

SPLASH CAMP



Upper Valley Aquatic Center | Vacation Splash Camps

Registration Form for Children 6 - 10

M-F 8am-4pm • Aftercare Available!

December 26 - 29, 2017

February 19 – 23 and/or April 16 – 20, 2018

802.296.2850 ex 106 | www.uvacswim.org

Camper: _____ Age: _____ D.O.B.: _____ Male/Female

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Email(required): _____

Home Phone: _____ Work: _____ Cell: _____

Health Concerns/Other Comments: _____

Best way to reach you during camp hours? (8:00am-4:00pm) _____

What level of swimming is your child? _____

Camp Dates and Fees: Full-day 8:00am - 4:00pm - or - Half-day 8:00am - 12:00pm

____ **December 26,27,28 & 29, 2017 “Geo Domes and Eskimo Pies”**

____ Member Full-day (\$205)

____ Non-Member Full-day (\$230)

____ Member Half-day (\$102)

____ Non-Member Half-day (\$115)

____ Lunch Package (\$20)

____ *After Care Package (\$20) 4 - 5pm

____ **Feb 19–23, 2018 “Siesta, Fiesta, Pinata”** ____ **April 16–20, 2018 “Who Done It Mystery”**

____ Member Full-day (\$255)

____ Non-Member Full-day (\$285)

____ Member Half-day (\$130)

____ Non-Member Half-day (\$155)

____ Lunch Package (\$25)

____ *After Care Package (\$25) 4 - 5pm

Total Amount Enclosed: _____

Where did you hear about us?

Website Social Media Newspaper Radio Walk-In Friend Event Listserv

I understand that by choosing to participate in a program or enter the building and grounds of the Upper Valley Aquatic Center you will grant to the Upper Valley Aquatic Center, a nonexclusive, irrevocable, royalty-free license, in perpetuity, to record, display and use for any commercial, educational or promotional purpose, in any media (including but not limited to, websites, television and newspaper), without restrictions or limitations, any content you provide, your image, your appearance and/or your participation on videotape, audiotape, film, electronic media or in any other medium now known or later developed. You also grant the foregoing rights on behalf of any dependents attending with you.

UVAC Health and Emergency Contact Form

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Health Insurance Carrier: _____ Policy No. _____

In the event we cannot reach a parent please list contact information for two people:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Does your child have any special needs? (Circle one) **Y N** If yes, please write below what they are and how we can make sure he/she has the best camp experience possible.

Does the camper have any medical conditions that would affect his/her participation in the camp? (Circle one) **Y N** If yes, please list:

Will the camper need to take any medications during camp hours? (Circle one) **Y N**
If yes, please list

NOTE: Counselors cannot administer medication and children will need to self-administer any and all medications.

Please provide dates of your child's most recent immunizations:

Measles____ Mumps____ Rubella____ Polio____ Tetanus____ Chicken Pox____

If your child is allergic or suffers from any of the following please check:

- | | |
|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Insect stings | <input type="checkbox"/> Penicillin Allergy |
| <input type="checkbox"/> Cramps | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Reaction to Poison Ivy | <input type="checkbox"/> Psychiatric Treatment |
| <input type="checkbox"/> Food/Other Allergies | <input type="checkbox"/> Bleeding Disorder |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Other (describe below) |

Comments: _____

Does your child carry a bee sting kit? (Circle one) **Y N**

NOTE: *Counselors cannot administer bee sting kits.

***Due to the nature of our site, we cannot guarantee that the facilities are peanut/nut free.**

Pick-Up Authorization

In addition to self please list all persons allowed to pick up your child (Photo ID will be needed)

1. _____ 2. _____
3. _____ 4. _____

Parental Authorization and Informed Consent

As a parent of _____ (child's name),

I understand and agree to the following:

- All the information in the Health and Emergency form will be kept confidential and only assessed to ensure the safety and functionality of the campers and the camp.
- In the event that we are unable to reach a parent/guardian or an emergency contact during an emergency while at UVAC, I hereby give my permission to the UVAC staff and/or medical personnel to take emergency measures as needed.
- I authorize the Head Counselor or their designate to act for me according to their best judgment in any emergency.
- I fully acknowledge that even after reasonable safety precautions have been taken, some activities such as swimming, hiking, and other outdoor activities may result in injuries which the UVAC facility and faculty should not be held responsible.

Signature: _____ Date _____

Send With Payment To: Attention: Swim School Director
Upper Valley Aquatic Center
P.O. Box 1198
White River Junction, Vermont 05001

Or email form by photo or Adobe Acrobat Reader to: kcox@uvacswim.org
and **complete with payment** at the Welcome Desk within 5 days (802) 296-2850

Questions? Contact Karen Cox: 802-296-2850 x106 kcox@uvacswim.org

For Office Use:

Date Recv. _____ Paid: Cash/Check/CC _____ Staff Initials _____ Enrolled _____