

# CAMP ENROLLMENT FORM

## PARTICIPATION INFORMATION (PLEASE PRINT CLEARLY)

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: Male  Female  School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone 1: (\_\_\_\_) \_\_\_\_\_ Cell Phone 2: (\_\_\_\_) \_\_\_\_\_  
Work Phone 1: (\_\_\_\_) \_\_\_\_\_ Work Phone 2: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

### EMERGENCY CONTACT (other than parents/guardians)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Person(s) authorized to pick up child from camp other than parent/guardian:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

This Camp is a tuition for service program based on confirmed enrollments and secured deposits. **A 30% per session non-refundable and non-transferable deposit is required.** Applications will be accepted on a first come, first serve basis. I understand my payment will hold the reservation for each session. The balance in full must be received before the child will be allowed to attend camp. If full payment is not received by this time, my reservation(s) will be canceled. Each camp will have a limited number of camper spaces available. **I understand no refunds will be made.** If there is any returned checks or charges there will be an additional \$25 fee.

**Parent/Guardian – your signature indicates compliance with payment regulations.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HOLD HARMLESS AGREEMENT AND RELEASE

I, \_\_\_\_\_, the undersigned, am the parent, legal guardian with the authority to execute this Agreement and Release on behalf of \_\_\_\_\_, who makes the following declarations: I am registered to participate in the following activity: camp programs, offered by University Recreation and Wellbeing, Cleveland State University. The activity will take place at the Recreation Center and Cleveland State University owned property.

I understand and recognize that I am responsible for my own well-being and the well-being of the other participants. I declare that I recognize that it is in my best interest, as well as that of the other participants, to follow the suggestions, guidelines, and/or rules of the activity(ies) supervisors, and/or coordinators and that my participation in this activity is entirely voluntary or is at the direction or request of persons or entities not associated with CSU.

I fully understand and appreciate the potential dangers, hazards and/or risks, directly and/or indirectly inherent in participating in this activity, which could also include the loss of life, serious loss of limb, or loss of property. Also, I understand that the consumption of alcohol and/or use of drugs are strictly prohibited and could result in my dismissal from further participation in the activity.

I understand that any University personnel or agents also participating in this activity are not necessarily medically trained to care for any physical or medical problems that may occur during this activity. I further understand that the University does not carry medical or liability insurance for me while I am participating in this activity. By placing my signature below, I acknowledge to the University that I have adequate medical and hospitalization insurance for any injuries that I may incur as a result of participating in the activity.

NOW, THEREFORE, in consideration for being allowed to participate in this activity, I agree to hold the supervisor(s) and coordinator(s) of this activity, Cleveland State University, its Board of Trustees, agents, officers, and employees, and student volunteers harmless for any and all direct, indirect, special or consequential damages, or costs, legal and otherwise, which I may incur as a result of my participation in this activity(ies), even if due to negligence of Cleveland State University or any person serving in the above-identified capacities.

As a parent/guardian authorized on behalf of the above-named minor, I have read the above terms of this agreement, and I understand and agree to the terms and conditions stated herein. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I further agree to indemnify Cleveland State University, its agents, officers and employees against any action brought against CSU by the above-named Participant, including but not limited to an action brought by him or her upon reaching the age of majority. I warrant that I am authorized to execute this Agreement and Release on behalf of the above-named minor.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Guardian Address: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## ACKNOWLEDGEMENTS

1. **Parent/Guardian Authorization:** My son/daughter is in good health and can participate in the activities of Cleveland State University, University Recreation and Wellbeing Summer Camp.

Parent/Guardian Initials: \_\_\_\_\_

2. I acknowledge that Cleveland State University may take photos and/or video footage of Day or Summer Camps that may include my child. I agree that these photos may only be used by Cleveland State in connection to Day or Summer Camp programming, including for example such purposes of camp activities, camp communications, advertising and marketing.

\_\_\_\_\_ I hereby **AGREE** to allow photographs to be taken of my child.

\_\_\_\_\_ I hereby **DISAGREE** to allow photographs to be taken of my child.

Parent/Guardian Initials: \_\_\_\_\_

3. University Recreation and Wellbeing the right to dismiss any participant whose behavior is disruptive to the program. Disruptive behavior is described, but not limited to conduct that prevents the execution of activities or endangers program participants and/or staff.

Parent/Guardian Initials: \_\_\_\_\_

4. **Transportation Waiver:** I hereby grant the Summer Camp Staff Permission to transport my child by commercial vehicle and/or leased private vehicle and/or private vehicle and/or by foot to locations (i.e. Fenn Tower, Student Center and Krenzler Field) where additional camp activities may be held or in the event of a medical emergency.

Parent/Guardian Initials: \_\_\_\_\_

5. Parent Handbook: I acknowledge that I have read the entirety of the Summer Camp Parent Handbook and understand and accept the rules and policies put in place for the smooth and safe operation of the CSU Recreation Center Summer Camp.

Parent/Guardian Initials: \_\_\_\_\_

**I certify as the parent or guardian of the above named child that together we have reviewed all regulations in 1, 2, 3, and 4 pertaining to University Recreation and Wellbeing Day or Summer Camp and understand that failure to abide by these regulations will result in immediate dismissal from the program without a refund.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH HISTORY SECTION

### Appendix A: Cleveland State University Youth Program/Camp Medical Information and Release

**PROGRAM/CAMP INFORMATION:** Program Name: Cleveland State University Day or Summer Camp (hereafter "Program") Location: Cleveland State University Recreation Center and surrounding areas

As a student, parent(s) or guardian(s) I/we understand that the information requested on this form is intended to help inform program staff of any preexisting medical conditions. If Participant has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. This information will be kept in strict confidence and will only be shared with your permission. Cleveland State University requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment for Participant. You are accountable for providing an accurate medical history. Final determination about whether to participate is the responsibility of you and your physician. If Participant has any medical issue that is not requested below, but which you think it is important, please include that information. It is recommended that you consult with your own physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

I understand that Cleveland State University does not offer any form of insurance for Participant while participating in Program.

### PART 1: MEDICAL INFORMATION

Physician's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Date of most recent tetanus toxoid immunization \_\_\_\_\_ Do you have health/accident insurance: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please indicate policy number, name and address of insurance company.

Company Name/Address: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**PLEASE ENCLOSE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM**

For the following, check appropriate response and explain as appropriate:

Does Participant have any limiting medical conditions that you or your doctor feel would limit camp participation? YES  NO   
If yes, please identify and explain:

Is Participant currently taking medication that may interfere with ability to safely participate in Program? YES  NO   
If yes, please indicate the medication and the condition being treated:

Does Participant have a history of allergies or reactions to medications, insect stings, or plants? YES  NO   
If yes, please explain:

Does Participant have a history of food allergies? YES  NO   
If yes, please explain:

Does Participant have a history of, or currently suffer from, medical condition(s) with which we need to be aware? YES  NO   
If yes, please explain:

**PART 2: AUTHORIZATION FOR MEDICAL CARE**

Participant has my/our permission to receive medical attention in the event of illness or medical emergency while participating in this Program. I/We will assume the financial responsibility for any cost of health care for my/our child that may occur during this Program.

As a participant, parent, or guardian I/we understand and acknowledge that my/our failure to disclose relevant information may result in harm to Participant and/or others during this Program. By initialing my/our name(s) I/we represent and warrant that I/we have provided all materials and important information to Cleveland State University pertaining to my/our Participant's medical, mental and physical condition and that it is accurate and complete. I/we agree to notify Cleveland State University of any changes in my/our mental, physical or medical condition prior Participant's scheduled Program.

By revealing or disclosing the above medical information it will not be used by Cleveland State University personnel or employees to determine Participant's ability to participate safely in activities. I/We understand that, if Participant chooses to participate in activities, he/she do so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself/ourselves and Participant.

**PARENT(S) OR GUARDIAN(S) MUST INITIAL THIS FORM FOR A MINOR UNDER THE AGE OF 18**

Parent/Guardian Initials: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix B: Cleveland State University Youth Program/Camp Parent/Guardian Authorization, Waiver and Consent for Over-the-Counter Medication**

Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the participant's parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during his/her stay.

*Note: Unless we have parental authorization, we cannot administer ANY medications.*

I/We hereby authorize that the following medications may be given to Participant if the need arises. You may dispense only those checked.

- Ointments for minor wound care, first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn)
- Tylenol/Acetaminophen as directed.
- Ibuprofen as directed.
- Throat lozenges and/or spray as directed for sore throat.
- Roloids or Tums for acid reflux, heartburn or indigestion as directed.
- Benadryl for swelling, hives, and allergic reaction as directed.
- Visine or other eye drops for minor eye irritation.
- Calamine lotion for bug bites and poison ivy.
- Sunscreen.
- Bug repellent.

Other (list any other approved OTC medications): \_\_\_\_\_

Program staff reserves the right to use generic equivalents when available for the name brand OTC medications listed above. I/We understand that such administration will not be done under the supervision of medical personnel. I/We also agree that any first aid treatment may be given as needed. Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the student's parents/guardians. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above OTC medications that are not checked. I/We understand that these OTC medications are not necessarily kept on hand and available to be administered immediately.

I/We authorize the administration of OTC medications to my/our child as indicated above. I/We shall indemnify and hold harmless the Program Staff, the State of Ohio, Cleveland State University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders and all other officers, directors, employees and agents against any claims that may arise relating to my/our child being administered the above indicated OTC medications. I/We have legal authority to consent to medical treatment for the student named above, including the administration of medication at the above referenced program.

Parent/Guardian Initials: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be completed fully in order for participants to self-administer required medication. A new medication administration form must be completed for each Program attended by the participant, for each medication, and each time there is a change in dosage or time of administration of a medication. Self-medication requires licensed health care authorization and signature, and parent signature.

- No, my child does not need to take any prescription medication while at the Program.  
 Yes, my child will need to take prescription medication while at the Program.

All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to the Program under the condition that the participant can self-manage care and delivery of medication with written authorization to do so at camp by a licensed health care provider. Prescription medication must be in its original container labeled by the pharmacist or prescriber. Label must include the name, address and phone number for pharmacist or prescriber. Containers must hold the amount required for the time the participant will be attending the Program.

#### **PRESCRIBER AUTHORIZATION FOR SELF ADMINISTRATION OF PRESCRIPTION MEDICATION**

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_  
Conditions for which medication is being administered: \_\_\_\_\_  
Specific Directions (e.g., on empty stomach/with water, etc): \_\_\_\_\_  
Time/Frequency of administration: \_\_\_\_\_  
If PRN, frequency: \_\_\_\_\_  
If PRN, for what symptoms: \_\_\_\_\_  
Relevant side effects: \_\_\_\_\_  
Special storage requirements: \_\_\_\_\_  
Is Participant capable of self-managed care? YES  NO

I/We authorize and recommend self-medication by my/our child for the above medication. I/We also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I/We shall indemnify and hold harmless the Program Staff, the State of Ohio, Cleveland State University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders and all other officers, directors, employees and agents against any claims that may arise relating to my/our child's self-administration of prescribed medication(s). I/We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the above referenced Program.

Parent/Guardian Initials: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Appendix C: Cleveland State University Youth Program/Camp Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks**

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE INITIALING/SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY INITIALED/SIGNED FORM MUST BE SUBMITTED BY PARENT(S) OR LEGAL GUARDIAN(S) BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED PROGRAM/CAMP.

I/We, the undersigned, wish for my/our child to participate in the above referenced youth program at the location(s) indicated above and, in consideration for my/our child's participation, I/we hereby agree as follows:

I/We acknowledge, understand and appreciate that as part of my/our child's participation in the program there are dangers, hazards and inherent risks to which my/our child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I/We further realize that participating in the youth program may involve risks and dangers, both known and unknown, and have elected to allow my/our child to take part in the program. Therefore I/we, on behalf of my/our child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the program.

I/We, on behalf of my/our child, hereby release the State of Ohio, Cleveland State University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents ( hereafter "Cleveland State University") from any and all liability as to any right of action that may accrue to my/our heirs or representatives for any injury to my/our child or loss that my/our child may suffer while training, preparing, participating and/or traveling to or from the camp. This agreement is binding on my/our heirs and assigns.

I/We, on behalf of my/our child, furthermore release, indemnify and hold harmless Cleveland State University from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my/our child may suffer, for which my/our child may be liable to any other person, that may or does arise out of my/our child's participation in the program. I/We understand that Cleveland State University accepts no responsibility for my/our child's personal property.

In the event of an accident or serious illness, I/we hereby authorize representatives of Cleveland State University to obtain medical treatment for my/our child on my behalf. I/We hereby hold harmless and agree to indemnify Cleveland State University from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I/We further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from an injuries to my/our child that may occur during his/her participation in the program.

I/We, on behalf of my/our child, understand that anyone not fully vaccinated must wear a mask at all times while inside our facility or other facilities on Cleveland State University's campus. Children between the ages of 12-15 who are fully vaccinated are no longer required to wear a mask on campus – indoors or out – or follow physical distancing guidelines. All participants and their guardians will continue to monitor their health and seek medical attention if needed.

This RELEASE shall be governed by and construed under the laws of Ohio.

**This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I/we have provided is disclosed accurately and truthfully. I/We have been given ample opportunity to read this document and I/we understand and agree to all of its terms and conditions. I/We understand that I am/we are giving up substantial rights (including my/our right to sue), and acknowledge that I am/we are initialing/signing this document freely and voluntarily, and intend by my/our initial(s)/signature(s) to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My/Our initial(s)/signature(s) on this document is/are intended to bind not only myself/ourselves and my/our child but also the successors, heirs, representatives, administrators, and assigns of myself/ourselves and my/our child.**

**PARENT(S) OR GUARDIAN(S) MUST INITIAL THIS FORM FOR A MINOR UNDER THE AGE OF 18**

Parent/Guardian Initials: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix D: Cleveland State University Youth Program/Camp Media, Photo & Video Release**

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE INITIALING/SIGNING. THIS IS A LEGALLY BINDING DOCUMENT.

In consideration for my/our child's participation in the above captioned event, I/we, the undersigned parent(s)/guardian(s) of the minor child indicated below, hereby grant to Cleveland State University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents ("University") the right to reproduce, use, exhibit, display, broadcast, distribute, exploit, modify, adapt, and create derivative works of photographs, videotaped images or video/audio recordings of my/our child ("Materials") by incorporating them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films, videos, electronic media, web sites, and/or other media, or commercial, informational, educational, advertising, or promotional materials or publications related thereto ("Works"). It is agreed that the Works will be used in connection with University business, the activities of the University, or for promoting, publicizing or explain University activities or events.

Materials may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including by not limited to print, broadcast, videotape, CD\_ROM and electronic/online media.

I/We waive my/our right to inspect or approve any Works that may be created by the University using the Materials and waive any claim with respect to the eventual use to which Materials may be applied.

I/We understand and agree that the University is and shall be the exclusive owner of all right, title, and interest, including copyright, in the Works, and any commercial, informational, educational, advertising, or promotional materials containing the Materials. All electronic or non-electronic negatives, positives, and prints are owned by the University. I/We also understand that neither I/we nor my/our child will receive compensation in connection with the use of my/our child's image.

I/We, on behalf of my/our child, furthermore release, indemnify and hold harmless University from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my/our child may suffer, for which my/our child may be liable to any other person, or that may or does arise out of the use of the Materials.

**This RELEASE contains the entire agreement between the parties and the terms of this RELEASE are contractual and not a mere recital. The information I/we have provided is disclosed accurately and truthfully. I/We have been given ample opportunity to read this document and I/we understand and agree to all of its terms and conditions. I/We acknowledge that I am/we are initialing/signing this document freely and voluntarily. My/Our initial(s)/signature(s) on this document is intended to bind not only myself/ourselves but also my/our successors, heirs, representatives, administrators, and assigns.**

**SIGNATURE(S) AND COMPLETE INFORMATION IS REQUIRED:**

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_