

# Summer Youth Camp 2008 Registration Form

**PARTICIPANT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone number \_\_\_\_\_ E-mail \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

**CAMP INFORMATION**

**Sports Camp**     Session I: July 21<sup>st</sup>-25<sup>th</sup>      8am-12:30pm     Session II: July 28<sup>th</sup>-Aug 1<sup>st</sup>      8am-12:30pm  
**Swim Camp**       Session I: Aug 4<sup>th</sup>-7<sup>th</sup>      12pm-4pm       Session II: Aug 11<sup>th</sup>-15<sup>th</sup>      12pm-4pm  
 T-Shirt Size:     Small     Medium     Large     X-Large

**COST**

Cost: \$15 per session      Total Cost:     \$15     \$30     \$45     \$60

**PARENT/GUARDIAN INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ E-mail \_\_\_\_\_  
 Phone number \_\_\_\_\_ Work number \_\_\_\_\_ Cell number \_\_\_\_\_

**HEALTH INFORMATION**

The information you provide here will be held in the strictest confidence. It will be kept on file in our health binder or carried by the camp director when your child travels on the SJSU campus with one of our camp groups.

Child's Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Allergies:**       Yes     No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them.

\_\_\_\_\_

Does your child have any allergic reactions to sunscreen?  Yes     No

May we serve your child food and beverages:     Yes     No

**Medical, Physical, or Emotional Conditions (including Disabilities):**

If your child does have any conditions, please provide information to assist us in providing the best camp experience for your child.

\_\_\_\_\_

**Medications (including Inhalers):**       Yes     No

If your child must take medication while at camp, please note here. All medications must be in their original containers and be appropriately labeled. Please do not give your camper's medication to them to bring to camp; medications must be received and held by the camp office or with the camp director.

\_\_\_\_\_

Is your child up-to-date on all state-required immunizations?     Yes     No

**INSURANCE INFORMATION**

Is the participant covered by family medical/hospital insurance?  Yes  No

Carrier or Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

**AUTHORIZATION OF CONSENT**

(Print child's name)

(I) (We), the undersigned parent(s)/guardian(s) of \_\_\_\_\_, a minor, do hereby authorize any hospital for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code § 2000 et. seq; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practices Act, California Business and Professionals Code § 1600 et. Seq.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of the California Family Code § 6910.

(I) (We) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of the California Family Code § 6910, to surrender physical custody of such minor to (my) (our) above named agent(s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code § 1283.

These authorizations shall remain effective until August 15, 2008, unless sooner revoked in writing delivered to said agent(s).

**INDIVIDUAL CONTRACT**

To the extent allowed by law, I, the undersigned am the parent/guardian of the individual(s) named below, and shall hold harmless, indemnify, and defend the Student Union, Inc. of San Jose State University, San Jose State University, the State of California, the trustees of the California State University and the officers, employees, volunteers and agents of each of them from and against any and all liability, loss, damage, expense, cost of every nature, and causes of actions arising out of or in connection with any negligence in the performance of this agreement. It is further understood and agreed that this waiver, release and assumption of risk to be binding on my heirs and assigns. I also release the Student Union, Inc. of liability for any claims that may arise out of activity. The Student Union, Inc. also reserves the right to remove participants from the program if they present a threat to the children or if they abuse the privilege of the mission statement of the Student Union, Inc. I also understand that participation in the program can cause severe injury or death and I have taken care to enroll at the level of his/her/my/our physical abilities and/or medical conditions. I hereby grant permission to the Student Union, Inc. to take my photo while participating in the activities to use for publicity. One parent/guardian must sign for all minors.

I have read this entire Informed Consent Agreement. I fully understand it and I agree to be legally bound by it.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor Date

\_\_\_\_\_  
Participants name

**FOR OFFICIAL USE ONLY**

**Proof of Age:**  Yes  No **Type of proof:**  ID Card  Birth Certificate  Other: \_\_\_\_\_ **Staff Initials:** \_\_\_\_\_  
**Paid Camp Fee:**  Yes  No **Type of payment:**  Cash  Check **Staff Initials:** \_\_\_\_\_