

Colorado State University- Pueblo

REC PACK SUMMER CAMP Registration



Return this form along with check to:

Colorado State University-Pueblo
 Student Recreation Center
 2200 Bonforte Blvd
 Pueblo, CO 81001-4901
 Phone# 719.549.2085
 Fax # 719.549.2844

Camper's Name _____ Age ____ Birthday ___/___/___ Grade Entering _____

	Half Day 7:30-12pm or 12pm-5:30	Half Day Week	Full Day (7:30am- 5:30pm)	Full Day Week
CSU-Pueblo Students & Student Recreation Center Members	\$27.50	\$95	\$50	\$200
CSU-Pueblo Staff/Faculty & Community Members	\$30	\$105	\$55	\$220

Family Discount: First child is full price, Each additional child residing with the family = \$20 discount per full week (full day, full week, or half day, full week only)

First Time Camper Referral Program: For each first time paid full week, referrer and referee get a \$10 discount.

Session 1: June 4th – June 8th

June 4

Half Day AM
 Half Day PM
 Full Day

June 5

Half Day AM
 Half Day PM
 Full Day

June 6

Half Day AM
 Half Day PM
 Full Day

June 7

Half Day AM
 Half Day PM
 Full Day

June 8

Half Day AM
 Half Day PM
 Full Day

Session 2: June 11th – June 15th

June 11

Half Day AM
 Half Day PM
 Full Day

June 12

Half Day AM
 Half Day PM
 Full Day

June 13

Half Day AM
 Half Day PM
 Full Day

June 14

Half Day AM
 Half Day PM
 Full Day

June 15

Half Day AM
 Half Day PM
 Full Day

Session 3: June 18th – June 22nd

June 18

Half Day AM
 Half Day PM
 Full Day

June 19

Half Day AM
 Half Day PM
 Full Day

June 20

Half Day AM
 Half Day PM
 Full Day

June 21

Half Day AM
 Half Day PM
 Full Day

June 22

Half Day AM
 Half Day PM
 Full Day

Session 4: June 25th – June 29th

June 25

Half Day AM
 Half Day PM
 Full Day

June 26

Half Day AM
 Half Day PM
 Full Day

June 27

Half Day AM
 Half Day PM
 Full Day

June 28

Half Day AM
 Half Day PM
 Full Day

June 29

Half Day AM
 Half Day PM
 Full Day

Session 5: July 9th – July 13th

July 9

Half Day AM
 Half Day PM
 Full Day

July 10

Half Day AM
 Half Day PM
 Full Day

July 11

Half Day AM
 Half Day PM
 Full Day

July 12

Half Day AM
 Half Day PM
 Full Day

July 13

Half Day AM
 Half Day PM
 Full Day

Session 6: July 16th – July 20th

July 16

Half Day AM
 Half Day PM
 Full Day

July 17

Half Day AM
 Half Day PM
 Full Day

July 18

Half Day AM
 Half Day PM
 Full Day

July 19

Half Day AM
 Half Day PM
 Full Day

July 20

Half Day AM
 Half Day PM
 Full Day

Total Camp Fees: _____ **Please make checks payable to **Colorado State University-Pueblo**
Credit card payments (MasterCard, Visa, Discover) may be processed online, by phone or in person only.

First Time Referral Program: Please list the CAMPER'S name who referred you to our camp: _____

Camp Scholarship Program: Would you like to donate to the Rec Pack Summer Camp, so that we may offer needs based scholarship opportunities to attend our camp? If so, please list the amount here to be added to your camp fees: _____

Pick Up Options:

Option 1: Campers can leave on their own at check-out time

Option 2: Designated persons must sign out Campers

List the names of people (including parents/guardians) who are permitted to pick up your children:

Names: _____

Questions and registration:

Bill Moorman (719) 549-2087 bill.moorman@csupueblo.edu

Scott Robertshaw (719) 549-2084 scott.robertshaw@csupueblo.edu

Or visit our website <http://www.packmultisportscamps.com/>

Fax# (719) 548-2844

(Office use only)

Amount paid: _____

Payment Type: _____ CK# _____

Date: _____

Initial: _____

Colorado State University- Pueblo

Rec Pack Summer Camp Medical Information and Disclaimer

Camper's Name _____ Age _____ Birthday ___/___/___ Grade _____
Parent's Name(s) _____ Work Phone# _____ Home Phone # _____
Address _____ City _____ Zip Code _____
Email Address _____

TO PARENT OR GUARDIAN To serve your child in case of an **ACCIDENT OR SUDDEN ILLNESS**, it is necessary that you furnish the following information.

Emergency Contact #1 _____ Phone # _____
Emergency Contact #2 _____ Phone # _____
Emergency Contact #3 _____ Phone # _____

Please **check** health problems your child has **now or had in the past**:

<input type="checkbox"/> Birth weight less than 5 lbs	<input type="checkbox"/> Frequent Bronchitis or Pneumonia	<input type="checkbox"/> Ear infections/Earaches	<input type="checkbox"/> Significant Skin Problem	<input type="checkbox"/> Blood Disease
<input type="checkbox"/> Disabilities/Limitations		<input type="checkbox"/> Concussion/Head Injury	<input type="checkbox"/> Sleeping Problem	<input type="checkbox"/> Seizures
<input type="checkbox"/> Vision Problems	<input type="checkbox"/> Diabetes/Hypoglycemia	<input type="checkbox"/> Significant injury	<input type="checkbox"/> Allergies	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Stomach Problems/Ulcer	<input type="checkbox"/> Emotional Problem	<input type="checkbox"/> Eating/Weight Problem	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Operations
<input type="checkbox"/> Asthma	<input type="checkbox"/> Developmental Delays	<input type="checkbox"/> Frequent Strep Throat	<input type="checkbox"/> Headaches	<input type="checkbox"/> Glasses
		<input type="checkbox"/> Nervous/Attention Disorder	<input type="checkbox"/> Bone/Joint Disease	<input type="checkbox"/> Other

If you have checked any of the above, please explain

Do you have health insurance for your child? Yes No

Is your child currently under medical care? Yes No

If Yes, please describe condition _____

Does your child take medication? Yes No

If Yes, type _____

Immunizations received in the past year _____ Date _____

Date of last medical exam _____ Doctor's Name _____ Phone _____

Date of last vision exam _____ Doctor's Name _____ Phone _____

Date of last dental exam _____ Doctor's Name _____ Phone _____

PLEASE READ BEFORE SIGNING YOUR NAME BELOW: In consideration of entry of said child, I do hereby release and forever discharge Colorado State University-Pueblo, the Student Recreation Department and all other sponsors and associates for any claims of damages, demands, actions whatsoever in any manner arising or growing out of my participation in this activity. I understand that participation in Rec Pack Summer Camp activities present potentially dangerous hazards, which could cause serious physical injury or death to said child or others. I attest and verify that I have full knowledge of the risks involved in this camp and said child is physically fit and sufficiently trained to participate in this event.

I, the undersigned, do hereby authorize employees of Colorado State University-Pueblo to contact directly the persons named on this form, and do authorize the named physicians/dentist such treatment as may be deemed necessary in an emergency, for health of said child. In the event physicians, other persons named on this form, or parents cannot be contacted, Colorado State University-Pueblo are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child. I will not hold Colorado State University-Pueblo financially responsible or the emergency care and/or transportation for said child.

Parent/Guardian Signature _____ Date _____

Colorado State University-Pueblo REC PACK SUMMER CAMP Waiver Form

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE COLORADO STATE UNIVERSITY-PUEBLO, ITS GOVERNING BOARD, AND THE STATE OF COLORADO FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY WHICH MAY ARISE FROM SUCH ACTIVITIES EVEN IF THEY RESULT FROM NEGLIGENCE.

RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER

PARTICIPANT'S FULL NAME: _____

DATE OF BIRTH (MO/DAY/YR): _____

ADDRESS: _____

LOCATION OF ACTIVITY(IES): CSU-Pueblo on Campus and off campus field trips/biking

DESCRIPTION OF ACTIVITIES: CSU-Pueblo REC PACK SUMMER CAMP

INSURANCE INFORMATION (if applicable):

NAME OF INSURANCE CARRIER: _____

POLICY NUMBER: _____

I, the undersigned participant, exercising my own free choice to participate voluntarily in the activities described above, and promising to take due care during such participation, hereby acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my participation in the above-named activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against the State of Colorado, The Board of Governors of the Colorado State University System, and Colorado State University-Pueblo, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage that I may sustain through my participation in normal or unusual acts associated with the above-named activities, regardless of whose fault may be the cause of my injuries or damages, EVEN IF CAUSED BY CARELESSNESS OR NEGLIGENCE, so long as the conduct which caused the injuries or damages was not grossly negligent, or willful and wanton.

Further, I hereby indemnify and hold harmless The Board of Governors of the Colorado State University System and Colorado State University-Pueblo, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, of any person who suffers any injury, disability, death or other harm, to person or property or both, as a result of my participation in and/or presence at the above listed activities.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release From Responsibility, Assumption of Risk, and Waiver.

I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE TERMS THIS _____ DAY OF _____, 20____.

Signature of Participant whose printed name appears above:

Signature of Parent or Legal Guardian

Date

Photo Release: I give permission to CSU-Pueblo REC PACK SUMMER CAMP to take and use photos of my child during camp hours to use for REC PACK SUMMER CAMP related marketing and advertisement purposes.

- Yes
- No

Guardian Signature

Date

Colorado State University-Pueblo

2018 REC PACK SUMMER CAMP

Important Information!

- Check-in and Check-out will be inside the Student Recreation Center in the Racquetball Hallway.
- Camp is open from 7:30am -5:30pm. Campers must be checked out each day **NO LATER THAN 5:30PM.**
- You will receive a confirmation email when we receive your registration information
- ***Must*** pay with registration, we accept cash, check and credit card. Credit card must be processed online, over the phone or in person.
- Be sure to indicate what days your camper is attending.
- Be sure to indicate your pick-up option
- **Campers are responsible and required to bring the following:**
 - **Lunch**
 - **Snacks (morning & afternoon)**
 - **Swimsuit & towel (Monday, Wednesday, & Fridays)**
 - **Bike & helmet (Monday, Wednesday, & Fridays)**
 - Campers are not required to bike/swim. If they choose not to participate, other activities will be available to them during those time slots.
 - **Closed toe athletic shoes**
- **Camp Dress-Up Days!** (campers are not required to participate but highly encouraged!)
 - Wednesday June 6 -Jersey Day (wear favorite sports jersey)
 - Wednesday June 13 - Crazy Sock Day (wear favorite crazy socks)
 - Wednesday June 20– Favorite Character Day (book, movie, superhero, cartoon, etc)
 - Wednesday June 27 – Patriot Day -AMERICA - Red white and Blue Day
 - Wednesday July 11 – Thunderwolf Spirit Day (wear CSU-Pueblo gear)
 - Wednesday July 18- Crazy Hair Day (style your hair in a crazy way)

**If campers do choose to participate please make sure their accessories do will not interfere with their daily activities. We need them to be able to move around and play games!

Any questions please call us at (719) 549-2087

Behavior Expectations

We are thrilled that you have made the choice to enroll your child in the CSU-Pueblo Rec Pack Summer Camp. We take your child's safety and wellbeing seriously. As such, we require you to go over the following expectations BEFORE your child attends camp for the first time. We will remind campers about these expectations daily, and it's an important concept to cover at home as well.

- 1.) Electronic devices may not be used during camp activities. We understand their importance as a communication tool, and if a camper is responsible enough to bring a cell phone, smart watch, etc. to camp, they must be kept in a safe location, and only utilized with permission from camp staff at appropriate times, such as when checking in after traveling to a field trip. CSU-Pueblo is not responsible for theft, damage or loss of electronic devices of any kind.
- 2.) Fidget devices are not permitted at camp unless a doctor has prescribed its use. We require documentation for this exception. In years past, these have become a distraction to campers.
- 3.) Bullying of any kind is strictly forbidden. We encourage positive cooperation in our games and activities. We value inclusion and diversity. "Making fun of" other campers for any reason will be grounds for dismissal from our camp.
- 4.) Physical abuse, no matter how slight, is not permitted. High fives are totally fine and encouraged, but we prefer campers keep their hands to themselves.
- 5.) Modesty is expected in dress and behavior. Appropriate dress includes active clothing, closed toed shoes for non-pool activities, flip flops or sandals for water activities, hats, sunscreen, and appropriate swimwear when participating in water activities. One piece bathing suits are recommended, and non-cotton t-shirts are always welcome in the pool.
- 6.) Restrooms and water fountains are always available for campers when they need them. We require that campers ask to use them, so that an escort may take them to and from. We do not let campers wander alone on campus. We will take water and restroom breaks each hour, as well as snack breaks in the morning and afternoon. Campers may use the restroom assigned to the gender to which they identify with and are required to use the restroom facilities when the need arises.
- 7.) Cooperation and participation is expected from all campers. We understand that campers have their favorite activities to participate in, however, trying something new is a great developmental experience! We expect campers to participate within their ability, and to accept challenges by choice. If something is scary, let us know and we will gladly help your camper through it.
- 8.) Communication is the hallmark of effective leadership. We want to know things that go well, as well as things that do not go well. We want every camper to have a positive experience at the Rec Pack Summer Camp, and will gladly meet with campers and camp families if needed. Let us know how we can make your camper's time the best possible!

By signing below, you affirm that you have covered the above expectations and have provided your camper with the opportunity to dialogue with you about them. You, and your camper, understand that violations of these expectations may result in dismissal from our camp.

Signature of Parent/Guardian : _____ Date: _____