

2009 BKC Break Registration Form

Registration Information – page two

This page must be completed for each camper registered. Please complete carefully so we can register your child correctly! If you need assistance completing this form, please contact (585) 395-2681. For a list of session dates and a description of registration options, please visit our Web site at www.brockport.edu/recservices.

❶ This camper will be attending each day of the session(s) indicated below (**full-time status**):

BR 1 (February 16-20)

BR 2 (April 20-24)

❷ This camper will be attending three days of the session(s) indicated below – please select the three days (**part-time status**):

BR 1 ☺☺☺ Monday Tuesday Wednesday Thursday Friday

BR 2 ☺☺☺ Monday Tuesday Wednesday Thursday Friday

❸ This camper will be attending half-day during the session(s) indicated below (**half-day status**):

BR1 ☺☺☺ AM PM

BR 2 ☺☺☺ AM PM

❹ This camper will be attending one or two days of the session(s) indicated below – please select the day(s) (**daily status**):

BR 1 ☺☺☺ Monday Tuesday Wednesday Thursday Friday

BR 2 ☺☺☺ Monday Tuesday Wednesday Thursday Friday

❺ I would like to register this camper for **swim instruction** during the session(s) indicated below; additional fee applies - \$25 per session; **payable at the time of registration**):

BR 1

BR 2

What level swimmer is your child?

Beginner Intermediate

Advanced

❻ **Field trip information** – There will not be any field trips during the break sessions of BKC

❼ **Overnighter information** –There will not be an overnighter during the break session

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Emergency Contact Information – page three

This page must be completed for each camper registered. Please complete all fields unless indicated as optional. **Information provided on this form will remain confidential.** Information will only be given to appropriate medical personnel when necessary. If you need assistance with completing this form, please call (585) 395-2681. This packet is available to download and print on the Web at www.brockport.edu/recservices.

1 Camper Information

Name: _____

Date of Birth: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

2 Family Information

Parent/Guardian: _____

Home Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Work Phone: _____

Parent/Guardian: _____

Home Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Work Phone: _____

3 Physician / Health Insurance Information

Camper's Physician: _____

Phone Number: _____

Insurance Company: _____

Phone Number: _____

Policy Holder Name: _____

Member Number: _____

4 Health Profile

- Please advise us of any **learning disabilities, emotional or physical conditions** this camper may have. Information provided will only be used to assist us in providing the best camp experience for your child.

- Please list any **medications** that this camper may be bringing with them to camp. Please refer to the Parent and Camper Guide for the current medications procedure.

- Please list any known **allergies** this camper may have (including food, insect stings and asthma) and the process for managing a reaction.

➡ In case of a major medical emergency, I authorize the camp staff to take immediate medical attention that they deem appropriate. I understand and agree that I will be financially responsible for all charges and fees rendered regardless of whether or not my medical insurance will cover such charges and fees. I further understand that the camp staff will contact me as soon as reasonably possible to inform me of the situation (a member of the camp staff will always accompany a camper to the hospital). Please refer to the current Parent & Camper Guide for our detailed medical emergency policy.

➡ Print Name: _____

Signature: _____

Date: _____

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Payment, Refund Policy and Photo Consent – page four

This page must be completed for each camper registered. Please print or type carefully so we can register your child correctly! Please complete all fields unless indicated as optional. If you need assistance with completing this form, please call (585) 395-2681. This packet is available to download and print on the Web at www.brockport.edu/recservices.

① Camper's Name: _____ Date of Birth: _____

② Payment Information (please choose one)

- A **\$50 deposit per camper per session** is required at the time of registration. Additionally, if registering this camper for **swim lessons**, the \$25 per session registration fee is required at the time of registration. Please refer to section ③ on this form for our refund policy. Our preferred payment method is Visa, MasterCard and Discover. Once your payment is processed, a receipt will be e-mailed to the address listed on page one.

☞ Please charge the credit card listed below in the amount of \$_____.

VISA MASTERCARD DISCOVER

Card Number --- Expiration -

Cardholder Signature (I agree to pay the above amount according the card issuer agreement)

Signature: _____ Date: _____

☞ A check payable to "Recreational Services" in the amount of \$_____ is enclosed.

③ Payment / Refund Policy (please initial next to the ► below)

A \$50 deposit per camper per session is required at the time of registration. Any deposit paid is a guarantee that the camper will attend the day(s) or session(s) indicated at the time of registration. Any deposit paid is not refundable and may only be transferred to another BKC session, provided the camper is not already registered for the session and space remains in the session. Any remaining registration fee for the February session is due no later than February 9, 2009, for the April session is due no later than April 10, 2009. **Any payment received after the deadline may be assessed a \$25 late fee.** If a camper is unable to attend a session that they have already paid for, a partial refund/credit of the registration fee (less deposit) may be issued if advance notice is provided. Please refer to our Web site for detailed information.

☞ _____ *My initials here indicate that I have read, understand and agree to the above payment and refund policy. If I have any questions I will call (585) 395-2681 prior to submitting payment.*

④ Photo Consent Policy (please initial next to the ► below)

I understand that The College at Brockport employees may take photographs of campers during camp activities, special events and field trips. Photographs may be used in future publicity or promotional materials, which may include (but is not limited to) print advertisement and/or the College at Brockport Web site. No compensation shall be provided for such photographs.

☞ _____ *My initials here provide my consent to the use of said photographs for the camper(s) listed above.*

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Immunization History – page five

This page must be completed for each camper registered. Please print or type carefully so we can register your child correctly! Please complete all fields unless indicated as optional. If you need assistance with completing this form, please call (585) 395-2681. This packet is available to download and print on the Web at www.brockport.edu/recservices.

The Monroe County Health Department requires that each camper have on-file with the camp office by the first day of camp their current immunization record. This record must be submitted every year the camper attends. Failure to do so may result in the removal of the camper from camp (without a refund).

Camper's Name: _____ Date of Birth: _____

Parent's Name: _____ Daytime Phone Number: _____

Address: _____ City: _____ Zip: _____

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
Hepatitis B	/ /	/ /	/ /	/ /	/ /
DTaP [diphtheria, tetanus, pertussis]	/ /	/ /	/ /	/ /	/ /
Tetanus-Diphtheria	/ /				
Haemophilus [haemophilus-influenza type b]	/ /	/ /	/ /	/ /	
Polio	/ /	/ /	/ /	/ /	
MMR [measles, mumps, rubella]	/ /	/ /			
Varicella zoster [chickenpox]	/ /	/ /			

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Informed Consent / Participation Agreement – page six

This page must be completed for each camper registered. Please print or type carefully so we can register your child correctly! Please complete all fields unless indicated as optional. This packet is available to download and print on the Web at www.brockport.edu/recservices.

Participation in programs sponsored by The College at Brockport – Recreational Services is strictly voluntary. The undersigned hereby acknowledges his/her understanding that the possibility of injury does exist when participating in program activities. Program activities range from low-risk activities to more high-risk activities. The undersigned recognizes that possible injuries range from cuts, bruises, muscle strains, and sprains to more severe injuries such as broken bones, concussions, dislocations, etc. The undersigned also recognized that there is the possibility of death, dismemberment, and other catastrophic injuries associated with program activities.

The undersigned acknowledges his or her awareness that in the event of injury, no compensation is available from Recreational Services, SUNY Brockport, its governing board, or the State of New York, their members, agents, or employees. The undersigned's responsibility to obtain appropriate insurance and/or pay all charges associated with the injury is hereby confirmed.

I have read the statements above and I am aware that the activity I have registered to participate in subjects me to physical risks and dangers. Nevertheless, I voluntarily agree to assume any and all risks of injury or death, and to release, discharge, and hold harmless all of the entities or persons mentioned above, who through negligence or carelessness, might otherwise be liable to me, my heirs, personal representatives, next of kin, spouse, or assigns. **If I am signing this form on behalf of a minor that I am the parent or legal guardian for, I acknowledge that I have verbally explained to the minor the risks associated with participation and other important details of this informed consent and participation agreement.**

It is understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs, personal representatives, next of kin, spouse, or assigns.

I have carefully read the agreement and fully understand its content. All participants, or their parent or guardian, in the program must sign this agreement.

➡ Camper's Name: _____

Date of Birth: _____

➡ Parent/Guardian's Name: _____

➡ Parent/Guardian's Signature: _____

➡ Date of Signature: _____

2009 BKC Registration Form

Instructions

Thank you for choosing BKC for your child this year! To insure proper registration, please complete the following packet carefully and return it to the address listed below as soon as possible. If you have any questions when completing the packet, please contact us at (585) 395-2681 or via e-mail at jcorsi@brockport.edu. To assist with the process, please refer to the instructions listed below or on the top of each page.

Page One: Camper Information – This page includes general information that will assist us in properly registering your child. Please be sure to complete the box located on the bottom of the page. For the “Camper Checkout Authorization”, please list any individual who is authorized to pick-up the camper listed. If you would like the camper to be able to check him/herself out, check the “Camper Release / Self Checkout” box.

Page Two: Registration Information – This page includes specific information as to which days and sessions you would like to register your child for.

Box ❶ – complete this box if you would like to register your child for **full-time status**, which includes the child attending every camp day during the session indicated. Place a check in the box to the left of the session(s) that you would like to register your child for.

Box ❷ – complete this box if you would like to register your child for **part-time status**, which includes the child attending any three days during the session indicated. Place a check in the box to the left of the session(s) that you would like to register your child for. Additionally, place a check next to the three days that the child will be attending.

Box ❸ – complete this box if you would like to register your child for **half-day status**, which includes the child attending either the morning or afternoon every camp day during the session indicated. Place a check in the box to the left of the session(s) that you would like to register your child for. Additionally, place a check next to either “AM” or “PM”.

Box ❹ – complete this box if you would like to register your child for daily status, which includes the child attending the day(s) indicated. Place a check in the box to the left of the session(s) / day(s) the child will be attending.

Box ❺ – complete this box if you would like to register your child for American Red Cross swim lessons during the camp day. Each session, lessons include four 25-minute lessons. An additional registration fee of \$25 applies and is payable at the time of registration.

Box ❻ and ❼ - please leave these two boxes blank!

Page Three: Emergency Contact Information – This page includes information that will be used to provide your child a safe, enjoyable camper experience. Information provided on this form will only be shared with other staff members on a need to know basis and may be provided to emergency medical personnel when appropriate. *Please be sure to sign the bottom of this page!*

Page Four: Payment, Refund Policy and Photo Consent – This page includes your payment information, an overview of our payment / refund policy (please refer to our Web site for our complete policy) and a photo consent statement. Please be sure to complete the payment information section so we may process your registration in a timely manner. *Additionally, please be sure to initial ❸ Payment / Refund Policy and ❹ Photo Consent Policy.*

Page Five: Immunization History – This page is required by the Monroe County Health Department. Please complete all information.

Page Six: Informed Consent / Participation Agreement – Please read through the information outlined on this page. Once completed, *please sign and date at the bottom of the page.*

Completed forms may be faxed to (585) 395-2884 or mailed to:
Recreational Services
Attention JoLynne Corsi-Miller
B 280 Tuttle North
350 New Campus Drive
Brockport, NY 14420