

Allergies

Does your child have allergies? YES NO Does your child have asthma? YES NO

Please list ALL allergies (i.e., food, latex, insects, plants, medications, other). Include reaction description and management.

Does your child require administration of any prescribed medication in the event of an allergic reaction? YES* NO
 *If yes, please fill out the supplemental Medication Administration Authorization Form accordingly.

Does your child require administration of any prescribed medication in the event of any other type of medical emergency? YES* NO
 *If yes, please fill out the supplemental Medication Administration Authorization Form.

Medications

Please list ALL medication (including over-the-counter or non-prescription drugs) taken routinely. It is your responsibility to notify UD staff if there are changes in the prescribed medications your child is taking that could affect his or her participation in the program. At no time will any UD employee, student or volunteer administer medication to your child, unless authorized for emergency purposes according to the Emergency Medical Plan. If your child requires any medication during the program, you will be responsible for administration of such medication. Additionally, no medications will be maintained on site by UD unless authorized according to the supplemental Medication Administration Authorization Form.

My child takes medications on a routine basis NO YES If YES, my child takes medication as follows:

MED #1	DOSAGE	SPECIFIC TIMES TAKEN EACH DAY	REASON FOR TAKING
MED #2	DOSAGE	SPECIFIC TIMES TAKEN EACH DAY	REASON FOR TAKING

Immunizations

Provide the month and year for each immunization. Starred (*) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable and must be attached to this form.

Immunization Dose	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Most Recent
Diphtheria, Tetanus, Pertussis (DTaP or Tdap)*						
Tetanus booster (dT or Tdap)*						
Mumps, Measles, Rubella (MMR) *						
Polio (IPV)*						
Haemophilus Influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (Chicken Pox)						
Had Chicken Pox						

Tuberculosis (TB) Test Date: _____ Result: Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

 CUSTODIAL PARENT/GUARDIAN SIGNATURE

 RELATIONSHIP TO CAMPER

 DATE

Permission to Provide Necessary Treatment or Emergency Care:

In the event of a medical emergency requiring more than basic first aid, I understand that all attempts to contact me will be made. I also understand that in order to obtain the quickest medical treatment for my child, UD Campus Recreation will contact EMS and, if necessary, transport my child to the nearest emergency facility. **The information in this Emergency Medical Plan is true and correct as far as I know, and the person herein described has permission to engage in all camp activities except as noted.**

 PRINT NAME OF PARENT/LEGAL GUARDIAN

 SIGNATURE OF PARENT/LEGAL GUARDIAN

 DATE

NAME OF CAMPER: _____

CONSENT, RELEASE, & MEDICAL AUTHORIZATION

By signing and submitting this registration form for the University of Dayton's Campus Recreation RECKids Camp, I give my permission for the above Participant, who is either my child or legal ward ("My Child"), to attend and participate in Campus Recreation RECKids Camp. I recognize and acknowledge that use of UD Campus Recreation facilities, equipment, and programs entails certain inherent risks that could result in physical or emotional injury. I voluntarily and freely assume any and all risks of accident, liabilities, injury, illness, or damage to or loss of property which My Child may sustain as a result of participating in Campus Recreation RECKids Camp.

I declare that My Child is in good health and has no mental or physical condition or symptoms that could interfere with his or her safety or the safety of others while participating in Campus Recreation RECKids Camp. Furthermore, I certify that I have adequate health insurance to cover any injury or damage that My Child may suffer while participating in Campus Recreation RECKids Camp, or alternatively, I agree to bear all costs associated with any such injury or damages to My Child.

Should a medical emergency arise with respect to My Child, as such emergency is determined to exist in the discretion of the University of Dayton, I hereby authorize the University, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of My Child. This includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for My Child. This authorization constitutes a waiver of any applicable provisions of the Health Insurance Portability and Accountability Act ("HIPAA"). Although the University has Emergency Contact Information as provided on the Registration Form, actually reaching a listed Emergency Contact is not a prerequisite to the provision of medical or dental treatment, or the disclosure of medical information as set forth in this paragraph. I will be responsible for payment of any and all medical services rendered. I further authorize those in charge of Campus Recreation RECKids Camp to receive physical custody of My Child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of My Child to said adult.

I the undersigned do hereby release, hold harmless, indemnify, waive and discharge the University of Dayton and all its officers, agents, students, and employees from and against any and all claims, demands, actions or causes of action arising from any injuries or damages My Child may suffer or sustain by his or her participation in Campus Recreation RECKids Camp.

By signing below, I represent that I am a custodial parent or legal guardian of the individual identified as "My Child" in this form, I have all rights as a parent or legal guardian of a minor child under Ohio law, and have the authority to execute this waiver and release on behalf of his/her and my interests.

PHOTO CONSENT

I realize that if I do not check the following box, I hereby consent to the University of Dayton's use of quotes, photographs, movies or videotapes of My Child in or regarding the program activity. I also grant the University of Dayton the right to edit, use and reuse said products that are produced during the Campus Recreation RECKids Camp. By checking the preceding box, I do not consent to the University of Dayton's use of quotes, photographs, movies or videotapes of My Child in or regarding the program activity. Even though I have checked this box, I understand that it is my, as the parent, or My Child's responsibility to specifically notify either the person in charge of the program, the photographer or any other adult who is involved in this program of my refusal to allow My Child's quotes, photographs, movies or video tapes that could/are made during this program to be used by the University.

PAYMENT

The cost of the program is \$130 at the UD rate or \$160 at the Community rate per weekly session per Participant. A sibling discount is available at \$15 per session per sibling Participant (only applies to additionally enrolled siblings enrolled in the same session). Please submit payment with this form; payment must be received in order for your child to be considered registered. Forms can be submitted in-person at the RecPlex (2 Evanston Ave.), or they may be sent via mail, fax or email using the contact information at the bottom of this page.

EMERGENCY COMMUNICATIONS

In the event of an emergency, the University will use reasonable attempts to contact the parents/guardians and emergency contacts listed on the Registration Form, until a "live" person is reached or responds. Note that, as outlined under the "Medical Authorization" section above, emergency care may be provided prior to establishing contact with a parent/guardian and/or emergency contact. A parent/guardian or other emergency contact with information or questions regarding a real or potential emergency contact should contact the emergency contact person for the Campus Recreation REKids Camp, Camp Director, at 937-229-2731.

AGREEMENT

I hereby agree to My Child's participation in Campus Recreation REKids Camp on all the terms outlined in this consent, release, and medical authorization Registration Form.

LEGAL NAME OF CHILD PARTICIPATING IN RECKIDS CAMP

PRINT NAME OF PARENT/LEGAL GUARDIAN

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

ROCK WALL PARTICIATION AGREEMENT

During REKids Camp, your child may have the opportunity to climb (top rope or boulder) under the supervision of trained staff at the Rock Wall in the RecPlex. If you have questions about the nature of this activity or the equipment utilized, please contact the camp director.

I hereby acknowledge and agree that climbing and the use of the University of Dayton Climbing Wall has inherent risks. I have full knowledge of the nature and extent of all risks associated with wall climbing including but not limited to:

- All manner of injury resulting from being dropped to the ground during belaying or lowering.
- Injuries resulting from falling off the Rock Wall and impacting against the wall or ground.
- Failure of rope, slings, harness, climbing hardware, anchor points, or any part of the Rock Wall or structure.

I have read and fully understand the above statements for the Rock Wall Participation Agreement and under the supervision of trained staff; my child has my permission to climb at the UDCR Rock Wall.

LEGAL NAME OF CHILD PARTICIPATING IN ROCK WALL EVENT

PRINT NAME OF PARENT/LEGAL GUARDIAN

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE