

**CAMPER AND JR. COUNSELOR REGISTRATION FORM
WHUMC SPORTSCAMP 2017
JUNE 26 – JUNE 30**

Camper Cost: \$85 for one child; \$75 for each additional child **if you register by May 21st.**
After May 21st, the cost is \$110 for the first child and \$100 for each additional child.
Jr. Counselor Cost: \$35 per Jr. Counselor; \$50 after May 21st.

Please submit payment with registration. If you are emailing your registration, payment must be submitted within one week, unless prior arrangements are made.

NO REGISTRATIONS WILL BE ACCEPTED AFTER JUNE 4, 2017.

Camper and Jr. Counselor Information						
Full Name	Nickname (or preferred name)	Gender	Date of birth	Age on June 27	Camper Type Check one. (Jr Counselors must be 14 or older)	Shirt size Circle one. Y=Youth A=Adult
					<input type="checkbox"/> Camper <input type="checkbox"/> Jr. Counselor	YS YM YL AS AM AL AXL A2XL
					<input type="checkbox"/> Camper <input type="checkbox"/> Jr. Counselor	YS YM YL AS AM AL AXL A2XL
					<input type="checkbox"/> Camper <input type="checkbox"/> Jr. Counselor	YS YM YL AS AM AL AXL A2XL
					<input type="checkbox"/> Camper <input type="checkbox"/> Jr. Counselor	YS YM YL AS AM AL AXL A2XL

Parent or Guardian Information			
Parents' or Guardian's Names:			
Address:	City:	State:	Zip:
Parents' or Guardian's phone number(s):			
Parents' or Guardian's email address(es):			

Pickup Persons		
Please tell us who will be picking up the campers or Jr. Counselors from camp each day. Note: Children will not be released to anyone not listed here, unless prior arrangements are made.		
Name	Phone number	Can we text this number?
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contacts	
Note: Parents will be called first. If parents cannot be reached, please provide the names and phone numbers for two other people who may be called in the event of an emergency:	
Name	Phone number
1.	
2.	

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Permissions – TO BE COMPLETED FOR ALL CHILDREN UNDER AGE 18

PART A. SWIMMING: Participants for WHUMC SportsCamp must have a swimsuit to enter the city pool. All children must follow the rules of the city pool in addition to the rules set in place by WHUMC SportsCamp. In addition to swimwear, children will need a towel and sunscreen.

Do you give permission for your child(ren) to swim in the deep end of the pool?

	Yes	No
Child #1 Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Child #2 Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Child #3 Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Child #4 Name _____	<input type="checkbox"/>	<input type="checkbox"/>

PART B. TRANSPORTATION: Your child will ride a bus from Campbell Park in Willoughby Hills to Willoughby Municipal Pool every day, and may need to ride the bus to the Willoughby Hills United Methodist Church in the event of inclement weather or at the discretion of the Camp Director.

Do you give permission for your child(ren), as referenced in Part A above, to ride the bus?

	Yes	No
Child #1	<input type="checkbox"/>	<input type="checkbox"/>
Child #2	<input type="checkbox"/>	<input type="checkbox"/>
Child #3	<input type="checkbox"/>	<input type="checkbox"/>
Child #4	<input type="checkbox"/>	<input type="checkbox"/>

PART C. VIDEO / PICTURES: Your child's photograph or likeness may be used for promotional purposes for SportsCamp and/or Willoughby Hills United Methodist Church. Pictures are mainly used to make our annual SportsCamp video. NO NAMES WILL BE ATTACHED TO THE PICTURES.

Do you give permission for the SportsCamp and/or church to use pictures or video of your child(ren), as referenced in Part A above, in this manner?

	Yes	No	Please initial
Child #1	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child #2	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child #3	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child #4	<input type="checkbox"/>	<input type="checkbox"/>	_____

BY SIGNING BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE PERMISSIONS FOR SWIMMING, TRANSPORTATION AND VIDEO/PICTURES.

X _____
Signature of Parent or Legal Guardian

Date

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Doctor and Medical Insurance Information

Preferred Doctor Name: _____ Phone: _____

Preferred Dentist Name: _____ Phone: _____

Medical Insurance Provider: _____ Phone: _____

Address, City, State, Zip: _____

Medical Insurance Policy #: _____ Group #: _____

Policyholder Name: _____ Employer: _____

Camper / Jr Counselor Medical Information

	Does the child have any allergies?		Is the child taking any medications?		Any other health concerns?	
	Yes	No	Yes	No	Yes	No
Child # 1 Name: _____						
Child # 2 Name: _____						
Child # 3 Name: _____						
Child # 4 Name: _____						

If yes to any of the above, please explain:

Child # 1: _____

Child # 2: _____

Child # 3: _____

Child # 4: _____

Release of Liability

I/We, the undersigned, are the parents having legal custody, or the legal guardian of the above listed camper(s), a minor(s), and have given our consent for him/her/them to attend Willoughby Hills United Methodist Church (hereinafter WHUMC) Sports Camp. In the event that any of them is injured while attending WHUMC Sports Camp and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and /or hospital personnel refuses to administer without my/our consent, I/we hereby authorize an adult member of WHUMC Sports Camp to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call.

In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the person named above at the time of WHUMC Sports Camp.

On behalf of my child(ren) and myself, I/we hereby release and waive any and all claims against and/or liability of Willoughby Hills United Methodist Church, its Trustees, employees, agents, representatives and/or volunteers arising from or in connection with my child's participation in the WHUMC Sportscamp. I/we also agree to indemnify, defend, and hold harmless WHUMC, its Trustees, employees, agents, representatives, and/or volunteers from and against any and all claims of liability, including costs and attorney's fees, arising out of or in connection with any personal injury sustained or damage caused by my child during his or her participation in the WHUMC Sportscamp.

X

Parent/Guardian signature

Relationship to Camper(s)

Date

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Jr. Counselor Contract – Complete this section only if registering Jr. Counselor(s)

Our expectations of a Jr. Counselor:

- **As a Jr. Counselor, you are representing WHUMC to the public.**
- You must be able to attend a MANDATORY training session prior to camp.
- Be an example to the younger children. As a Jr. Counselor, part of your job is to teach the younger kids how to behave at camp.
- Always show respect to others, including adults, other youth and campers. Remember, you are representing our camp and our church.
- Because you are representing WHUMC, clothing and swimwear that may be acceptable elsewhere may be inappropriate for a church camp, such as revealing tops & swimsuits (no midribs should be showing) or short shorts.
 - o If inappropriate clothing is worn, you may be asked to change. If this happens, please don't take offense. We want camp to be comfortable for everyone.
 - o If you have a question about whether an item of clothing is appropriate, it probably is not.
- Participate in camp activities and show good sportsmanship.
- No foul language will be tolerated.
- You are there to help the Adult Counselor with whatever they might need. Make yourself available to them. Check with the adult counselor before leaving your group.
- Use of tobacco, alcohol or drugs is strictly prohibited.

Important Note: No one under the age of 18 will be allowed to drive themselves anywhere during the camp day (9am – 4pm), unless permission is given below. Jr. Counselors are expected to take the bus with the campers. Additionally, no one under the age of 18 is permitted to ride with anyone (other than the buses) during the camp day, unless permission is given from the Camp Director.

Jr. Counselors, please answer the following questions and sign below:

(Up to 2 Jr. Counselors may use the same form. Additional Jr. Counselors will need to print a separate copy of the form)

Please print your full name: JC #1. _____ JC#2. _____

Have you read the expectations listed above? JC#1. _____ JC#2. _____

Do you understand these expectations? JC#1. _____ JC#2. _____

Do you agree to follow these expectations? JC#1. _____ JC#2. _____

By signing this form, you are committing to follow the expectations as indicated above.

X _____
Jr. Counselor #1 Signature Date

X _____
Jr. Counselor #2 Signature Date

Parents, please sign below:

YES NO My child _____ may drive him/herself only (no passengers other than (Circle one) siblings) from camp to the pool. This is the only driving they will do during the camp day.

I am the parent or legal guardian of the minor youth mentioned above and give my consent for him or her to participate in Sports Camp as a Jr. Counselor. I have read and understand the expectations and agree to enforce these expectations with my child.

X _____
Parent Signature Date