

## JUC Summer UU Art of Peace Day Camp 2017

**PLEASE COMPLETE A SEPARATE REGISTRATION FORM FOR EACH CAMPER.**

Camper's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Requested Pronoun: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade Completed as of June 2017: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #/Work#: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #/Work#: \_\_\_\_\_

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### **JUC Media Release Agreement**

We often take photographs and videos of adults, youth, and children as they participate in congregational events such as worship, religious education programming, social events, and justice events. We use these images to promote JUC and our faith in print, on the Web, and on social media.

In consideration of the benefits I receive from my association with *JUC*, I hereby authorize *JUC* to make use of my child's likeness and voice in photographs, videos, or audio recordings on their website, in their social media, in their online photo albums and video channels, and in print. This grant is final and on-going, without any additional restrictions or limitations.

You are authorizing us the use of your child's image and voice in these photographs and video recordings unless you check the box below.

No names or other identifying personal information about individual children or minor youth will be published without your explicitly stated permission to do so in each individual case.

I do \_\_\_ do not \_\_\_ grant permission for my child's images and voice to be used by JUC.

## GENERAL HEALTH INFORMATION

Complete this form for any individual with medical/behavioral concerns, medication (prescription/over-the-counter), and/or emergency medical devices.

Does your child have any special health considerations of which we should be aware? **YES or NO**

If **YES**, please describe: \_\_\_\_\_

Does your child have any special behavioral needs/concerns of which we should be aware? **YES or NO**

If **YES**, please describe: \_\_\_\_\_

### The Medication Policy for JUC Day Camp.

JUC Day Camp Adult Staff will check-in medication (prescription/over-the-counter), and/or emergency medical devices at the beginning of each day. Our Adult staff may dispense and supervise medication. Individuals enrolled in JUC Day Camp may self-administer a prescription, including emergency medical devices, and over the counter medications during day camp hours. Individuals **MUST** be able to name and recognize their medication, and know the proper dosage and how to administer. All medications must be in the original pharmaceutical container, including asthma inhalers. Program staff will verify in writing the amount of medications taken.

**MEDICATION TAKEN AT HOME:** \_\_\_\_\_

**MEDICATION TAKEN DURING PROGRAM HOURS:** \_\_\_\_\_

Name of Medication (includes emergency medical devices): \_\_\_\_\_

Reason for medication(s): \_\_\_\_\_

Medication Dose: \_\_\_\_\_

Directions for medication(s): \_\_\_\_\_

Possible side effects of medication(s): \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### DURING PROGRAM HOURS WAIVER TO CARRY EMERGENCY MEDICAL DEVICE

All emergency medical devices (i.e. inhalers and EpiPens) must be carried on the individual's person at all times while attending day camp. This section must be completed by a parent/legal guardian.

Due to the potential necessity for immediate medication distribution imposed by my child's life-threatening condition, I \_\_\_\_\_ hereby request that \_\_\_\_\_ be allowed to keep the appropriate prescribed device on his/her person while participating in all activities.

The prescribed device is a \_\_\_\_\_ EpiPen \_\_\_\_\_ Asthma Inhaler Other \_\_\_\_\_

**ALLERGY/OTHER INFORMATION**

Does the individual have any allergies staff should be aware of?

None            Food            Medication            Environmental (pollen, poison ivy, bees, etc.)

Describe Allergy: \_\_\_\_\_ Reaction Level: \_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe

Required Treatment: \_\_\_\_\_

In connection with above, are there any other health concerns staff should be aware of?

No Yes Please Explain:

Are there any psychiatric, behavioral, emotional, or developmental concerns staff should be aware of?

No or Yes

Please Explain:

\_\_\_\_\_

Date of Last Seizure (if applicable): \_\_\_\_\_

**GENERAL CAMP POLICIES**

- Campers must enroll for the full session.
- All Kindergarten campers must be completely toilet trained. Campers must be 5 by 8/1/2017.
- Your registration will be complete when this form and the registration payments are received. Cost is \$150 for the first child and \$125 for each additional child. Please note that fees must be paid in full three weeks prior to the start of camp. Campers cannot attend any session until full payment is received. **Please return this form, along with your payment check, to JUC, either in person or through the postal service.**
- The pre-registration deposit of \$35.00 is not refundable. Other registration fees will be refunded if a written or e-mailed notice of cancellation is received two weeks before the start of camp.
- Unacceptable conduct by a camper may result in dismissal without a refund.

**RELEASE AUTHORIZATION**

I hereby represent and warrant that the information pertaining to the individual listed above is correct. I am authorized to provide the waiver, medical information, and release authorization contained herein and agree to the Camp policies as stated above.

I agree to release JUC and its agents from any and all liability arising as a result of this waiver.

\_\_\_\_\_

Printed Parent/Guardian Name

Signature

Date

### Day Camp Pick-Up Authorization Form

Day Camp staff are authorized to release my child \_\_\_\_\_  
to the individuals listed below.

I understand that each authorized person must be at least sixteen (18) years old, and that my child will NOT be permitted to leave the camp with anyone not listed below. All authorized individuals will be required to show identification and sign the child out each day.

My child may be released to the following individuals (include yourself):

Name	Phone Number	Relationship
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1.		
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2.		
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3.		
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4.		
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**We ask that you please be respectful of our time limits and make sure that you pick up your child/ren on time at the end of the day.** Please call us if there will be any unavoidable delay. We expect all children to be picked up within fifteen minutes after the end of the camp day.

Thank you for your cooperation.

I have read, understand and agree to the above policies for the day camp program.

Print Parent/Guardian name

Signature

Date