

Mason REC Camp 2017
Registration Packet
Please Read Before Submitting Registration Forms



HOW TO REGISTER

MAIL completed forms to:

Attn: Jeremy Hans, Recreation Athletic Complex, George Mason University, 4400 University Drive MSN 1G6, Fairfax, VA 22030.

FAX completed forms to 703-993-9623. Phone Credit Card (Visa and MC only) payment will be arranged within 3 business days.

REGISTRATION POLICIES

1. Enrollees in Mason REC Camp must have copies of recent physical, immunization records, and a birth certificate on file in order to participate in camp. These may be sent in after registration. You will be contacted with a due date. Please **DO NOT** bring originals, the front desk may not be able to make copies.
2. Camp is subject to cancellation if minimum enrollments are not met 5 business days prior to the start of camp. If camp is cancelled, participants will be notified and will receive a full refund.
3. Payment in full or minimum deposit of \$50/week/camper required at registration.
 - a. Students and Faculty/Staff with Mason Rec Membership price – dependent of a George Mason University student currently enrolled in the Spring 2017 semester or dependent of a George Mason University Faculty/Staff with a current Mason Rec Membership. Status will be verified at time of enrollment.
 - b. Rec Member and Faculty/Staff without Mason Rec Membership price – dependent of a Mason Recreation member (non-student) with a current membership at time of purchase or dependent of George Mason University Faculty/Staff without a Mason Rec Membership. Status will be verified at time of enrollment.
 - c. Community Member – dependent of someone not affiliated with Mason Recreation in either of the previous descriptions (student or member)
4. Refund Policy: Cancellation two or more weeks prior to the start of camp, 100% refund. Cancellation 7 – 13 days prior to the start of camp, 50% refund. Cancellation 1 – 6 days prior to the start of camp are not eligible for a refund except for medical withdrawal or Military deployment/relocation (documentation required). Payments paid by check or cash will be refunded through the University fiscal department and takes 4 – 6 weeks to process. Payments made via credit card can be returned to the credit card of record at a time arranged by the cardholder and Senior Camp Staff.
5. Transfer Policy: If a camper is no longer able to participate in camp registration may not be transferred to another camper.
6. If a camper is not checked-out by 5:30pm, a \$25 late fee per half hour will be assessed. Due to Child Day Care laws Mason Recreation will not be able to monitor your child after 7pm. Social Services will be called for any children remaining with Mason Recreation after 7pm.

QUALIFYING SKILLS

The skills listed below are necessary guidelines for successful program participation. All camp enrollees must meet or exceed these standards with minimal assistance or no assistance. Camper may be dismissed if qualifying skills are not met.

- Actively participate in a full 8-hour day
- Consistently participate in a 1:8 staffing ratio (1 counselor to 8 children)
- Follow and accept directions and instruction as necessary
- Take turns and share in a cooperative manner
- Respect others and their property
- Be able to use restroom facilities independently
- Change in and out of swim attire independently
- Reapply Sun Screen with the guidance of an adult

Mason REC Camp



CAMPER NAME: _____ DOB: ____/____/____

Gender: Male Female Other: _____

Parent/Guardian Name: _____ G# or Rec Member#: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone: _____ Email: _____

Camper T-Shirt Size: YS YM YL YXL S M L XL

Camp Dates	Camp Cost
June 26 – June 30 <i>Shark Week</i>	
July 3 – July 7* <i>Campers Got Talent</i>	
July 10 – July 14 <i>Space Week</i>	
July 17 – July 21 <i>Animal Week</i>	
July 24 – July 28 <i>Nature Week</i>	
July 31 – Aug 4 <i>Around the World</i>	
Aug 7 – Aug 11 <i>Patriot Pride Week</i>	
Total:	_____

Referred By: _____

- Dependent of Student or Faculty/Staff with Mason Rec Membership: \$205/week
- Dependent of Rec Member or Faculty/Staff without Mason Rec Membership: \$230/week
- Dependent of Non-Member: \$255/week

* No camp July 4, cost prorated: \$164, \$184, \$204 respectively

Drop-Off Hours: 8a-9a Pick-Up Hours: 4p-5:30p

Total Amount Due: \$ _____

If the total amount cannot be paid at the time of registration, a deposit \$50/week registered will be accepted as a placeholder. Camp fees must be paid in full 2 weeks prior to the beginning of each camp session. Failure to pay by the due date will result in a forfeited deposit and withdrawal from camp. Please do not mail cash.

Amount Paid: \$ _____ Cash Master Card/Visa Check _____ (check#)
Checks Payable to George Mason University

Payments with Credit Cards can be processed if arranged with Camp Director or Assistant Director. Submit form by fax or USPS. Payment will be arranged within three (3) business days upon receipt.

Refund Policy

Cancellation two or more weeks prior to the start of camp = 100% refund. Cancellation 7 – 13 days prior to the start of camp = 50% refund. Refund requests fewer than 7 days prior to the start of camp will not be permitted except for a medical withdrawal (doctor's note required) or military relocation (documentation required). Transfers of registration to other campers are not permitted for any reason.

Signature: _____ Date: _____

For staff use only:

Date Received: _____ Student/Member Verification: _____ Payment Processed: _____

SUMMER CAMP ACKNOWLEDGEMENT OF RISK FORM



I, _____, am the parent and/or legal guardian of _____, a minor child under the age of 18 years. I would like to have my child participate in the following CAMP/PROGRAM at George Mason University (UNIVERSITY): Mason REC Camp which will take place on date(s): _____.

In consideration for my child being allowed to participate in this CAMP/PROGRAM, I undersigned, acknowledge, appreciate and agree that:

1. This CAMP/PROGRAM affords my child the opportunity to participate in activities, including, but not limited to: swimming, nature walking, team play, sports, crafts, and dance. There are inherent risks involved with these activities, including but not limited to: bumps, scrapes, lacerations, and sprains. I choose to voluntarily allow my child to participate in this CAMP/PROGRAM. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.
2. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child's participation in this CAMP/PROGRAM. I agree to pay for any medical costs that exceed the limits of my insurance coverage.
3. I understand that this CAMP/PROGRAM is physically strenuous and I know of no medical reason why my child should not participate.
4. I agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in this CAMP/PROGRAM.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

Signature of Parent and/or Legal Guardian

Date



MEDICAL AUTHORIZATION TO TREAT

University (conducted/managed/operated) Programs

George Mason University requests the following information so that the Program staff can arrange for medical care in the event of an emergency. You are responsible for providing accurate and complete information.

All Participants must have up-to-date immunizations in order to participate in any university program.

Program/Camp Name: Mason REC Camp Date(s): _____

Location: George Mason University Recreation Facilities, Fairfax, VA 22030

GENERAL INFORMATION

Participant Name: _____

Date of Birth: ____/____/____ Gender: Male Female Other: _____

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

INSURANCE INFORMATION

Do you have health/accident Insurance: Yes No

Company Name/Address: _____

Policy Number: _____

PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSTURANCE CARD WITH THIS FORM

George Mason University does not offer any form of health, liability or other types of insurance for the participant while participating in the Program.

ALLERGY AND FOOD INTOLERANCE



Participant Name: _____

Please provide as much detail as possible when completing this form. An allergy is an immune system response to a substance known as an *Allergen*. For example, allergens can be foods, insects, medication, and plants. A food intolerance is an unpleasant digestive response to food.

Known allergies:

Reaction to allergen(s):

Treatment to be provided if the camper is exposed to the allergen:

If the allergen is food, what would be the student's reaction if they:

- Touched the food: _____

- Ingested the food: _____

- Ate items processed in the same factory as the allergen: _____

Please list any known food intolerances and provide information as to how the intolerance is managed.



ILLNESS AND COMMUNICABLE DISEASE

Should a member of camp be exposed to a communicable disease listed in the Department of Health's current communicable disease chart, parents will be notified within 24 hours or the next business day of the center's having been informed unless forbidden by law, except for life threatening diseases, which will be reported immediately. If your camper has any of the following they will not be allowed to attend camp:

- A temperature over 101°F
- Recurrent vomiting or diarrhea
- A communicable disease

I _____, parent/guardian of _____ hereby acknowledge and agree to inform Mason Rec Camp in the event my camper, or persons living in the same home as my camper, is diagnosed/contracts a communicably disease listed on the Department of Health's current communicable disease chart within 24 hours or the next business day. If my camper obtains a temperature of 101°F, has recurrent vomit or diarrhea, or shows symptoms of a communicable disease while at camp I will make arrangements to pick up my camper upon notification.

Signature of Parent and/or Legal Guardian

Date

EMERGENCY CONTACT INFORMATION



List at least two and up to four individuals who may be contacted in case of emergency involving your child. Each person listed should be reachable by telephone and able to make decisions on behalf of your child if a parent and legal guardian cannot be reached. If necessary, an emergency contact should be able to come to the Program site and pick up your child.

(Required)

Emergency Contact #1 Name: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Relation: _____

Emergency Contact #2 Name: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Relation: _____

(Optional)

Emergency Contact #3 Name: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Relation: _____

Emergency Contact #4 Name: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Relation: _____

AUTHORIZATION FOR MEDICAL CARE



To the best of my knowledge, my child/participant is capable of participating safely in the Program and that any activity restrictions, allergies, and medications are listed on this form.

I give my permission to Program staff to provide routine first aid care and in the event of serious illness or injury, I give Program staff permission to seek and authorize emergency medical treatment. I agree to indemnify and hold harmless George Mason University, the Commonwealth of Virginia, and their officers, employees and agents, from any claim, damage, liability, injury, expense, or loss, including defense costs and attorney's fees, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses, that may derive from any injuries to my child that may occur during his/her participation in this Program.

I understand and acknowledge that my failure to disclose relevant information may result in harm to Participant and/or others during this Program. By signing my name, I represent that I have provided all materials and important information to the Program pertaining to Participant's medical, mental and physical condition and that it is accurate and complete. I agree to notify the Program of any changes in mental, physical or medical condition before the Program begins.

Parent/Legal Guardian (1): _____

Signature: _____

Date: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Parent/Legal Guardian (2) : _____

Signature: _____

Date: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Pick – Up Authorization



Program Name: Mason Recreation Day Camp (hereafter “Program”)

Date(s): _____ Time(s): 4:00pm – 5:30pm

Participant Name: _____ (hereafter “Participant”)

Parent/Legal Guardian Name: _____

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named Participant will not be permitted to leave the Program with anyone who is not listed below. Authorized individuals must pick-up children in person and may be requested to show identification to Program staff when picking-up a Participant. Participants will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible person to pick-up my child from the aforementioned Program activities:

Authorized Person:	Phone Number:	Relationship to Child:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following individuals are **not** permitted to pick-up my child:

Unauthorized Person:	Brief Physical Description:	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Preferred Phone Number: _____

Photo, Audio, Video, and Comment Release



Program: Mason REC Camp

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

General Release

Participant Name: _____

I am the Parent/Guardian of the above-named participant who is under eighteen years of age and am fully competent to sign this release. I hereby grant permission to George Mason University the absolute and irrevocable right and permission, with respect to photographs, videos, and audio recordings taken or made of and/or comments made by the above-named participant or in which the participant may be included with others; to use, re-use, and publish the same in whole or in part in any and all media including use on the world wide web, now and hereafter, and for any purpose whatsoever for illustration, promotion, art, recruitment, publication, advertising, and trade, and if appropriate, to use the student's name and pertinent education and/or biographical facts as George Mason University chooses. Use of photographs, videos, comments, and audio recordings is granted without any restriction as to changes or alterations (including but not limited to composite or distorted representations of derivative works made in any medium) and I waive any right to inspect or approve the finished versions incorporating the photograph, video, audio recording, and/or comments including written copy that may be created and appear in connection therewith.

I agree that George Mason University and other third party owns the copyright in these photographs, videos, and/or audio recordings and I hereby waive any claims I may have based on any usage of the works derived therefrom I hereby fully and forever discharge and release George Mason University and its employees, agents, assigns, licensees, successor in interest, and legal representatives from any claim for damages or claims of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) or any other cause of action arising out of the use or publication, distribution, modification and exhibition of photographs, videos, audio recordings, and/or comments by the University, and covenant and agree not to sue or otherwise initiate legal proceedings against the University. The photographs, videos, audio recordings, and/or comments will not be sold to any other firm or organization.

I am not a minor and have the right to contract in my own name and the name of the above-named participant. I have read the foregoing and fully understand its contents. This release shall be binding on me and my heirs, legal representatives, and assigns.

Parent/Guardian Signature: _____

Date: _____

Witness: _____

Date: _____