



Summer Camp Participant Registration Instructions

IMPORTANT: Please **DO NOT** submit this form electronically. The IM-Rec Sports Department **WILL NOT** accept registration forms that are emailed or faxed.

Instructions:

1. Complete the **Registration Form & Release Consent Form** below.
2. Print the completed form and **deliver it in-person** to the IM-Rec Sports Welcome Desk located at:

**University of Virginia
Aquatic & Fitness Center
450 Whitehead Road
Charlottesville, VA 22904**

3. Full payment is required at the time of registration to reserve the child's space.

UVA IM-Rec Sports Members: \$165.00 per child, per week.

UVA IM-Rec Sports Non-Member: \$200.00 per child, per week.

Accepted Payment Methods:

Debit (or) Credit Card

Check - Please make checks payable to: **IM-Rec Sports**

4. Once you have delivered your **Registration Form & Release Consent Form** in-person and submitted payment, you will receive an email containing additional information about the camp.

If you have any questions or need assistance completing any of the steps above please contact the IM-Rec Sports Business Office at:

Email: recsports@virginia.edu (or) **Phone:** (434) - 924 - 3791

Summer Camp Participant Registration Information

COVID-19

Beginning March 21, 2022, participants of youth programs and camps will not be required to wear a mask while on Grounds. Participants may choose to continue wearing a mask. Proof of vaccination or a negative test is NOT required for participation in IM-Rec Sports youth programs.

Youth programs and camps on-grounds will continue to follow health and safety requirements outlined by the University. If the University requirements change, the Office of Youth Protection will communicate those changes to youth program and camp participants and their families.

Registration and Refunds:

Registration and payment for the UVA IM-Rec Sports "Hoos Having Fun" Summer Camp must be completed and submitted to the UVA IM-Rec Sports Business Office. Full payment is required at the time of registration to reserve the child's space. Cancellations may be made at no charge if the IM-Rec Sports Business Office is notified of the cancellation by **Friday June 3rd 2022**. No refunds will be granted after June 3rd 2022, unless we have orders of closure from the Virginia Department of Health, Governor of Virginia, or the University of Virginia in which case we will offer a prorated refund for those days. No refunds or credits will be given for changes due to work/vacation schedules or illness.

Age Guidelines:

The UVA IM-Rec Sports "Hoos Having Fun" Summer Camp is for children ages 6 to 12 years old and no exceptions will be made. Campers must meet the age requirements before the first day of camp. The participants will be divided into separate cohorts dependent on age.

Hours of Operation:

The UVA IM-Rec Sports "Hoos Having Fun" Summer Camp hours are Monday-Friday 8:00 am-12:00 pm. Dates for the camp are June 20 - 24, June 27 - July 1, July 5th - 8th (No Camp Monday July 4th), July 11 - 15, July 18 - 22, and July 25 - 29, 2022.

Medical Needs/Allergies:

UVA IM-Rec Sports Staff are not permitted to administer medication to program participants. In the event of a medical emergency, UVA IM-Rec Sports Staff will administer first aid, CPR, and rescue in the best interest of the child. Parents will be contacted if care is administered. Allergy medications may be administered if directed in writing by the child's parent/guardian.

Special Circumstances:

Parents and guardians are required to inform the UVA IM-Rec Sports Staff in writing of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including, but not limited to, any serious behavioral problems or special circumstances regarding psychological, medical, or physical conditions. Once the notice is submitted, a conference will be scheduled with the parent/guardian to discuss the special circumstances and whether the UVA IM-Rec Sports Department can accommodate the circumstances.

"Hoos Having Fun" Summer Camp Participant Registration Form

Participant #1 Information:

Full Legal Name: _____ Nickname: _____ Male _____ Female _____

Participant Date of Birth: _____ Age during camp: _____

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

Guardian Name: _____ Phone number: _____

Alternative Phone number: _____ Guardian Email: _____

Is this child allergic to anything? _____ If yes, explain: _____

Is this child currently taking medication? _____ If yes, explain: _____

Does this child have special needs*? _____ If yes, explain: _____

***Programs are provided for people of all abilities. If there is need for reasonable modification, please answer YES above and speak to a manager prior to the start of the camp. Each request will be assessed in compliance with the ADA.**

Who is authorized to pick-up the child?

1. First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Relationship to Child: _____

2. First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Relationship to Child: _____

3. First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Relationship to Child: _____

Is there anyone **NOT** authorized to pick-up the child? (Optional)

1. First Name: _____ Middle Name: _____ Last Name: _____

Relationship to Child: _____

2. First Name: _____ Middle Name: _____ Last Name: _____

Relationship to Child: _____

Select below what week(s) this child would like to participate in the IM-Rec Sports Summer Camp

June 20-24

June 27-July 1

July 5-8

July 11-15

July 18-22

July 25-29

Participant #2 Information:

Full Legal Name: _____ Nickname: _____ Male _____ Female _____

Participant Date of Birth: _____ Age during camp: _____

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

Guardian Name: _____ Phone number: _____

Alternative Phone number: _____ Guardian Email: _____

Is this child allergic to anything? _____ If yes, explain: _____

Is this child currently taking medication? _____ If yes, explain: _____

Does this child have special needs*? _____ If yes, explain: _____

***Programs are provided for people of all abilities. If there is need for reasonable modification, please answer YES above and speak to a manager prior to the start of the camp. Each request will be assessed in compliance with the ADA.**

Who is authorized to pick-up the child?

1. First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Relationship to Child: _____

2. First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Relationship to Child: _____

3. First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Relationship to Child: _____

Is there anyone NOT authorized to pick-up the child? (Optional)

1. First Name: _____ Middle Name: _____ Last Name: _____

Relationship to Child: _____

2. First Name: _____ Middle Name: _____ Last Name: _____

Relationship to Child: _____

Select below what week(s) this child would like to participate in the IM-Rec Sports Summer Camp

June 20-24

June 27-July 1

July 5-8

July 11-15

July 18-22

July 25-29

Participant #3 Information:

Full Legal Name: _____ Nickname: _____ Male _____ Female _____

Participant Date of Birth: _____ Age during camp: _____

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

Guardian Name: _____ Phone number: _____

Alternative Phone number: _____ Guardian Email: _____

Is this child allergic to anything? _____ If yes, explain: _____

Is this child currently taking medication? _____ If yes, explain: _____

Does this child have special needs*? _____ If yes, explain: _____

***Programs are provided for people of all abilities. If there is need for reasonable modification, please answer YES above and speak to a manager prior to the start of the camp. Each request will be assessed in compliance with the ADA.**

Who is authorized to pick-up the child?

1. First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Relationship to Child: _____

2. First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Relationship to Child: _____

3. First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Relationship to Child: _____

Is there anyone NOT authorized to pick-up the child? (Optional)

1. First Name: _____ Middle Name: _____ Last Name: _____

Relationship to Child: _____

2. First Name: _____ Middle Name: _____ Last Name: _____

Relationship to Child: _____

Select below what week(s) this child would like to participate in the IM-Rec Sports Summer Camp

June 20-24

June 27-July 1

July 5-8

July 11-15

July 18-22

July 25-29



UNIVERSITY OF VIRGINIA
2021 IM-REC SPORTS DEPARTMENT YOUTH CAMPS
RELEASE & CONSENT FORM

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. EACH PARTICIPANT'S HEALTH AND SAFETY SHOULD BE CAREFULLY CONSIDERED BY THE PARTICIPANT AND/OR SUCH PARTICIPANT'S LEGAL GUARDIAN GIVEN THE RISKS INVOLVED WITH PHYSICAL FITNESS AND IN LIGHT OF THE VARIOUS RELEASES MADE HEREIN.

CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

1. On behalf of myself and my child, I understand that one of the risks of participating in any sport, including the UVA IM-Rec Sports Department Summer Youth Camp, is the risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury to my child and other camp participants, I agree to instruct my child to obey all safety rules and any other rules, regulations or restrictions set forth by any of the individuals associated with the camp. I further agree to instruct my child to fully report and/or disclose any problems related to his/her health or physical condition to the camp Counselors, camp Site Director, or IM-Rec Sports Department professional staff members as soon as the problem arises or becomes noticeable.

2. By signing below, I certify the following:
 - I am authorized to execute this document and make decisions on behalf of my child as his/her parent or legal guardian.
 - That my child is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation in the camp;
 - That my child is not currently being treated for or recovering from an orthopedic or other injury that would prevent his or her safe participation in the summer camp;
 - That my child has no history of fainting or any other problems whatsoever related to strenuous exercise; and

 - That my child is in good health and that, to the best of my knowledge, there is no reason he or she cannot or should not participate in the kind of physical activity involved with camp participation.

Parent/Guardian Signature: _____ Date: _____

CONSENTS:

1. By my signature below, and in the event any accident, illness, injury or other medical condition arises in connection with my child's participation in the UVA IM-Rec Sports Department Summer Youth Camp, I hereby authorize the camp, including any of its employees, staff or agents to obtain medical treatment for my child (children), _____, _____, _____, as the same may be deemed reasonably necessary by any such parties.

2. By my signature below, I hereby consent to have my child be photographed or video- or audio-taped during camp activities, and I agree that the images so obtained may be used for educational, marketing and public relations purposes by the UVA IM-Rec Sports Department.

Parent/Guardian Signature: _____ Date: _____

RELEASE:

For good and valuable consideration, including my child's participation in the UVA IM-Rec Sports Department Summer Youth Camp, the receipt and sufficiency of which are hereby acknowledged, and as evidenced by my signature below, I hereby, on behalf of myself, my child, and any of our heirs, successors, executors, administrators, assigns or survivors:

1. Agree that I am and shall be responsible for any and all costs associated with any injury or loss (including all actual costs and expenses associated with accompanying medical attention) that may be sustained by my child as a result of his/her participation in the camp, whether such injury is the direct or indirect result of such participation. I further certify that I have, or a member of my family has, health insurance, which provides adequate coverage for any injuries, illnesses or other medical conditions my child may sustain in connection with participating in camp. Further, I acknowledge that I may be required to provide various equipment for my child to use in connection with his/her camp participation, and that I am solely responsible for the effectiveness, upkeep, maintenance, and safety of any such equipment.
2. Forever release, indemnify and hold harmless the Commonwealth of Virginia, the University, the UVA IM-Rec Sports Department, and any and all of their employees, agents, independent contractors and other affiliates, from and against any and all claims for any damages, loss, injury, disability, or death arising from or in any way in connection with my child's participation in the UVA IM-Rec Sports Department Summer Youth Camp, unless any such claim is the direct result of the gross negligence or willful misconduct of any such parties.
3. Certify that I have read all of the terms and provisions of this form, and that I understand the various obligations I am assuming and rights I am waiving. This waiver is intended to be as broad and inclusive as permitted by law. It shall be governed by the laws of the Commonwealth of Virginia. To the extent that any part of this waiver or agreements is deemed unenforceable for any such reason, the rest of the terms and provisions hereof are intended to remain in full force and effect.

Parent/Guardian Signature: _____ Date: _____



Pricing & Payment

IM-Rec Sports Staff Use Only Below

Member Pricing:

Number of Weeks: _____ x \$165 per week = Amount Due: _____

Non-Member Pricing:

Number of Weeks: _____ x \$200 per week = Amount Due: _____

Total Amount Due (all participants): _____

Date Paid: _____

Payment Method: _____