KID’S NIGHT OUT FALL 2015 - PARENT INFORMATION

KID’S NIGHT OUT DESCRIPTION

Hey, kids! Leave the parents at home for the night while you have fun playing games, swimming and other fun activities 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 $15 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 North of the UCCS Recreation Center, Alpine Garage, will be the drop off location for your child. There will be a camp counselor waiting at the curb to check your child in, and bring them upstairs to the field. Pick up will be at the same location.

PROGRAM PRICING

Children 5-14 years old: $15

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 Monday at 5pm the week of your chosen Kids Night Out event

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

Via email: mbarger@uccs.edu

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 and 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, Manager of Competitive Sports and Youth Programs at mbarger@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 Barger at mbarger@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 Barger, Manager of Competitive Sports and Youth Program at mbarger@uccs.edu
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

- Friday, October 9 - $15 (6pm-9pm)
- Friday, October 16 - $15 (6pm-9pm)
- Friday, November 6 - $15 (6pm-9pm)
- Friday, November 20 - $15 (6pm-9pm)
- Friday, December 4 - $15 (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 Mallory Barger, Coordinator at mprice@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 Mallory Barger, Coordinator at mprice@uccs.edu. Full version of Campus Recreation summer camps policies and procedures available at: www.uccs.edu/youthprograms

FOR OFFICE USE ONLY

Registration received (circle):  Mail  In-person  Payment amount received:  $ _____________
Payment type (circle):  Cash  Check  MC  Visa  Receipt #: __________________  Staff initial: _______
KIDS NIGHT OUT FALL 2015 – WAIVER FORM

THIS TWO-PAGE DOCUMENT IS NOT VALID IF EITHER PAGE IS MISSING. REVISED OCTOBER 2012

Parent/Guardian Information
Primary Name _____________________________________________________________________________
First Middle Last

Home Address _____________________________________________________________________________
Street Address City State Zip

Phone: Cell (____)_____ - ________ Home (____)_____ - ________ Work (____)_____ - ________ x_______

Secondary Name ____________________________________________________________________________
First Middle Last

Home Address _____________________________________________________________________________
Street Address City State Zip

Phone: Cell (____)_____ - ________ Home (____)_____ - ________ Work (____)_____ - ________ x_______

Other Name ________________________________________________________________________________
First Middle Last

Home Address _____________________________________________________________________________
Street Address City State Zip

Physician _________________________________________________________________________________
Phone (____)_____ - ________

Medical History (If necessary, use additional sheet) Date of Last Tetanus Booster ______________

Allergies: Insect bites/stings ☐ Describe ___________________________ Drug ☐ Describe ___________________________

Food ☐ Describe ___________________________ Other ☐ Describe ___________________________

Is participant under the care of a provider for either medical or psychological reasons? Yes ☐ No ☐
If yes, please explain _______________________________________________________________________________________
_________________________________________________________________________________________________________

Is participant taking medically prescribed medication? Yes ☐ No ☐
If yes, please explain __________________________________________________________________________________________
______________________________________________________________________________

Other information of which we should be aware? ___________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

MEDICAL INFORMATION

EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK UP PARTICIPANT

PARTICIPANT INFORMATION
(PAGE 1 OF 2) CAMP PARTICIPANT CAMP EMERGENCY AND MEDICAL INFO

CAMP INFORMATION
Campus/Department/Camp Name ________________________________________________________________
Camp Dates ______________________________ to _________________________________

Name ____________________________________________________________________________________
First Middle Last

Grade in School __________ Age __________ Date of Birth __________________________

Home Address _____________________________________________________________________________
Street Address City State Zip

THIS FORM IS REQUIRED FOR ALL PARTICIPANTS. PLEASE PRINT LEGIBLY.
1. I exercise my own free and voluntary choice to participate in the designated activity, including use of facilities and equipment provided by the University of Colorado. I understand and assume all associated risks of the designated activity. These risks include, but are not limited to (add camp-specific risks here):

________________________________________________________________________________________
________________________________________________________________________________________

2. I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of participation in the designated activity. I also release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising out of my activities, including my use of equipment and facilities provided by the University of Colorado.

3. The University of Colorado does not provide health insurance for individuals participating in activities made available or sponsored by the University of Colorado. As such, you or your personal health insurance will be responsible for payment of medical services and care for any injuries sustained during the designated activity.

4. To the best of my knowledge, I am free from any known health condition that could hinder or prevent active participation in or otherwise jeopardize the well-being of others in the Camp. By signature below, I affirm that I am in good health and that participation in the camp will in no way aggravate any health condition. I will seek medical advice as appropriate. I authorize Camp operators to act in their best judgment in treating any injury that I may sustain during Camp and agrees that all costs associated with such treatment will be at my expense.

5. I agree to, and understand the importance of, following rules and regulations as set forth by camp leaders to minimize risk to myself and others. I will not bring or possess any items which might endanger Participant or others (such as knives, weapons, illegal drugs). Possessing the above or serious violation of rules may result in dismissal at Camp Operator’s sole discretion.

6. I understand that participants in University of Colorado events are sometimes photographed and videotaped for use in promotional and educational materials. I understand that such audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted any form and manner without payment of fees. I authorize the University of Colorado to record and photograph my image for use by the University of Colorado or its assignees in research, educational and promotional programs.

7. I hereby certify that I have read and understand the provisions above. For participants under 18 years of age, the parent or guardian accepts the above terms and grants permissions for the student’s participation on behalf of said minor, as permitted by C.R.S. § 13-22-107. Participant exercises free and voluntary choice to participate in the above-referenced Camp, including use of facilities and equipment provided by the University of Colorado.

Participant’s Name _____________________________________________________________ Date __________

Participant’s Signature ____________________________________________________________________________

For Participants under 18 years of age

Parent/Guardian’s Name ________________________________________________________ Date ______________

Parent/Guardian’s Signature ________________________________________________________________________

(PAGE 2 OF 2) CAMP PARTICIPANT CAMP WAIVER, RELEASE, AND NOTICE OF RISK

THIS FORM IS REQUIRED FOR ALL PARTICIPANTS. PLEASE PRINT LEGIBLY.