



Youth Camp

Registration

TM



Youth Camp Staff

Rob Silvers, Director

Art Cabrera, Assistant Director

Email

recsports@utrgv.edu

Phone Numbers

Camp Office

665-7808

University Police

665-7151

Main Facilities

Recreation Field Complex

Wellness and Recreational Sports Complex

Web Address

www.utrgv.edu/urec

Important Dates

March 14 Registration opens for all children of all UTRGV Students, Faculty, Staff and Alumni UREC Members

March 28 Registration opens for children of all UTRGV Students, Faculty, Staff and Alumni UREC Non-Members and General Public until full.

May 23 Early Registration ends for Session I

June 1 Parent Orientation at 6 p.m. and 7:30 p.m. at WRSC.

June 3 Session I payment due by 6 p.m. and deadline for enrollment in Session I Lunch Program

June 6 Session I begins. Early Registration ends for Session II.

June 17 Session II payment due by 6 p.m. and deadline for enrollment in Session II Lunch Program

June 20 Session II begins.

June 21 Early registration ends for Session III

June 29 Parent Orientation at 6 p.m. at WRSC.

July 1 Session III payment due by 6 p.m. and deadline for enrollment in Session III Lunch Program

July 5 Session III begins. Early registration ends for Session IV.

July 15 Session IV payment is due by 6 p.m. and deadline for enrollment in Session IV Lunch Program.

July 18 Session IV Begins

Camp Hours

7:45 – 8:30 a.m. – Drop-off at WRSC back door.

8:30 a.m. – 3:50 p.m. – Camp Time

3:50 – 4:15 p.m. – Pick up

4:15 – 6 p.m. – Late Program

Early Registration

Early Registration period is up until two weeks before each individual session begins. Within two weeks of a session starting is the late registration period.

Fees

Registration Pricing	Early Registration	Late Registration
Children of UTRGV Students, Faculty, Staff and Alumni UREC Members	210	225
Children of UTRGV Students, Faculty, Staff and Alumni UREC Non-Members	230	245
Children of General Public	250	265
Lunch Program (<i>Lunch may not be added after 6 p.m. the Friday before the each session starts</i>)	60	60
Late Program	75	75
Transfer Fee	25	25
Late Payment Processing Fee	15	15

Deposits

A non-refundable \$100 deposit is required at the time of registration. The balance for each session is due the Friday before the session begins. Refunds must be submitted in writing and received by the UREC main office one week prior to the start of each session. Payment method: Cash, Check, Visa, MasterCard, Discover. Make checks payable to UTRGV.

Payment Due Date

Payment for each session is due by 6 p.m. the Friday before each session begins. Late payments will be charged a \$15 processing fee. *Inquire about enrolling in automatic payment at the UREC facility member service desk during registration and never miss a payment due date!*

Lunch

Bring a packed lunch daily or purchase our Lunch Program which provides a diverse, well-balanced meal including dessert and drink. Enrollment in the lunch program ends the Friday before each session.

Late Program

Operates from 4:15 – 6:00 p.m. (Additional \$75/session/camper fee required). This portion of Summer Youth Camp is supervised, with minimal programming. Campers will be asked to relax and participate in low activity games. This additional supervision is intended to be a convenience for the parents whose work schedules do not permit them to pick-up from 3:50 – 4:15 p.m.

Transfer & Schedule Change

A \$25 fee is charged for transferring between sessions. Transfers must be completed in person at the UREC Member Service Desk at least three working days prior to the start of the session. A transfer fee must be paid at the time request is made. Transfers are based on availability and made at the discretion of the director. Spots may only be given to siblings or step-siblings. Programs are non-transferable to anyone outside the immediate family. Children missing days (other than medical) will not be allowed to make up sessions. No split session will be available.

Sample Daily Schedule

	Group 1	Group 2	Group 3	Group 4	Group 5
7:45-8:40	Drop-Off				
8:40-9:40	Basketball	Team Sports	Indoor Soccer	Individual Sports	Dance
9:40-10:00	Snack				
10:00-11:00	Dance	Racquet Sports	Basketball	Team Sports	Indoor Soccer
11:00-12:00	Indoor Soccer	Individual Sports	Dance	Racquet Sports	Basketball
12:00-12:30	Lunch				
12:30-1:30	Swimming		Rock Climbing	Rec Games	Fit Kids
1:30-2:30	Fit Kids	Art	Swimming		Rock Climbing
2:30-2:50	Snack				
2:50-3:50	Rock Climbing	Rec Games	Fit Kids	Art	Swimming
3:50-4:15	Pick-Up				
4:15-6:00	Late Program				

Sample Lunch Schedule

Monday 6/8/2015	Tuesday 6/9/2015	Wednesday 6/10/2015	Thursday 6/11/2015	Friday 6/12/2015
Hamburger/Cheese	Deli Wrap, Lettuce/Tomato	Meat Ball Sub/Hoagie Bun Cheesy Potato	Ham and Cheese Sandwich	2 Slices of Pizza
French Fries Fresh Baked Cookie	Cucumber Rounds Small Fruit Cup	Skins Fresh Baked Cookie	Carrot Sticks Grapes	Potato Chips Fresh Baked Cookie

**The University of Texas Rio Grande Valley
Summer Youth Camp Waiver and Release Packet**

***Please initial each section as acknowledgement of having read and understood that section.
THIS IS A LEGALLY BINDING AGREEMENT. PLEASE READ CAREFULLY.***

CAMP

Code of Conduct Agreement:

Our goal is to provide the highest quality recreational experience in a safe environment for all our campers. Please help us in ensuring that your child follows the following code of conduct.

Initial _____ I ensure that my child will:

- Be respectful of the feelings and properties of others, by treating them the same way that they would want to be treated while treating others with courtesy and consideration.
- Show respect to the staff and cooperate with their instructions and rules.
- Know and follow the rules of camp.
- Communicate with others in an appropriate manner. No use of foul language.
- Refrain from the verbal or physical harm of other participants and/or staff.
- Understand that any form of pushing, kicking, hitting, or fighting is unacceptable and will not be tolerated.
- Use equipment and supplies in an appropriate manner.
- Be fully responsible for his/her actions and understand the consequences of any inappropriate actions.

Initial _____ I also understand that the consequences for misbehavior of breaking camp rules will be:

- 1st Offense: Verbal Warning
- 2nd Offense: Removal from activity and contact of parent/guardian
- 3rd Offense: Removal from day and possible expulsion from camp (without refund)

Please note that for severe infractions, verbal warning may not be given prior to removal from activity and/or removal from camp.

LIABILITY

Waiver of Liability

Initial _____ In consideration of my membership privileges at the Wellness and Recreational Sports Complex (WRSC), I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release The University of Texas Rio Grande Valley (UTRGV), its Board of Regents, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my use of the WRSC, whether caused by negligence of UTRGV, its Board of Regents, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless UTRGV, its Board of Regents, officers, employees, and representatives from liability for injury or death of

any person(s) and damage to property that may result from my negligent or intentional act or omission while using the WRSC.

Assumption of Risk

Initial _____ I do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with participating in activities at the WRSC facility. Specifically, I understand that activities such as this could result in physical injuries such as (but not limited to): abrasions, bumps, bruises, cuts, fractures, strains, sprains, nausea, dizziness, headaches, loss of consciousness, stroke, and cardiac arrest. I fully understand that these injuries could be severe and even result in loss of life. I understand that these injuries may require immediate medical assistance and that the Wellness and Recreational Sports Complex (WRSC) does not have trained medical personnel on site and does not provide insurance or reimbursement for any medical expenses incurred. Nevertheless, I choose to proceed even in the absence of a competent medical assistance. Despite the potential hazards and dangers associated with the activities held at the Wellness and Recreational Sports Complex (WRSC), I wish to proceed and I freely accept and expressly assume all risk, dangers and hazards that may arise from the activities which could result in personal injury, loss of life and property damage to me.

FACILITY

Initial _____ In consideration of my child(ren)'s participation privileges at the Wellness and Recreational Sports Complex (WRSC), I hereby accept all risk to his/her/their health and of his/her/their injuries or death[s] that may result from such participation and I hereby release The University of Texas Rio Grande Valley (UTRGV), its Board of Regents, officers, employees and representatives from any liability to my child(ren), me, my personal representatives, estate, heirs, next of kin and assigns for any and all claims and causes of action for loss of or damage to my child(ren)'s property and for any and all illness or injuries to my child(ren), including his/her/their death[s], that may result from or occur during his/her/their use of the WRSC, whether caused by negligence of UTRGV, its Board of Regents, officers, employees, or representatives, or otherwise.

Initial _____ I further agree to indemnify and hold harmless UTRGV, its Board of Regents, officers, employees, and representatives from liability for injury or death of any person(s) and damage to property that may result from my child(ren)'s negligent or intentional act or omission while using the WRSC.

MEDIA RELEASE

Initial _____ For valuable consideration, I do hereby authorize The University of Texas Rio Grande Valley and those acting pursuant to its authority to:

- Record my child(ren)'s participation and appearance on videotape, audio tape, film, photograph or any other medium.
- Use my child(ren)'s name, likeness, voice and biographical material in connection with these recordings.

- Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose which The University of Texas Rio Grande Valley, and those acting pursuant to its authority, deem appropriate.

CLIMBING WALL

Waiver and Release of Liability for the University of Texas Rio Grande Valley Climbing Wall

Camper(s) Name _____ Parent/Guardian Name if Participant is a Minor _____
 Address: _____ City: _____ State: __ Zip: _____

By signing this agreement you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your child(ren)'s use of the University of Texas Rio Grande Valley Climbing Wall now or any time in the future.

Acknowledgement of Risk:

Initial _____ **I HEREBY ACKNOWLEDGE AND AGREE** that the sport of rock climbing and the use of the University of Texas Rio Grande Valley Climbing Wall located in the WRSC, University of Texas Rio Grande Valley (herein after referred to as the Climbing Wall) has **INHERENT RISKS**. I have full knowledge of the nature and extent of all the risks associated with rock climbing and the use of the Climbing Wall, including, but not limited to:

1. All manner of injury resulting from falling off the Climbing Wall and impacting against rock faces and projections, whether permanently or temporarily in place, or the WRSC floor.
2. Rope abrasion, entanglement and other injuries resulting from activities on or near the Climbing Wall such as, but not limited to, climbing, belaying, repelling, lowering on rope, and rope or rescue systems.
3. Injuries resulting from falling climbers or dropped items, not limited to ropes or climbing hardware.
4. Cuts and abrasions resulting from skin contact with the Climbing Wall.
5. Failure of ropes, harnesses, climbing hardware, anchor points, or any part of the Climbing Wall structure.

Initial _____ I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the Climbing Wall and that the above list in no way limits the extent of this release form and covenant not to sue.

Release/Indemnification and Covenant Not to Sue:

Initial _____ In consideration of my child(ren)'s use of the Climbing Wall, I, the undersigned user, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE** University of Texas Rio Grande

Valley, its officers, agents, and employees (herein after referred to as the University) from any cause of action, claims, or demands of any nature whatsoever, including, but not limited to a claim of negligence which I, my heirs, representatives, executors, administrators, and assigns may now have, or have in the future against the University on account of personal injury, property damage, death or accident of any kind arising out of or in any way related to my child(ren)'s use of the Climbing Wall, whether that use is SUPERVISED OR UNSUPERVISED, howsoever the injury or damage is caused, including, but not limited to the negligence of the University.

Initial _____ I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS the University from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of or in any way relating to my child(ren)'s use of the Climbing Wall.

Initial _____ I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Climbing Wall and that my child(ren) voluntarily assumes the risks. I understand that I will be solely responsible for any loss or damage, including death, that my child(ren) sustains while using the Climbing Wall and that by this agreement I am relieving the University of any and all Liability for such loss, damage, or death.

Initial _____ I further certify that my child(ren) is/are in good health and that he/she/they has/have no physical limitations that would preclude his/her/their safe use of the Climbing Wall.

Safety Policies and Rules

I _____ (name of parent/guardian) accept full responsibility for my child(ren)'s safety while in the UTRGV Climbing Wall area. I agree to abide by, and help enforce, the following Climbing Wall safety policies and rules:

- To enter the climbing area, you must have a signed "waiver" of Liability/Assumption of Risk and turn into the climbing wall Supervisor.
- Climbers must check in/out at the Climbing Wall desk during operation hours.
- Before each climb the entrance instructor and belayer must check each climber to ensure that the knot and harness buckle are correctly fastened and that the belay system and belayers harness buckles are safe.
- The belayer must keep their brake hand on the rope and eyes on the climber at all times.
- Belayers must belay while standing up: NO belaying from benches, seated, or in a reclined position.
- Rock climbing shoes or clean athletic shoes are required. **Street shoes, hiking boots, sandals and bare feet are not permitted on the climbing surfaces.**
- A belayer who is significantly out-weighted by a climber is required to have a wrap or have a backup belayer.
- Climber may use their own equipment with the discretion of the Climbing Wall Supervisor on its ability to perform as a safe piece of climbing equipment.
- No food or open drink containers allowed in the climbing wall area.
- No loose chalk.

- No obscene language.
- Do not remove climbing holds.
- Climbing Wall equipment is not allowed to leave the climbing area.
- Do not use bolts as holds.
- Report any injuries or wall damage to the Climbing Wall Supervisors.
- Only Climbing Wall Staff and those approved through the WRSC can provide instruction on the Climbing wall and Bouldering wall.
- Allow right of way to other climbers who were first on a route on any given section of wall or boulder. Don't crowd other climbers.
- No bouldering above the dotted red line on the Climbing wall, or below roped climbers.
- Spectators are not allowed on padded climbing area.
- No Jewelry
- Cell phones use is prohibited when climbing, belaying, bouldering, or spotting
- Individuals under the age of 18 must be accompanied by an adult. Parents must sign the "Waiver of Liability" for anyone under 18 years of age
- No one under the age of 5 will be permitted to use the Climbing Wall.
- Any infraction of these rules will result in loss of climbing privileges. Repeated infractions will result in loss of future privileges and possibly additional sanctions. WRSC Supervisors reserves the right to suspend or terminate privileges for inappropriate or unsafe behavior.

The University Recreation Department reserves the right to suspend any individual permanently, or for a specified period of time, for failure to comply with the above safety policies and rules, or for any conduct that is viewed by the staff as unsafe or inappropriate.

Initial _____ **I acknowledge that I have read and agree that my child will abide by the Wellness and Recreational Sports Complex Safety Policies and Rules.**

I further certify that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement.

I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement, after having carefully read the same, of my own free will.

Signature of Parent/Guardian

Date

Parent/Guardian's Name

Child(ren)'s Name

UTRGV SUMMER CAMP APPLICANT AND CONFIDENTIAL MEDICAL INFORMATION

Camp Name: _____
Date(s): _____ Time(s): _____

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY.

AS A CAMPER, PARENT OR GUARDIAN I UNDERSTAND THAT: The information requested on this form is intended to help inform staff of any pre-existing medical conditions. If your child has a pre-existing medical condition, participation in any strenuous or recreational time may not be recommended. ***This information will be kept in strict confidence and will only be shared with your permission.*** UTRGV 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. You are accountable for providing an accurate medical history. ***Final determination about whether to participate is the responsibility of you and your physician.*** If you have any medical issue that is not requested below, but which you think is important, please include that information.

PART 1. GENERAL INFORMATION

Camper name: _____ Address: _____
Date of Birth ____/____/____ Gender: M _____ F _____
Parent/Legal Guardian name: _____ Email: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____

Please list two emergency contacts:

Emergency Contact # 1 Name	Home Phone #	Work Phone #	Cell Phone #	Relation
Emergency Contact # 2 Name	Home Phone #	Work Phone #	Cell Phone	# Relation

PART 2. MEDICAL INFORMATION

It is recommended that you consult with a physician prior to participating in this UTRGV Summer Camp. If you are uncertain about any pre-existing medical conditions, it is your responsibility to consult with your own physician prior to participating in this Summer Camp. 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.

Physician's name: _____ Phone Number: _____

Are you up to date with immunizations required by your school (circle one) Yes No
If you are participating in an overnight camp, a copy of your immunization record will be required.
Do you have health/accident insurance (circle one) Yes No If yes, please indicate policy number, name, and address of company. Please also include a copy of the back and front of your insurance card:

Company Name/Address _____ Policy Number: _____

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

Does camper have any limiting medical conditions that you or your doctor feel would limit camp participation?

Yes No If yes, identify and explain:

Is camper currently taking medication that may interfere with ability to safely participate in Camp?

Yes No If yes, identify and explain:

Does camper have a history of allergies or reactions to medications, insect stings, or plants?

Yes No If yes, identify and explain:

Does camper have a history of, or currently suffer from, medical condition(s) with which we should be aware?

Yes No If yes, identify and explain:

PART 3. AUTHORIZATION FOR MEDICAL CARE

Unless prior arrangements have been made, medical needs will be handled through Edinburg Regional Hospital, or Doctors Hospital at Renaissance. If traveling off campus, Camp Staff will select qualified facility. In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent. Medical facilities will not perform services unless this signed medical release form.

_____(Camper's Name) has my permission to receive medical attention in the event of illness or medical emergency while participating in this UTRGV Summer Camp. I will assume financial responsibility for any cost of health care that may occur during this Camp.

PLEASE READ: As a participant, parent or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/my child and/or others during this Camp. By signing my name I represent and warrant that I have provided all materials and important information to UTRGV pertaining to my child's medical, mental and physical condition and that it is accurate and complete. I agree to notify UTRGV of any changes in my/my child's mental, physical or medical condition prior to my child's scheduled Camp.

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

SIGNATURE IS REQUIRED:

_____	_____	_____
Camper Name	Camper Signature	Date

_____	_____	_____
Parent/Legal Guardian Name	Parent/Legal Guardian Signature	Date

_____	_____	_____
UTRGV Witness Name	UTRGV Witness Signature	Date

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18

UTRGV SUMMER CAMP MEDICATION PRESCRIBER/PARENT AUTHORIZATION

Camp Name: _____
Date(s): _____ Time(s): _____

CAMPER INFORMATION

Camper name: _____ Parent/Legal Guardian Name _____
Street Address: _____ City: _____ State: _____ Zip: _____
Home phone _____ Work phone _____ Cell Phone _____ Email _____

____ No, my child does not need to take any prescription medication while at Camp (if no, proceed to section C).

____ Yes, my child will need to take prescription medication while at Camp.

This form must be completed fully in order for campers to administer required medication to themselves. A new medication administration form must be completed for each camp attended by the camper, for each medication, and each time there is a change in dosage or time of administration of a medication. Requires licensed health care authorization and signature and parent signature.

- ☐ 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 only the amount required for the time the camper will be attending the Camp.
- ☐ *All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to Camp under the condition that the camper can self-manage care and delivery of medication with written authorization to do so at Camp by a licensed health care provider.*

A. PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Medication Name: _____ Dose: _____

Condition 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: _____

Medication shall be administered from _____ / _____ / _____ to _____ / _____ / _____

Special Storage Requirements: _____

Is the camper capable of self-managed care? _____

Prescriber's Name/Title: _____

Prescriber's place of employment: _____

Telephone: _____ Fax: _____

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed medications(s)

Prescriber's Signature: _____ Date: _____

B. PARENT/GUARDIAN AUTHORIZATION, WAIVER AND CONSENT FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the Institution, its governing board, officers, employees, and representatives against any claims that may arise relating to my child's self-administration of prescribed medication(s).

I/We have legal authority to consent to medical treatment for the camper named above, including the administration of medication at the above referenced Camp.

Parent/Guardian Signature: _____ Date: _____

Home phone # _____ Cell Phone # _____ Work Phone # _____

C. PARENT/GUARDIAN AUTHORIZATION, WAIVER AND CONSENT FOR OVER-THE-COUNTER MEDICATION

Over-the-Counter (OTC) Medication may at times be administered, if approval is indicated by the camper'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 medication.

_____ **No, my child does not need to take any OTC medication while at Camp.**

_____ **Yes, my child may need to take OTC medication while at Camp (if yes, complete the section below:**

I hereby authorize that the following medications may be given to _____ (Child's Name) 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.

_____ Aspirin/Ibuprofen as directed.

_____ Throat lozenges and or spray as directed for sore throat.

_____ Micatin or anti-fungus treatment as directed for athlete's foot

_____ Kaopectate or Imodium for diarrhea as directed.

_____ Milk of Magnesia, Pepto Bismol or Mylanta for upset stomach or nausea as directed.

_____ Rolaids or Tums for acid reflux, heartburn or indigestion as directed.

_____ Benadryl for swelling, hives, allergic reaction, as directed

_____ Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions.

_____ Visine or other eye drops for minor eye irritation.

_____ Medicated lip ointment for dry chapped lips, lip blisters or canker sores as directed.

_____ Swimmer's ear drops as directed.

_____ Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites.

_____ Medicated powder for skin irritation as directed.

_____ Robitussin or other cough syrup as directed.

_____ Calamine lotion for bug bites and poison ivy.

_____ Sunscreen

_____ Bug repellent
_____ Other (list any other approved over-the-counter drugs)

Camp staff reserves the right to use generic equivalents when available for the name brand over-the-counter medications listed above.

I understand that such administration will not be done under the supervision of medical personnel. I 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 camper's parents.

Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless the Institution, its governing board, officers, employees, and representatives against any claims that may arise relating to my child being administered the above indicated over-the-counter medications.

I/We have legal authority to consent to medical treatment for the camper named above, including the administration of medication at the above referenced Camp.

Parent/Guardian Signature: _____ Date: _____

Home phone # _____ Cell Phone # _____ Work Phone # _____

COMPLETE SEPARATE FORM FOR EACH CAMPER

Camper Information

Camper's Name: _____ Birthdate: _____ Age: _____
 Address _____ City: _____ State: _____ Zip: _____
 T-Shirt Size: ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ Adult S ☐ Adult M ☐ Adult L

Parent/Guardian Information:

Name: _____

Primary Phone: _____

Second Phone: _____

Email: _____

**Authorized to Pick-Up Camper
Name/Relation:**

1) _____

2) _____

3) _____

Requests for other children to be grouped with (No groupings are guaranteed)

1) _____	3) _____
2) _____	4) _____

Member Fee: \$210
Non-Member Fee: \$230
General Public: \$250

ID NUMBER: _____
ID NUMBER: _____

Session Registration	Full Payment Due	Lunch Program	Late Program
Session I (June 6-17)	June 3 (Friday)		
Session II (June 20-July 1)	June 17 (Friday)		
Session III (July 5-15)	July 1 (Friday)		
Session IV (July 18-29)	July 15 (Friday)		

Total = _____ **Deposit due at Registration #** ____ **Sessions x \$100 =** _____

By signing below I certify that all the information above is accurate and correct to the best of my knowledge and that _____ has my permission to participate in the UREC Youth Camp. I authorize the Director and staff of the UREC Youth Camp to act according to their best judgment in any emergency situation requiring medical attention. I release and hold harmless The University of Texas Rio Grande Valley, including and without limitations, it's officers, directors, trustees, employees, agents, and affiliates for, from and against any and all liability, injury sustained, damage to or loss of personal property directly or indirectly while my child is using the facilities of The University of Texas Rio Grande Valley. I also agree to financially responsible for all equipment checkout out to my child while using The University of Texas Rio Grande Valley UREC facilities.

Signature: _____ **Date:** _____