safety of the camper, other children, or staff
- Vandalism or destruction of MTSU property or the property of others
- Fighting
- Inappropriate conduct
- Running away
- Possession of a weapon of any kind
Youth Summer Camp Registration

Child’s Name _______________________________ Male or Female (please circle)

Child’s Address ____________________________________________________________

City __________________________ State _______ Zip _____________

Date of Birth __________ Age as of 5/29/19 _______ Last Grade Completed _________

Is your child able to swim? ________________

Primary Email Address: _________________________________________________________

Parent’s or guardian’s information:

Name______________________________________________Relationship_________

Phone (H) __________________(W) __________________(Cell)

Name______________________________________________Relationship_________

Phone (H) __________________(W) __________________(Cell)

Name______________________________________________Relationship_________

Phone (H) __________________(W) __________________(Cell)

Please check the weeks your camper will attend. Weekly registration fees are $175 (lunch included).

____ Week 1 (May 28-31) Fee $140* ______ Week 4 (June 17-21) ______ Week 7 (July 15-19)

____ Week 2 (June 3-7) _______ Week 5 (June 24-28) _______ Week 8 (July 22-26)

____ Week 3 (June 10-14) ______ Week 6 (July 8-12) ______ Week 9 (July 29-Aug 2)

Please use a separate registration form for each child. A $20 off per week (except for Week 1) if you sign up for the entire summer at once.

Office Use Only

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Completed Forms on File: ______ Waiver/Release ______ Medical Info/Model Release ______Pick-Up

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Waiver/Release and Authorization to Seek Medical Assistance

I, the undersigned, minor and parent/guardian hereby voluntarily expressly and affirmatively execute this agreement in return for permission for ________________________(Participant) to participate in MTSU Campus Rec Summer Camp. I recognize that there are many risks of injury, including serious disabling injuries, that may arise due to participation in this activity and that is not possible to specifically list each and every individual risk. However, knowing the material risks and appreciating other injuries and even death are a possibility; I hereby voluntarily and expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of death, which could occur by reason of participation.

If my child, _________________________, born ________________, becomes ill or involved in an accident and I or another adult whom I have authorized in writing to act in my absence cannot be contacted immediately (whether due to unavailability or the need for immediate action under the circumstances). I authorize Middle Tennessee State University to seek any necessary treatment and authorize the treating hospital/physician to provide my child any emergency medical treatment they deem necessary or appropriate (including anesthesia). I accept full responsibility for any expenses incurred in the medical treatment of my child, to the extent such expenses are not covered by the following:

Health Insurance Company: ________________________________________________________
Policy Number: _________________________________________________________________
Medicaid Number: ______________________________________________________________
Child’s known allergies or physical conditions: _______________________________________
_____________________________________________________________________________
_____________________________________________________________________________

I, hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Middle Tennessee State University, the Board of Regents of the State of Tennessee, their officers, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and damage, or injury, including death, that may be sustained by me, or which may result from emergency medical treatment sought as a result of said participation in this activity. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or cost, including medical bills, court costs and attorneys’ fees, that may occur due to participation in said activity, WHETHER CAUSED BY NEGLIGENCE RELEASEES or otherwise. I subjectively understand the risks of my child’s participation in this activity, and knowing and appreciating these risks of my participation. I, the participant’s parent/guardian further state that I am the participant’s: 
_____Parent/____Guardian (Please check one),

and I am fully competent to sign this agreement. I expressly intend for myself, for the Participant, and for Participant’s family, estate, heirs, administrators, personal representative, or assigns to be bound by this document, and it shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. The document shall remain in effect for each and every time I participate in the activities listed herein. This release shall be constructed in accordance with the laws of the state of Tennessee.

We have had an opportunity to ask questions, and the questions asked have been satisfactorily answered.

Print Name of Parent/Guardian of Participating Minor ________________________________
Signature of Parent/Guardian of Participating Minor ________________________________

Home Phone ________________________________ Cell Phone ________________________________ Work Phone ________________________________

Alternate contact if Parent/Guardian cannot be contacted. Home Phone __________________________ Cell/Work Phone __________________________

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Medical Information

1) Please list all known allergies, illnesses, disabilities, or diseases and any necessary information regarding camp care for these situations (*please use additional pages if necessary*).

2) Please list all prescription and non-prescription drugs your child may have in their possession at camp. Be aware that prescription and non-prescription drugs of any sort are not allowed at camp without specific written permission from child’s parent, and must be registered with camp staff daily.

3) Please list any other medical/health concerns or special needs of which the Sports Camp staff needs to be aware of.

I certify that my child is physically able to participate in the Sports Camp program as explained in the camp brochure. I further certify that my child has all school-required shots, is free of communicable diseases, and any medical or health concerns have been thoroughly explained above.

Parent/Guardian Signature _______________________________ Date __________________

Child’s Physician ____________________________ Physician’s Office Phone _______________

Model Release for Use of Image

The undersigned irrevocably consents to and authorizes the use by MTSU Campus Recreation of the undersigned’s image, voice, and/or likeness to video, photograph, publish, republish, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display, or otherwise use or reuse the undersigned’s image in connection with any promotional services in all markets, media or technology now known or hereafter developed in the University’s produce or services as long as there is no intent to use it in a disparaging or commercial manner. I understand that all such recordings, in whatever medium, shall remain the property of the University. I hereby assign any copyright or proprietary interest which I might assert to the University. The University may exercise any of these rights itself or through any successors, transferees, licensees, distributors or other parties, commercial or non-profit. I hereby release the University from liability for any violation of any personal or proprietary right I may have in connection with such use. The undersigned acknowledges receipt of good and valuable consideration in exchange for this release, which is simply the opportunity to represent the university in its promotional and advertising materials as described above.

Today’s Date: ____________________ Participant’s Date of Birth ________________

Signature of Participant (Parent or legal guardian if participant is under 18)
## Pick-Up Authorization

Persons other than parent/guardian listed above who are authorized to pick up child or who may be consulted in the event of an emergency if parents cannot be contacted. Provide as many or few authorized persons as necessary (use additional paper if necessary).

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