

This registration form and payment must be submitted to UDCR concurrently. Payment must be made in full at the time of registration. Each camper must be enrolled by the registration deadline for each scheduled session. UD rate applies to current students, faculty, staff, and UDCR members. Form(s) can be submitted in-person at the RecPlex, or via mail, fax, or email.

CAMPER INFORMATION (ALSO REFERRED TO AS "MY CHILD")

FIRST NAME		LAST NAME		NICKNAME	
DATE OF BIRTH (mm/dd/yyyy)			AGE (must be born between 6/2/2003 and 9/30/2009)		
GENDER: MALE FEMALE		SCHOOL (Fall 2014)		GRADE (Fall 2014)	
STREET		APT # or PO BOX	CITY	STATE	ZIP
Has this camper attended RECKids Camp before? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please list years attended: _____ How did you hear about us? (check all that apply) <input type="checkbox"/> Website <input type="checkbox"/> Email <input type="checkbox"/> Flyer or Postcard <input type="checkbox"/> Referred by: _____ <input type="checkbox"/> Other: _____					
Place a CHECK MARK in the box beside the session(s) for which the camper is registering. Camp registration for each session ends when registration reaches maximum capacity or by the registration deadline, whichever comes first.					
WEEK 1: June 1 – June 5, 2015		Wacky and Weird		<input type="checkbox"/> UD Rate: \$140	<input type="checkbox"/> Community Rate: \$165
<input type="checkbox"/> Early Drop-off: \$15 (7:30-8:00a.m.)	<input type="checkbox"/> Late Pick-up: \$15 (5:00-5:30p.m.)	Deadline: 5/22/2015	Date Paid: _____		
WEEK 2: June 8 - June 12, 2015		It's a Jungle Out There		<input type="checkbox"/> UD Rate: \$140	<input type="checkbox"/> Community Rate: \$165
<input type="checkbox"/> Early Drop-off: \$15 (7:30-8:00a.m.)	<input type="checkbox"/> Late Pick-up: \$15 (5:00-5:30p.m.)	Deadline: 5/29/2015	Date Paid: _____		
WEEK 3: June 15 - June 19, 2015		Holiday Scramble		<input type="checkbox"/> UD Rate: \$140	<input type="checkbox"/> Community Rate: \$165
<input type="checkbox"/> Early Drop-off: \$15 (7:30-8:00a.m.)	<input type="checkbox"/> Late Pick-up: \$15 (5:00-5:30p.m.)	Deadline: 6/5/2015	Date Paid: _____		
WEEK 4: June 22 - June 26, 2015		Under the Sea		<input type="checkbox"/> UD Rate: \$140	<input type="checkbox"/> Community Rate: \$165
<input type="checkbox"/> Early Drop-off: \$15 (7:30-8:00a.m.)	<input type="checkbox"/> Late Pick-up: \$15 (5:00-5:30p.m.)	Deadline: 6/12/2015	Date Paid: _____		
WEEK 5: June 29 - July 3, 2015		Fit in the USA		<input type="checkbox"/> UD Rate: \$140	<input type="checkbox"/> Community Rate: \$165
<input type="checkbox"/> Early Drop-off: \$15 (7:30-8:00a.m.)	<input type="checkbox"/> Late Pick-up: \$15 (5:00-5:30p.m.)	Deadline: 6/19/2015	Date Paid: _____		
WEEK 6: July 6 - July 10, 2015		Lights, Camera, Action		<input type="checkbox"/> UD Rate: \$140	<input type="checkbox"/> Community Rate: \$165
<input type="checkbox"/> Early Drop-off: \$15 (7:30-8:00a.m.)	<input type="checkbox"/> Late Pick-up: \$15 (5:00-5:30p.m.)	Deadline: 6/26/2015	Date Paid: _____		
WEEK 7: July 13 - July 17, 2015		Let the Magic Begin		<input type="checkbox"/> UD Rate: \$140	<input type="checkbox"/> Community Rate: \$165
<input type="checkbox"/> Early Drop-off: \$15 (7:30-8:00a.m.)	<input type="checkbox"/> Late Pick-up: \$15 (5:00-5:30p.m.)	Deadline: 7/3/2015	Date Paid: _____		
WEEK 8: July 20 – July 24, 2015		To Infinity and Beyond		<input type="checkbox"/> UD Rate: \$140	<input type="checkbox"/> Community Rate: \$165
<input type="checkbox"/> Early Drop-off: \$15 (7:30-8:00a.m.)	<input type="checkbox"/> Late Pick-up: \$15 (5:00-5:30p.m.)	Deadline: 7/10/2015	Date Paid: _____		
WEEK 9: July 27 – July 31, 2015		Forever Flyers		<input type="checkbox"/> UD Rate: \$140	<input type="checkbox"/> Community Rate: \$165
<input type="checkbox"/> Early Drop-off: \$15 (7:30-8:00a.m.)	<input type="checkbox"/> Late Pick-up: \$15 (5:00-5:30p.m.)	Deadline: 7/17/2015	Date Paid: _____		
FOR STAFF: SIBLING RATE* <input type="checkbox"/> YES PROCESSED BY: _____ DATE: _____					

For sibling rate, deduct \$15/session. *Only applies to additionally enrolled sibling in same session.

2015 UDCR REKids Camp

NAME OF CAMPER _____

PARENT / GUARDIAN INFORMATION (will be used for emergency contact purposes)

1.) _____	UDCR MEMBER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARENT/GUARDIAN NAME				
MOBILE PHONE	DAY PHONE	EVENING PHONE		
ADDRESS (IF DIFFERENT THAN CAMPER'S)		E-MAIL ADDRESS		
STREET	APT # or PO BOX	CITY	STATE	ZIP
<u>Check all that apply:</u> Community-affiliated UD Faculty/Staff Student UD ID # _____				
2.) _____	UDCR MEMBER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARENT/GUARDIAN NAME				
MOBILE PHONE	DAY PHONE	EVENING PHONE		
ADDRESS (IF DIFFERENT THAN CAMPER'S)		E-MAIL ADDRESS		
STREET	APT # or PO BOX	CITY	STATE	ZIP
<u>Check all that apply:</u> Community-affiliated UD Faculty/Staff Student UD ID # _____				

EMERGENCY CONTACTS (Other than parent/guardians listed above)

1.) _____	RELATIONSHIP TO CAMPER	
NAME		
MOBILE PHONE	DAY PHONE	EVENING PHONE
2.) _____	RELATIONSHIP TO CAMPER	
NAME		
MOBILE PHONE	DAY PHONE	EVENING PHONE

INDIVIDUALS AUTHORIZED FOR PICK-UP (Please include primary parents/guardians)

Please indicate all individuals authorized to pick-up campers, including parents, guardians, babysitters, grandparents, etc.:

NAME	RELATIONSHIP TO CAMPER	DRIVER'S LICENSE OR ID # (REQUIRED)
1.) _____		
2.) _____		
3.) _____		
4.) _____		
5.) _____		

The only individuals who may pick up your child from the program are those listed for authorized pick-up. Staff will not release a child to anyone not listed on this form without additional written instructions from the parent/legal guardian. In order to keep your child safe at all times, ALL parents, guardians, babysitters or other individuals listed as approved to pick up children at the end of a program event MUST present a driver's license or picture ID in order to pick up the child. We will not release a child to a parent or other authorized person without an ID as listed on the form. **By signing below, I indicate that I have read and understand the Campus Recreation REKids Camp pick-up procedure outlined above. I certify that all information provided is true and complete. I understand that any falsification, omission, or misleading information may prevent My Child from participating in Campus Recreation REKids Camp, and I will not receive a refund for any portion of the program if My Child is denied participation because of a violation of this pick-up procedure.**

PRINT NAME OF PARENT/LEGAL GUARDIAN

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE