

Mason REC Camp 2020

Registration Packet

Please Read Before Submitting Registration Forms



Camp will run weekly, Monday – Friday, June 15th – July 24th, 2020 9:00 am – 4:00 pm. Drop-off will begin as early as 8:00 am and pick-up will continue through 5:00 pm. There will be no camp on July 4th (fees adjusted). *Extended care is available in the morning and evening for an additional fee of \$50/week.

Dates	Theme
June 15 - June 19	We Are Family
June 22 - June 26	Fantasy Week
June 29 - July 2 (* no camp July 3rd)	Party in the USA
July 6 - July 10	Mason Explorers
July 13 - July 17	Spish Splash
July 20 - July 24	Olympics 2020

	Cost per full week	Cost for June 29 – July 2
All Campers	\$260	\$208

HOW TO REGISTER

Register & Pay Your Deposit Online at: <https://connect.recreation.gmu.edu/>

Mason Affiliates (faculty, staff, and students):

1. Click “Log In” in the top right
2. Click the teal button that says “Log In With GMU ID.”
3. Enter your Mason NetID and password
4. Click on the “Camps” icon in the center of your screen.
5. Click “Summer 2020” under the “Semester” heading on left.
6. Click on the Camp Week and age group that you would like to register your child for, then click the “Register” button at bottom.
7. Select the family member that you would like to register for camp, and then Click “Register”. You may also select “Add a New Dependent” to add a child. You will be asked to enter that child’s name, D.O.B, and gender.
8. The deposit for the camp week you selected will now appear in your shopping cart. Click “Checkout” to pay if this is the only week you want to register for, or click “Continue Shopping” if you would like to register for another week, or to register another child for camp, and repeat this process from step 4 on. Remember that you need to select the Summer 2020 semester in order to see our summer camp programs.
9. All online payments must be made using a Visa or MasterCard. You will receive an e-mail confirmation of your purchase.

Community Members

1. Request an online netid (username) and temporary password by emailing reccamp@gmu.edu.
2. After receiving credentials and logging in, follow instructions 4-9 listed above to register your campers.

If you do not wish to register online, you may always stop by the RAC during normal operating hours to submit your deposit or pay a balance. We highly recommend contacting a member of the camp staff prior to stopping by to ensure we are can best serve you.

Registration & Billing

Camp Director – Programming

Camp Assistant Director – Staffing

Taylor Hyde: 703-993-2686

Paul Bazzano III: 703-993-3291

Chris Sato: 703-993-5656

REGISTRATION POLICIES

1. Enrollees in Mason REC Camp must have copies of recent physical, immunization records, and a birth certificate on file to participate in camp. These may be submitted 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.
4. Refund Policy: Cancellation two or more weeks (14 days) prior to the start of camp, 100% refund. Cancellation 7 – 13 days prior to the start of camp, 50% refund. Cancellations 1 – 6 business 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 in-person check or cash will be refunded through the University fiscal department and take 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: Registration may not be transferred to another camper if the original camper is no longer able to participate in camp.
6. If a camper is not checked-out by 5:30pm, a \$25 late fee per half hour will be assessed. In accordance with 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.

REGISTRATION FORMS:

The forms included in this document are not due at the time of registration. The camp staff will contact parents/legal guardians after deposits have been received with instructions regarding the submission of required documents

QUALIFYING SKILLS

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

- Actively participate in a full 8-hour day
- Consistently participate with a camper to staff ratio of 8:1 (6-9 yrs) or 10:1 (10-12 yrs)
- 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

CAMPER REGISTRATION FORM

Please return the completed form with payment to the RAC
4350 Banister Creek Ct; Fairfax, VA 22030 – (703) 993-5323



***This page is only required for in-person registration.**

Parent/Guardian Membership Status:

Mason Rec Member

Community Member (no active Mason Rec Membership)

Parent/Guardian Name: _____

Camper Name: _____ DOB: _____

Gender: Male Female Other

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone: _____ Email: _____

T-shirt Size: XS YS YM YL YXL S M L XL XXL

Camper Affiliation	Cost per full week	Cost for June 29 – July 2
All participants	\$260	\$208

Please select the week(s) you wish to register for by placing an “X” in the box to the left.

X	Week	Theme	Extended Care YES/NO	Swim Lessons YES/NO
<input type="checkbox"/>	1	We Are Family – June 15 – June 19		
<input type="checkbox"/>	2	Fantasy Week – June 22 – June 26		
<input type="checkbox"/>	3	Party in the USA – June 29 – July 2		
<input type="checkbox"/>	4	Mason Explorers – July 6 – July 10		
<input type="checkbox"/>	5	Splish Splash – July 13 – July 17		
<input type="checkbox"/>	6	Olympics 2020 – July 20 – July 24		

*extended care is \$50 per week (7:30am – 8am) & (5pm – 6pm)

**30 minute group swim lessons \$65 per week (M-R) 4:15pm – 4:45pm

REFUNDS

- Cancellation 14 or more days 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 the following:

- Medical withdrawal (doctor’s note required)
- Military relocation (documentation required)

SUBSTITUTES/TRANSFERS

Registrations are not transferable to other participants nor can another child attend in their place.

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): June 15, 2020 – July 24, 2020.

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): June 15, 2020 – July 24, 2020

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 REC Camp** (hereafter “Program”)

Date(s): June 15, 2020 – July 24, 2020

Time(s): 8:00am – 5:00pm

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: _____

Sunscreen Authorization Form



Mason Recreation must have parent's authorization to have sunscreen at camp.
Container **MUST** be labeled with camper's name.

Please complete and return this form to permit your camper to carry sunscreen and apply to themselves throughout the day.

- Group 1: 6-7 yrs
- Group 2: 8-9 yrs
- Group 3: 10-12 yrs

Camper's Name:
Camp Group:
Name of Sunscreen and SPF:
Possible Reactions:
Parent Authorization Signature:

Sunscreen Policy:

Any use of sun screen requires written parent authorization on the Authorization for Sunscreen Form.

Please take the time to apply sunscreen and teach camper how to apply prior to the camp day. Staff will not administer sun screen; however, encourage campers throughout the day to reapply and supervise the process.

Sunscreen must be in the original container labeled with the child's name.



Participant Conduct Agreement

Program Name: **Mason REC Camp** (hereafter "Program")

Date(s): June 15, 2020 – July 24, 2019

Time(s): 8:00am – 5:00pm

Participant Name: _____ (hereafter "Participant")

Parent/Legal Guardian Name: _____

Program has established rules and standards of conduct for all Participants. It is the responsibility of the Parent/Legal Guardian and the Participant to review the Program rules and standards of conduct. Dismissed Participants are not eligible for a refund of any fees or expenses. The Parent/Legal Guardian is responsible for all costs associated with removing the Participant from the Program due to his/her misconduct, including but not limited to transportation costs to return the Participant home.

Participant Agreement

I understand that as a condition for participating in the Program that I must comply with the Program's rules and standards of conduct and follow all direction of the Program Staff. Failure to comply with the Program's rules and standards of conduct or failure to comply with the direction of Program Staff may result my being dismissed from the Program with no refund.

Participants Signature: _____

Date: _____

Parent/Legal Guardian Agreement

I understand that my child will be subject to the rules and standards of conduct of the Program and George Mason University. I further understand that my child's violation of the rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my child's dismissal from the Program. I accept responsibility for all costs associated with removing my child from the Program, including but not limited to transportation costs to return the Participant home.

Parent/Legal Guardian's Signature: _____

Date: _____

Medication Authorization Form

For Prescription and Non-prescription Medications

VDSS Division of Licensing Programs Model Form



INSTRUCTIONS:

Section A must be completed by the parent/guardian for **ALL** medication authorizations.

Section A and Section B must be completed for any **long-term medication authorizations** (those lasting longer than 10 working days).

Section A: To be completed by parent/guardian

Medication authorization for: _____

(Child's name)

_____ has my permission to administer the following medication:

(Name of Child Care Provider)

Medication name: _____

Dosage and times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____

(Start date)

(End date)

Parent's or Guardian's Signature: _____ **Date:** _____

Section B: to be completed by child's physician

I, _____ certify that it is medically necessary for the medication(s) listed

(Name of Physician)

below to be administered to: _____ for a duration that exceeds 10 work days.

(Child's name)

Medication(s): _____

Dosage and Times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____

(Start date)

(End date)

Physician's Signature: _____ **Date:** _____

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Physicians Phone: _____