KID’S NIGHT OUT DESCRIPTION

Hey, kids! Leave the parents at home for the night while you have fun playing games, swimming and dancing in the studio at the UCCS Recreation Center! Counselors will offer a wide variety of activities to appeal to children age 5-14 and encourage them to participate. Light snack provided. Fee $10 per child.

PROGRAM LOCATION AND PARKING

The official camp location is the UCCS Recreation Center, 1420 Austin Bluffs Parkway, Colorado Springs, CO 80918. The parking lot adjacent to the UCCS Recreation Center, Lot 8, is a contract lot. It is monitored and ticketed by UCCS Public Safety. Parents and authorized parties must park in the designated 15 minute parking spots or pay for a timed parking pass only. Failure to do so may result in a ticket, for which Campus Recreation will not be held responsible. A staffed check-in and check-out table will be located at the entrance of the UCCS Recreation Center.

PROGRAM PRICING

Children 5-14 years old: $10

PROGRAM REGISTRATION AND PAYMENT

Print and complete both the registration form AND waiver for registration.

Campus Recreation accepts cash and check.
Please write checks to “UCCS Campus Recreation – Youth Programs”.
**We are not able to accept credit card for this event**

Submit registration form, waiver and payment by

In-person: UCCS Recreation Center
1420 Austin Bluffs Parkway
Colorado Springs, CO 80918

CAMPUS RECREATION SUMMER CAMP POLICIES

Registration confirmation. Campus Recreation youth programs staff will confirm registration by contacting parents individually via e-mail. Registration is considered complete and registration confirmed when all of the below have been submitted:
- Registration form
- Waiver

Program cancellation policy. If the minimum number of program registrations has not been met, Campus Recreation reserves the right to cancel camp. Parents will be informed of the cancellation via e-mail the Wednesday prior to the first day of the event.

Refund policy. If Campus Recreation cancels an event due to low registration numbers, a full refund will be issued. Other refund requests, subject to administrative costs, will be handled on an individual basis. Contact Mallory Price, Coordinator, at mprice@uccs.edu
Drop off and pick up times. The below are the only times parents or authorized parties can drop off or pick up campers. Special requests must be submitted, in writing, 24 hours prior to the requested time to Mallory Price at mprice@uccs.edu

Kids Night Out Drop Off: 5:30pm – 6:00pm
Kids Night Out Pick Up: 8:30pm – 9:00pm

Picture ID required. Only registered and authorized parents and parties can pick up and drop off campers. Government issued picture ID must be presented at the time of pick up or drop-off. No exceptions.

Late pick-up policy. The late pick-up policy is in effect 5 minutes following the conclusion of camp. A $1 fee will be charged for every minute authorized parent or party is late. Fees are payable immediately upon arrival at the camp location.

Campers must bring the following:

- Swim suit and towel
- Athletic clothing
- Athletic, closed toe shoes
- Backpack with extra clothing

Do not bring:

- Toys or personal sports equipment
- Electronic devices, e.g. cell phones, iPods, DVD players, laptops, tablets, Nintendo, etc.
- Weapons or toy renderings of weapons

Our commitment to safety. All camp, activity, instructor and lifeguard staff are experienced and trained in delivering programs and services to children. All are certified in First Aid, CPR and AED.

Child health and wellness. In the event of any of the following, we ask that you not bring your child(ren) to camp:

- Fever of 100 Fahrenheit or higher
- Nausea, vomiting, diarrhea, cold/flu symptoms
- Unexplained rash
- Lice
- Exposure to communicable disease

Photography release.

Special accommodations. Please contact Mallory Price, Coordinator at mprice@uccs.edu
KIDS NIGHT OUT 2014 - REGISTRATION FORM

Submit BOTH “registration form” AND “waiver”

Child’s name: _______________________________  Child’s date of birth: _______________________________

Parent e-mail address: __________________________________________________________

Program(s) child is registering for (check all boxes that apply):

Kid’s Night Out

February 7th, 2014  □  $10 (6pm-9pm)

April 11th, 2014  □  $10 (6pm-9pm)

Photography Release

I, the parent or legal guardian of child named above, considered a minor and under age 18, grant permission to Campus Recreation at the University of Colorado at Colorado Springs to take and reproduce any photographs taken of child for the purpose of summer camp related publication, promotion, illustration, advertising, or trade, in any manner or in any medium.

Parent / guardian signature: ___________________________  Print name: ___________________________

Picture ID required. Only registered and authorized parents and parties can pick up and drop off campers. Government issued picture ID must be presented at the time of pick up or drop-off. No exceptions.

Camp cancellation policy. If the minimum number of camp registrations has not been met, Campus Recreation reserves the right to cancel camp. Parents will be informed of the cancellation via e-mail the Tuesday prior to the first day of camp.

Camp change requests. Camp change requests must be made via e-mail, at latest, one week prior to the camp’s start. A $15 administrative fee will be charged in the case of camp change requests not meeting this deadline. Contact Annette Biggs, Associate Director at abiggs@uccs.edu

Refund policy. If Campus Recreation cancels a camp due to low registration numbers, a full refund will be issued. Other refund requests, subject to administrative costs, will be handled on an individual basis. Contact Annette Biggs, Associate Director at abiggs@uccs.edu. Full version of Campus Recreation summer camps policies and procedures available at: www.uccs.edu/youthprograms

Parent or Guardian Signature __________________________________________  Date __________________________

FOR OFFICE USE ONLY

Registration received (circle):  Mail  In-person  Payment amount received: $ _____________

Payment type (circle):  Cash  Check  MC  Visa  Receipt #: ________________________  Staff initial: ______