



2017 Registration Form

Ages: 5-11

Location of Camp: Stansbury Hall Gym & Multipurpose Room (Downtown Campus)

Dates: Please indicate which week(s) of camp your child will be attending: NO Camp July 3-7 Full Days

- Week 1: June 5-9, Week 2: June 12-16, Week 3: June 19-23, Week 4: June 26-30, Week 5: July 10-14, Week 6: July 17-21, All 6 weeks: June 5-July 21

Half Days: Mornings 8:00 am-12:00 pm Afternoons 12:00 - 4:00pm

- Week 1: June 5-9, Week 2: June 12-16, Week 3: June 19-23, Week 4: June 26-30, Week 5: July 10-14, Week 6: July 17-21, All 6 weeks: June 5-July 21

Fees: Full Day: \$150 per week; \$140 per child for 2 or more weeks or 2 or more children from same family; \$800/child for all 6 weeks

Half Day: \$80 per week, morning or afternoon session; \$75 per child for 2 or more weeks or 2 or more children from same family; \$425/child for all 6 weeks

Child's Name Age Date of Birth

Where does your child attend school?

Parent/Guardian's Name

Address:

Phone Numbers: Home Work Cell

Email:

What is the best phone number to contact you during the day?

Names of individuals, other than yourself, permitted to pick up your child/children:

Name: Relationship to Child:

1.

2.

Health History:

Does your child have any health/medical issue that would prevent him/her from participation in any physical activity? No Yes if yes, please explain:

Does your child take any medication? No Yes if yes, please list:

Does your child have allergies? No Yes if yes, please explain:

Parent/Guardian's Name: _____ **Phone #:** _____

Emergency Contact Name: _____ **Phone #:** _____

Relationship to child _____

Note: Registration is not complete until all forms and payment have been received.

Mail forms to: Lifetime Activities

WVU CPASS

375 Birch Street, PO Box 6116

Morgantown, WV 26506-6116

Methods of payment:

1, online at www.lifetimeactivities.wvu.edu credit card

2. Mailed: check or money order made payable to **West Virginia University**

3. Walk in: cash, check, credit card, money order (credit card payments by phone can be made by calling 304-293-0859). Health & Education Building, College of Physical Activity & Sport Sciences, 375 Birch Street, **Room 270** (Mon – Friday 8:30 am – 4:30 pm)

**WVU College of Physical Activity and Sport Sciences
Lifetime Activities Gold & Blue Healthy Kids Camp
Consent and General Release Form**

Photo Release:

Please indicate whether you give Lifetime Activities Gold & blue Healthy Kids Camp and the WVU College of Physical Activity and Sport Sciences permission to photograph and/or videotape your child for educational/promotional purposes, including the posting of any such photograph and or videotape in articles/electronic media resources such as the internet and other media outlets

Yes

No

General Release:

I agree to allow my child to participate in summer camp, and affirm that such participation is voluntary. In consideration for the privilege of my child's participation in camp, I hereby agree to the following clauses:

1. I understand that there are risks inherent in the activities my child will engage in at summer camp. A non-exhaustive list of particular risks include: cardiovascular stress, sprains, abrasions, dislocations, fractures, concussions, contusions, blisters, and reckless conduct of other Gold & Blue Healthy Kids participants. I also understand that, despite safety precautions, Gold & Blue Healthy Kids cannot guarantee that my child will not be injured.

2. With the intention of binding myself and my child, and our respective heirs, assigns, and legal representatives, I hereby WAIVE and RELEASE any and all rights and claims for damages which I or my child may have against Lifetime Activities Gold & Blue Healthy Kids Camp, the College of Physical Activity and Sport Sciences, and West Virginia University, and their respective employees and representatives for any and all injuries suffered by my child while participating in summer camp, except for those arising out of the willful misconduct, gross negligence or intentional torts of the above parties.

I acknowledge that I have read, have had the opportunity to ask questions about, and have understood this form, and that the terms herein are contractual and not a mere recital.

Signature of Parent/Legal Guardian

Date

Child's Name _____

(Please Print)

