



# Little Yellowjackets Summer Camp

## Registration Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

\*There is limited space for campers under the age of 7 by the 1<sup>st</sup> day of camp. Please refer to our camp website or email [smonnier@uwsuper.edu](mailto:smonnier@uwsuper.edu) for availability

Check the 5-day camp sessions you wish to enroll your child in: \$175/week (3 or more \$165/week)

Session #	Session 1	Session 3	Session 5	Session 6	Session 7	Session 8
Dates	June 12-17	June 26-30	July 10-14	July 17-21	July 24-28	July 31- Aug 4
I Want In!						

Check the 3-day camp sessions you wish to enroll your child in: \$100/week

Session #	Session 2	Session 4
Dates	June 21-23	July 5-7
I Want In!		

Additional offerings per session (not included in registration cost): Early Care: \$15/week and Late Care: \$15/week

Session #	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8
Early Care								
Late Care								

**Early Bird Registration:** Complete and submit your camper's registration by 12pm on March 24<sup>th</sup>, 2023 for an extra 5% off of the total final cost.

Note: if you wish to pay by credit/debit card (check here) \_\_\_\_\_ and we will contact you for your information

### OFFICE USE ONLY

\_\_\_\_\_ 5 Day Camp - \$175/week

3 Day Camp - \$100/week \_\_\_\_\_

\_\_\_\_\_ Multi-Camp Discount - \$165/week

Early Care - \$15/week \_\_\_\_\_

\_\_\_\_\_ Late Care - \$15/week

Total Amount Owed: \$ \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit/Debit \_\_\_\_\_ Date Received \_\_\_\_\_ Received By \_\_\_\_\_



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### Camper Information

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
First Last

Mailing Address \_\_\_\_\_ Gender \_\_\_\_ M \_\_\_\_ F  
\_\_\_\_\_

Camper has permission to participate in free swim if they choose: \_\_\_\_ Yes \_\_\_\_ No

Campus has permission to participate in climbing activities if they choose \_\_\_\_ Yes \_\_\_\_ No

Camper Shirt Size: \_\_\_\_ YS \_\_\_\_ YM \_\_\_\_ YL Adult: \_\_\_\_ S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL

How did you hear about this camp? \_\_\_\_\_

### Parent/Guardian Information

Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_

Contact # \_\_\_\_\_ Contact # \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Who should we contact first? \_\_\_\_ Parent 1 \_\_\_\_ Parent 2 \_\_\_\_ Other: \_\_\_\_\_

### Emergency Contacts

Please list two non-parent contacts

(1) Name _____	Relationship _____
Contact # _____	
(2) Name _____	Relationship _____
Contact # _____	

### Camper Release Authorization

Please list persons (other than parents and emergency contacts) who **HAVE** permission to pick up your child (name and phone)

\_\_\_\_\_  
\*Parents, emergency contacts, and the individuals listed above are the only individuals permitted to pick up your child from camp. If an individual is not on this list, they will not be allowed to pick up your child. Any additional or deletions to this list must be done in person. **ANYONE PICKING UP YOUR CHILD MUST SHOW A DRIVERS LICENSE.\***

Please list anyone **WHO DOES NOT** have permission to pick up your child

### Medical Information

Please list any issues we should know about \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_



# ***Little Yellowjackets Summer Camp***

## ***Registration Form***

### **Field Trip Permission Slip**

I hereby give permission for my child to participate in all field trips planned for the week while he/she attends the Little Yellowjackets Summer Camps through Campus Recreation Department. I understand the children will be traveling by van and foot to businesses in the Twin Ports area and across campus to other indoor or outdoor areas located around the UWS campus.

The following is a list of example trips that campers may attend:

- Wessman Arena
- Barker's Island
- Adventure Zone
- Edgewater Hotel & Waterpark
- UMD Planetarium
- Lake Superior Zoo
- Great Lakes Aquarium
- Campus Buildings
- Pattison State Park
- Humane Society
- Village Lanes Bowling
- Amnicon State Park
- Duluth Children's Museum
- City Buildings

#### ***Media Release:***

\_\_\_ University of Wisconsin Superior may **NOT** use photograph, video and audio recordings, likeness, artwork, profile and/or story of my child in this and future publications, web pages and other promotional materials produced, used by and representing University of Wisconsin Superior.

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

Date: \_\_\_\_\_

## LIABILITY WAIVER & ASSUMPTION OF RISK

I, \_\_\_\_\_ (print name), desire to participate in activities, programs, classes, events, field trips and/or tests conducted, directed, supervised or sponsored by the Board of Regents of the University of Wisconsin System, operating as the University of Wisconsin–Superior Campus Recreation Department(hereinafter referred to as UW-Superior), located at the Marcovich Wellness Center. These activities will primarily occur at the following locations: Thering Fieldhouse, Mortorelli Gymnasium, Hedrick Swimming Pool, racquetball courts, NBC Climbing Wall cardio/weight rooms, dance studio, etc.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS OR ALTER THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT Jeff Kahler AT TELEPHONE NUMBER 715-394-8473 or via email at [jkahler@uwsuper.edu](mailto:jkahler@uwsuper.edu).

### **Assumption of Risks:**

I understand that physical activity related to the Marcovich Wellness Center and all areas within the Center, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involved *risks include slipping, tripping and falling, insect bites, overexposure to sun, hazardous weather and interaction with or use of tools, equipment and/or machines. Others include, unusual exertions of strength, pushing, pulling, sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal organ injuries, musculoskeletal injuries, eye injuries, back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.* I understand that UW-SUPERIOR has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by UW-SUPERIOR.

**I KNOW, UNDERSTAND, AND APPRECIATE THE RISKS THAT ARE INHERENT IN THE ABOVE-LISTED MARCOVICH WELLNESS CENTER ACTIVITIES. I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS.**

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If under 18 years of age, a parent or guardian must also sign and date in space below)

### **Hold Harmless, Indemnity and Release:**

In consideration of UW-SUPERIOR'S permission for me to voluntarily participate in the activities at the Marcovich Wellness Center, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release UW-SUPERIOR, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the activities at the Marcovich Wellness Center. This release includes claims based on the negligence of UW-SUPERIOR, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence.

**I UNDERSTAND THAT BY AGREEING TO THIS CLAUSE I AM RELEASING CLAIMS AND GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE.**

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If under 18 years of age, a parent or guardian must also sign and date in space below)