CAMPER AND JR. COUNSELOR REGISTRATION FORM WHUMC SPORTSCAMP 2018 JULY 9 - 13

Camper Cost: \$100 for one child; \$90 for each additional child if you register by June 3rd. After June 3rd, the cost is \$110 for the first child and \$100 for each additional child, and the camper(s) may receive a different shirt size or no shirt.

Jr. Counselor Cost: \$50 per Jr. Counselor; \$60 after June 3rd.

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 24, 2018.

•									
Parent or Guardian Information Parents' or Guardian's Names: Camper Jr. Couns Camper Jr. Couns Camper Jr. Couns Camper Jr. Couns State: Z	e. Circle one. s must Y=Youth ler) A=Adult								
Parent or Guardian Information Parents' or Guardian's Names: Address: Camper Jr. Couns Camper Jr. Couns State: Z									
Parent or Guardian Information Parents' or Guardian's Names: Address: City: State: Z	Selor YS YM YL AS AM AL AXL A2XL								
Parent or Guardian Information Parents' or Guardian's Names: Address: City: State: Z	Selor YS YM YL AS AM AL AXL A2XL								
Parents' or Guardian's Names: Address: City: State: Z	YS YM YL AS AM AL AXL A2XL								
Address: City: State: Z	Parent or Guardian Information								
7									
Parente' or Guardian's phone number(s):	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. Can we take	□ No								
2.	□ No								
3. □ Yes	□ 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 П П Child #2 Name П Child #3 Name Child #4 Name 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 Child #2 П П Child #3 П П Child #4 П П 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 Nο Please initial Child #1 Child #2 П П Child #3 Child #4 BY SIGNING BELOW. I AGREE THAT I HAVE READ AND UNDERSTAND THE PERMISSIONS FOR SWIMMING, TRANSPORTATION AND VIDEO/PICTURES.

Date

Signature of Parent or Legal Guardian

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Doctor and Medical Insurance Infor	mation							
Preferred Doctor Name:	Phone:							
		Phone:						
	Phone:							
Address, City, State, Zip:								
Medical Insurance Policy #:	Group #:							
	Employer:							
Camper / Jr Counselor Medical Info	rmation	ı						
	Does the child have any allergies?		Is the child taking any medications?		Any other health concerns?			
Child # 1 Name:	-	No	Yes	No	Yes	No		
Child # 2 Name:	_ Yes	No	Yes	No	Yes	No		
Child # 3 Name:	_ Yes	No	Yes	No	Yes	No		
Child # 4 Name:	_ Yes	No	Yes	No	Yes	No		
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 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 pers harmless of any claims, demands, or suits for cacknowledge that I/we will be ultimately respon care not be reimbursed by the health insurance provided below is accurate at this date and will named above at the time of WHUMC Sports Ca	damages and sible for the carrier. For the carrier.	rising from the cost of any Further, I/we	ne giving of s y medical car affirm that th	such conser re should th e health ins	nt. I/we also be cost of th surance info	o at medical rmation		
On behalf of my child(ren) and myself, I/we her Willoughby Hills United Methodist Church, its T arising from or in connection with my child's pa defend, and hold harmless WHUMC, its Truste against any and all claims of liability, including personal injury sustained or damage caused by	rustees, e rticipation es, employ costs and	mployees, ag in the WHUN yees, agents attorney's fee	gents, repres MC Sportscal , representat es, arising ou	sentatives a mp. I/we al ives, and/or ut of or in co	nd/or volunt so agree to r volunteers onnection w	teers indemnify from and ith any		
X								

Relationship to Camper(s)

Date

Parent/Guardian signature

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

Our expectations of a Jr. Counselor:

Parent Signature

- 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 midriffs 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. Jr. Counselor #1 Signature Date Jr. Counselor #2 Signature Date Parents, please sign below: My child_____ may drive him/herself only (no passengers other than YES NO (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.

Date