Camper's Name (Last, First MI _____

Camp CHEF (Summer 2019) Registration Form:

Please print clearly. Please complete all blanks on this form. If there is a blank that is not applicable, please write N/A in that blank. Incomplete forms cannot be accepted and we are unable to provide care until all completed paper work has been submitted. Completed registration forms should be emailed to campCHEF@memphis.edu
*Please indicate which week: _____ June 3-7 or_____June 10-14

Child's Information

Child's Full Name			Nickname	
Address				
City	State	Zip	Home Phone	
School	Age	Grade Entering (Fall)	Date of Birth	Gender (Circle) M F

Aftercare

I wish to enroll my child in after care from 2-4 PM on each day of campCHEF. An additional $50 fee will be added to the registration

Parent/Guardian and Medical Information: *In the event of an emergency, please number (in order or priority-with 1 being highest priority and 6 being lowest priority) which phone to contact.*

Parent/Guardian Full Name			Cell Phone Number/Pager	Priority
Address				
City	State	Zip	Home Phone	Priority
Place of Employment			Work Phone	Priority
Primary Email Address				

Parent/Guardian Full Name			Cell Phone Number/Pager	Priority
Address				
City	State	Zip	Home Phone	Priority
Place of Employment			Work Phone	Priority
Primary Email Address				

Child's Medical Information

Doctor's Name	Doctor's Office Phone
Medical Insurance Provider	Policy Number

Camper's Name (Last, First MI _____

Emergency Names, addresses and phone numbers of TWO people to be called in the event that we cannot reach either parent/guardian:

Emergency Contact Full Name			Cell Phone Number/Pager
Address			
City	State	Zip	Home Phone

Emergency Contact Full Name			Cell Phone Number/Pager
Address			
City	State	Zip	Home Phone

Additional Information

Authorized Person for Pick-up (in addition to parents and emergency contacts). *** IDENTIFICATION WILL BE REQUIRED AT PICK UP***
Person(s) **NOT** authorized for pick-up
Does your child have any allergies and or intolerances to food, medication or any other substance (even if not food related)? Please list as much as possible (even if it is a SUSPECTED allergy or intolerance) What are some symptoms that may occur and what actions should be taken if necessary?
Please provide information on any chronic, physical problems and pertinent developmental information and any social accommodations needed. Attach additional sheets if necessary.
☐ Check here if your child will be required to take medications during camp day AND complete **Medication Authorization Forms.** To obtain a copy of the form, please email campCHEF@memphis.edu

Camper's Name (Last, First MI _____

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read this information and sign below.

☐ I understand that my child will not be released to any person(s) not listed on the enrollment form.

☐ I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.

☐ I understand that it is my responsibility to sign my child in the morning and sign my child out before leaving in the afternoon. ***Sign-in/Sign-out sheets are available as you arrive at the program area.***

☐ I understand that my child will not be allowed to leave the program with an unauthorized person. ***Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.***

☐ I understand that the Camp CHEF is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I have read and understand the statements above regarding Camp CHEF policies and procedures.

Parent/Guardian Signature	Date

I have provided a copy of my child's immunization records.

Parent/Guardian Signature	Date

Statement of Authorization

1. The parent/guardian is responsible for the applying sunscreen and insect repellent **BEFORE** arriving to Camp CHEF.
2. I certify that my child is physically able to participate in daily activities including walking, running, and standing during food preparation (about 90 minutes).
3. In the case that your **child becomes ill** during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the center as soon as possible.
4. In the case that your camper or anyone in the immediate household of the camper develops a **reportable communicable disease** as defined by the State Board of Health, it is the responsibility of the parent to notify Camp CHEF within 24 hours or the next business day in order for Camp CHEF to take proper action, except in the case of life-threatening diseases which must be reported immediately.
5. My signature authorizes the management and staff of Camp CHEF to act for me according to their best judgment in the event of a **medical emergency and/or routine medical** care. I/we grant permission for emergency medical treatment and/or routine medical care by the Camp CHEF staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases Camp CHEF from any and all liability and/or financial responsibility for any medical expenses incurred.

By signing below, you are authorizing all of the above.

Parent/Guardian Signature	Date

Camper's Name (Last, First MI _____

Camp CHEF Registration Form

Camper's Name	Date of Birth

Summer Camp Registration Info

What is your favorite food?
What is your favorite recipe to make?
Please check which describes your cooking skills: Beginner (I don't help much in the kitchen) Intermediate (I am comfortable using a knife and following simple recipes) Advanced (I can cook in the kitchen without a parent watching me)
Check One: I DO DO NOT enjoy cooking and spending time in the kitchen.

Behavior Agreement

At Camp CHEF we take the happiness and safety of your children very seriously. We want every day here to become a happy memory for them. Therefore, we work hard at creating an environment that will allow this to happen. Along with our efforts, we need the children to help us create that environment by following some simple, but effective rules. Below is our Behavior Agreement, please **read over it with your child and be sure they understand what it is and why they are signing it**.

- I will listen to the staff and follow their directions.
- I will respect other people's belongings by not touching/using their stuff without permission.
- I will not hit or fight other people.
- I will not yell while inside the campsite building and will use my inside voice when speaking.
- I will use appropriate language. Which does not include swear words or negative remarks (like "Shut up," "Stupid", "Dumb," etc.).
- Before leaving the area, I will ask a staff member for permission.
- I will respect other's feelings by having a positive attitude when talking to them and not talking to others.
- I will assist others in cleaning up each day, after each activity.

Not abiding by these rules can result in suspension from Camp CHEF. All incidents will be handled on a 3-incident system, except **hitting/fighting**. Hitting/fighting will be an immediate 1-day suspension from camp. All other incidents will be handled as follows:

- 1st incident: **VERBAL WARNING**
- 2nd incident: **WRITTEN WARNING/PARENT MEETING**
- 3rd incident: **1-DAY SUSPENSION**

At the camp director's discretion, campers that receive 3 written warnings during a session may be asked to leave Camp CHEF for the remainder of the week.

Parent/Guardian Signature	Date
Camper's Signature	Date

Camper's Name (Last, First MI _____

RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

_____, has decided to participate in the University Of Memphis School Of Health Studies Summer Camp. I hereby acknowledge that participating in the summer camp is voluntary.

I understand that the summer camp involves certain risks, hazards and conditions that may be dangerous to life, limb and property and that can arise in an incalculable variety of unforeseen or foreseeable ways which may include personal injury or property damage. I am voluntarily participating in the summer camp with knowledge of the dangers involved. I have reached the age of majority, and I am competent to make this decision for myself, or, if I am a minor, I have obtained the permission of a parent or legal guardian.

I am not suffering from any medical condition, impairment, or disease that would prevent my safe participation in any of the activities associated with the summer camp. I have disclosed any and all pertinent medical conditions to the administrators of the summer camp. I will use care for my own safety and well-being. I have not been advised by a physician or any other health care provider to limit my participation in activities. I assume responsibility for my participation and any injury sustained while participating in the summer camp.

In consideration of the right to participate in the University of Memphis summer camp, I agree to assume the risks involved and I acknowledge that such risks may include, but not be limited to, bodily injury and/or death and/or property damage, and hereby collectively and individually release and agree to hold harmless the University of Memphis, its Board of Trustees, officers, employees, agents, representatives, volunteers and assigns ("Releasees") from all rights, claims, demands and damages of any kind, known or unknown, existing or arising in the future resulting from or related to my participation in the summer camp. This release will also prevent my family from suing Releasees and binds my spouse, if I have one, my estate, siblings, parents, heirs, personal representatives and assigns.

The undersigned has read and understands this Release and Hold Harmless Agreement in its entirety and voluntarily signs same, without reliance on any representations, statements or inducements, express or implied, made by any party whomsoever.

_____ _____

Name Signature Date

_____ _____

Date of Birth Signature of Parent or Guardian if Less than 18 years of Age

Camper's Name (Last, First MI _____

Photo/Video Release Form

I hereby grant the University of Memphis the right to use any photographed and/or video image of me and to edit such photograph and/or video image of me in any manner it deems fit. I understand that the photograph and/or video image of me may be used for educational and promotional purposes of the University of Memphis, and it is not being produced for profit. I hereby release the University, its agents and/or licensees from any and all liability for claims and/or demands arising out of the agreement as set forth above. I will make no monetary or other claim against The University of Memphis for the use of any photographed and/or video image of me. I also warrant and agree that I have read and understand the contents of this release and that I have the right and authority
to execute this release.

Name of Person being Photographed _____
Please Print

Signature Date _____

Name of Parent/Guardian *if under 18* _____
Please Print

Signature of Parent/Guardian Date _____