



## Camper Information Form

Please Mark Off Dates Attending: ☐ Session 1: July 1 - July 12 ☐ Session 2: July 15 - July 26 ☐ Session 3: July 29 - August 9 ☐ ALL 3 SESSIONS

### Personal Information

Name of Camper (First/Last): \_\_\_\_\_ Age: \_\_\_\_ Gender: M\_\_ F\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Relation to Camper: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Medical History

Is child in good health: Yes/ No If not, please explain: \_\_\_\_\_

Was your child enrolled in school for the 2018-2019 school year: Yes/ No If not, please explain: \_\_\_\_\_

Has your child had a medical **physical examination** within the last year of their camp start date: Yes / No

Should exposure to nature and amount of physical exercise be limited: Yes/No If yes, please explain: \_\_\_\_\_

Does child have any allergies: Yes/No If yes, please explain: \_\_\_\_\_

Is child taking any medications regularly: Yes/No If yes, List name, frequency and dosage of such medication(s) \_\_\_\_\_

Is child prescribed an inhaler or epi-pen? Yes/No If yes, please explain: \_\_\_\_\_

**\*\*\* The child Physician's note must be accompanied by any medications to be taken at camp**

**\*\* The child must be capable of self-administration of the epi-pen and/or inhaler.**

### Assumption of Risk Statement

I have registered my child, \_\_\_\_\_, for Summer Camp at New Jersey City University.

I am fully aware of the actual and potential risks of personal injury (including serious injury and death) inherent in this activity. By signing below, I am asserting that I knowingly and voluntarily assuming all such risks for my child as well as medical expenses incurred as a result of injury or illness to my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* Proof of Immunization signed (or stamped) and dated by your child's physician\*\*\***

**\*\* Proof of Immunization should include dates for (DTP), (MMR), (Hib), (PCV), (IPV/OPV), (Chicken Pox), (Hepatitis B), and any others.**

Return to:

The Office of Community Recreation

John J. Moore Athletic and Fitness Center 110 Culver Avenue Jersey City, NJ 07305

Email: [comrec@njcu.edu](mailto:comrec@njcu.edu) Fax: (201) 200-2365 Office: (201) 200-2528

**NO CAMPER WILL BE PERMITTED TO ENTER CAMP WITHOUT THIS FORM**



## Terms and Conditions Form

Dear Parents/Guardians,

The following is to be carefully read and signed by the parents/guardian of camper(s):

1. Enrollment of the child identified below shall not be accepted by the University unless this "Terms and Conditions" form is signed by the Parent/Guardian of the Child herein.
2. Knowing and having been informed of the potential dangers and risks associated with summer camp and in consideration of my child/ward being allowed to participate in the camp, I hereby agree on behalf of myself, my family members and my child/ward to assume all such risks and, further, to waive, release, discharge and hold harmless any camp chosen facility, the Camp Director, New Jersey City University, Summer Camps and their respective employees, agents, representatives, first responders and volunteers from any and all liability, actions, causes of actions, claims or demands for personal injury, death or property damage of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child's/ward's participating in the above camp. These Terms and Conditions extend to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The terms hereof shall serve as an assumption of risk, release and waiver for myself, my family, my child/ward and our heirs, executors, administrators, guardians or anyone else who might assert a claim on our behalf.
3. I hereby consent to permit all staff working at the camp to provide emergency first-aid or medical treatment for my child/ward, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises. I also understand that my primary health insurance is to be the only insurance responsible for any accidents or potential claims that occur at camp and that New Jersey City University and all employees and affiliates are in no way responsible for any injury or for payment via insurance for any injury or other issues my child may come across.
4. I hereby consent to taking photographs, movies or videotapes of my child by New Jersey City University or its designated representatives. I also grant the right to edit, use and reuse said products for any and all educational and public services, advertising or marketing efforts, and release any and all rights, title and interest I or my child may have in said photographs, movies, videos, finished pictures, reproductions, copies or negatives of the same in connection with such uses.
5. The University reserves the right, at the sole discretion of the Camp Director, to dismiss a child whose conduct or influence is disruptive, uncooperative, etc., or in the opinion of the Camp Director, contrary to the best interests of the University and the Summer Camp program, among which is unauthorized leaving of the grounds. In all of the aforementioned cases, there will be no refund of any part of the program fee.
6. I am aware that the playing, practicing and participation in any activity can be dangerous, involving many risks including serious injury or death. I hereby assume all the risks associated with my child's participation. I understand that the University does not provide medical or accident insurance for camp enrollees.
7. The University, its officers, directors, and employees shall not be responsible for clothing, jewelry, cell phones, or other personal possessions that are lost, stolen or damaged.
8. The University may cancel camp sessions due to low enrollment. Typically we will provide you notice of cancellation at least 12 days prior to the beginning of the camp session. Refunds for payments made by credit card will generally be refunded to the same credit card used to pay for enrollment. Refunds for payments made by check or cash will be refunded by check. All refunds due to camp session cancellation will be made within 30 days of the notification to withdrawal.

Camper's Name: (Please Print):

Parent / Guardian's Name: (Please Print)

Parent / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:**

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### Parental Consent for Medical Treatment Form

The following form is to be used if any medical attention is needed for your child during his/her participation at NJCU's Camps – please read carefully and sign.

**The Law requires that parental permission be obtained for medical procedures on minors. The following consent form should be signed by parents/guardians so that such procedures may be carried out without delays. However, no major medical procedures will be performed, except in an extreme emergency, without parents/guardians being contacted and fully informed.**

**I give my permission for such diagnostic/therapeutic procedures as may be deemed necessary for my child, and to present information concerning his/her medical condition to other responsible University officials when requested.**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

#### Authorization for Medical Care

I hereby authorize the Camp Director and/or Athletic Trainer Summer Camp at New Jersey City University to be responsible for my son/daughter, \_\_\_\_\_, for the purpose of minor medical attention. I also grant permission for an emergency physician to examine and treat, hospitalize or secure treatment for my child in the event of an emergency.

**\*\*In accordance with the Youth Camp Standards N.J.A.C. 8:25-5.3 MEDICATION INFORMATION & STORAGE: NJCU's Summer Camps does not administer medication to any said camper as per the guidelines stated in the above standards. The Camp Director will ensure that these standards are met with no exceptions. \*\***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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2019 Youth Summer Day Camp  
CAMPER CONSENT FORMS



### Camper Release Form

**Please list the person or persons that are authorized to pick-up your child from camp.  
The authorized person will be asked to show their driver's license to sign out the camper.  
Anyone not appearing on this list will be prohibited from picking up camper.  
NO EXCEPTIONS!**

Please print clearly.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Sessions Attending Camp: \_\_\_\_\_

Guardian 1 Name: \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Guardian 2 Name: \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

<b>Guardian's Signature:</b> _____	<b>Date:</b> _____
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Are both guardians authorized to pick up the child? YES\_\_\_ NO \_\_\_

Please provide names, relation and phone numbers of authorized person(s):

	Name	Relation	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**FOR OFFICAL USE ONLY - DO NOT FILL IN BELOW THIS LINE**

Date:	Time IN:	Signature:	Time OUT:	SIGNATURE
Mon				
Tues				
Wed				
Thur				
Friday				
Mon				
Tues				
Wed				
Thur				

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