

NMU Wildcat Kids Camp Registration Form

Child's Name: _____ Sex (please circle): Male Female

School Grade as of this fall: _____ Birthdate: _____

Does your child receive any daily medications? No Yes, _____

Does your child have any of the following?
ADD ADHD Asthma Allergies OTHER _____

Please indicate any information that may assist us in special guidance for your child.

Father's Information:

Name: _____

Address: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Email: _____

Mother's Information:

Name: _____

Address: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Email: _____

Please inform camp staff ahead of time if your child will be picked up by anyone other than the father or mother.

****Please read the following regarding Registration and Refund Policies****

Wildcat Kids Camp registrations are accepted on a first-come, first-served basis. Camp spots will be held only when registration materials are completed and a complete payment is made.

Camp payments are due the WEDNESDAY prior to the beginning date of each camp session.

Failure to make the payment on that date voids the registration and the open camp spot will be offered to our waiting list clients.

Wildcat Kids Camp refunds will be given based on the following criteria:

- Refund request made prior to the start date of a camp session –
 - Full refund minus a \$25 processing fee per session
- Refund request made after the start date of a camp session –
 - Refund will be 50% of session
- Refunds will not be given for individual days missed during a camp session due to illness or personal reasons.
- Refund requests made due to family emergencies or unforeseen medical conditions will be handled on a case to case basis. Written notification is required and additional verification may be requested.

AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of being allowed to participate in the activities and programs of Northern Michigan University (NMU) and to use its facilities and equipment, and in addition to the payment of a fee or charge, if any, I excuse, release and forever discharge NMU, its officers, agents, employees and representatives and any others acting on their behalf (the "releasees") from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment in NMU's facilities. I also release the releasees from any responsibility or liability for injury or damage to myself, including that caused by the negligent act(s) or omission(s) of releasees or in any way arising out of or connected with my participation in any activities of NMU or the use of any equipment at NMU.

Please initial _____

2. I understand that strength, flexibility, and aerobic exercises, and the use of equipment, pools, and saunas are potentially hazardous. The inherent risks include muscle soreness, exhaustion, dehydration, injury, fainting, falls, muscle and ligament injury, bone fracture, seizure, heart attack, drowning, and death. I am voluntarily participating in these activities and using equipment, pools, and/or saunas with the knowledge of the dangers involved. I hereby agree to assume and expressly accept any and all risks of injury or death.

Please initial _____

3. I am not suffering from any condition, impairment, disease, or other infirmity that would prevent my safe participation in any of the activities or programs of NMU in which I will be involved or that would prevent my use of the equipment, pools or saunas of NMU. I have been informed of the advisability of obtaining a physician's approval for my participation in exercise/fitness activities or in the use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in exercise activities and/or use of equipment without the approval of my physician. I assume all responsibility for my participation in these activities.

Please initial _____

Signature of Parent/Guardian

Date