

Welcome to Summer Camps 2015



HOW TO REGISTER

STEP 1

All families must be directly affiliated with UCLA in order to enroll in any of the UCLA Recreation youth programs. Attaining affiliation is simple and can be achieved in one of the following ways:

- The parent or guardian is either a current UCLA student, staff, faculty, ASUCLA staff, or support group member (i.e. Blue and Gold, Chancellor's Circle, Chancellor's Associates).
- The child will be attending the UCLA Lab School in Fall 2015.
- The parent or guardian is a UCLA Alumni Association member. Alumni Association membership is separate from UCLA Recreation membership. You do not have to be an alumnus of UCLA to join the UCLA Alumni Association.

To join the UCLA Alumni Association or verify your membership status, call 310.825.2586 or visit www.alumni.ucla.edu. Print out your Alumni membership confirmation page as proof of affiliation and bring it with you or send it in with your registration materials.

Fees are categorized in a 5-tiered payment system:

- TIER 1** Current UCLA Students
- TIER 2** UCLA Faculty & Staff with Rec Card
- TIER 3** UCLA Faculty & Staff
- TIER 4** Other Affiliates with Rec Card
- TIER 5** Other Affiliates

STEP 2

Register online at www.recreation.ucla.edu/campregistration or fill out all attached forms. Please print legibly so our staff can enroll your camper accurately. *If paying by payroll deduction or applying for a scholarship, family must register in person or by mail.*

If purchasing swim lessons only, please fill out the Youth Swimming Lessons Enrollment Form, Youth Swim Lessons Registration Forms, and Waiver of Liability. One set of forms per camper.

STEP 3

Submit your forms. All forms are required at the time of registration except the Immunization Record. At minimum, Immunization Records must be submitted to the Sales & Service office 5 business days prior to your child's 1st day of camp or they will not be able to attend.

Mail (no cash please)

UCLA Recreation Sales & Service
Youth Summer Camps
2131 John Wooden Center
Box 951612
Los Angeles, CA 90095-1612

In Person

UCLA Recreation
John Wooden Center (1st floor)
Sales & Service Office
Monday: 8:30am–6:00pm
Tuesday: 8:30am–7:00pm
Wednesday: 8:30am–6:00pm
Thursday: 7:30am–6:00pm
Friday: 8:30am–5:00pm

Please call us or check online for selected Saturday and extended hours.

STEP 4

Pay for camp. All camp fees must be paid in full at registration by cash, check, or Visa, MasterCard, American Express, or Discover credit cards. UCLA faculty and staff may also pay via payroll deduction if they purchase summer youth camps prior to April 1. For more information on payroll deduction, please contact the UCLA Recreation Sales & Service office at 310.206.8373.

STEP 5

Camp scholarships (if applicable). Camper Registration Forms must be submitted along with Camper Scholarship Application. Submit by March 31 to ensure consideration. Find our scholarship application online or pick one up at the Sales & Service office.

STEP 6

Parent Guides and Parking Passes will be emailed and available online May 1. If you registered by mail, you will receive your receipt in the mail within three weeks.

POLICIES

Registration for camp sessions and swim lessons must be received by 6pm Thursday before the session begins.

PLEASE NOTE: Enrollment is limited in all camps. Please discuss options and curricula with your children prior to registration. UCLA Recreation does not guarantee any changes after registration. Dropping or transferring programs is subject to the UCLA Recreation refund and transfer policy.

WAIT LIST POLICY

If your child is on the wait list and a spot opens, you will be contacted by phone or email depending on your preference. If you do not respond within 48 business hours, your child's spot is no longer guaranteed.

REFUND POLICY

REFUND AMOUNT	REQUEST MUST BE RECEIVED
90%	Before March 31
75%	April 1–30
50%	After May 1: No later than 15 business days before purchased session begins
25%	Within 15 business days of purchased session: No refund after the first Monday of session or week

CAMPER INFORMATION FORM SUMMER CAMPS 2015

Use one Registration Form per camp. Print legibly to ensure accurate registration. **All fields are mandatory.**

Camper First Name _____ MI _____ Last _____

Parent First Name _____ MI _____ Last _____

Billing Address _____ Apt _____

City _____ State _____ Zip _____

What is your preferred method of contact? Email Home Phone Work Phone Other Phone

Home Phone (_____) _____-_____ Work Phone (_____) _____-_____ Other Phone (_____) _____-_____

Parent/Guardian Email _____

UCLA Recreation uses email to communicate program information and updates to our participants. We will not use your email for any other purpose.

Camper DOB (mm/dd/yyyy) _____ Age _____ Grade (Fall 2015) _____ Male Female

Must be at least 5 years old by September 1, 2015.

CAMPER FAMILY UCLA AFFILIATION

Proof of affiliation required. Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Staff # _____ | <input type="checkbox"/> UCLA Donor Group |
| <input type="checkbox"/> Faculty # _____ | <input type="checkbox"/> UCLA Extension Student |
| <input type="checkbox"/> ASUCLA Staff | <input type="checkbox"/> Rec Card Member # _____ |
| <input type="checkbox"/> Alumni Association Member # _____ | <input type="checkbox"/> Undergraduate Student ID # _____ |
| <input type="checkbox"/> UCLA Lab School Student | <input type="checkbox"/> Graduate Student ID # _____ |

CAMPER PICK UP AUTHORIZATION

Parents must list themselves in addition to any other authorized individual.

Parent/Guardian Signature _____

1. Primary Name _____ Relationship _____ Phone _____

2. Secondary Name _____ Relationship _____ Phone _____

3. Name _____ Relationship _____ Phone _____

4. Name _____ Relationship _____ Phone _____

CAMPER RELEASE AUTHORIZATION

Children 11 and over.

I request UCLA Recreation to allow my child to release himself/herself at the end of camp.

Parent/Guardian Signature _____

Office Use Only

DT	Tier
Fusion Camper ID	

AFFILIATE REGISTRATION FORM SUMMER CAMPS 2015

CAMP	WEEKS/SESSIONS	# OF WEEKS/ SESSIONS	REC CARD*	OTHER	TOTAL
EXTENDED CARE					
AM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 _____ WKS @		\$30	\$30	= \$ _____
PM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 _____ WKS @		\$30	\$30	= \$ _____
CAMP BRUIN KIDS (CBK)					
A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 _____ WKS @		\$315	\$350	= \$ _____
	<input type="checkbox"/> 4 _____ WKS @		\$270	\$300	= \$ _____
Learn to Swim	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 _____ WKS @		\$65	\$65	= \$ _____
B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 _____ WKS @		\$315	\$350	= \$ _____
	<input type="checkbox"/> 4 _____ WKS @		\$270	\$300	= \$ _____
C	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 _____ WKS @		\$315	\$350	= \$ _____
	<input type="checkbox"/> 4 _____ WKS @		\$270	\$300	= \$ _____
CAMP EXPLORE (CE)					
Action Zone	AM <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D _____ SESS @		\$340	\$375	= \$ _____
	<input type="checkbox"/> B _____ SESS @		\$315	\$350	= \$ _____
	PM <input type="checkbox"/> C <input type="checkbox"/> D _____ SESS @		\$340	\$375	= \$ _____
	<input type="checkbox"/> B _____ SESS @		\$315	\$350	= \$ _____
Act One	PM <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D _____ SESS @		\$340	\$375	= \$ _____
Bruin Ninjas	PM <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D _____ SESS @		\$340	\$375	= \$ _____
Bruin Survivor	PM <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D _____ SESS @		\$340	\$375	= \$ _____
	<input type="checkbox"/> B _____ SESS @		\$315	\$350	= \$ _____
Express	PM <input type="checkbox"/> B <input type="checkbox"/> C _____ SESS @		\$340	\$375	= \$ _____
	<input type="checkbox"/> B _____ SESS @		\$315	\$350	= \$ _____
Imagination Station	AM <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D _____ SESS @		\$340	\$375	= \$ _____
	<input type="checkbox"/> B _____ SESS @		\$315	\$350	= \$ _____
	PM <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____ SESS @		\$340	\$375	= \$ _____
	<input type="checkbox"/> B _____ SESS @		\$315	\$350	= \$ _____
Strokes	AM <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D _____ SESS @		\$340	\$375	= \$ _____
	<input type="checkbox"/> B _____ SESS @		\$315	\$350	= \$ _____
Young Einstein	AM <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D _____ SESS @		\$340	\$375	= \$ _____
	<input type="checkbox"/> B _____ SESS @		\$315	\$350	= \$ _____
	PM <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D _____ SESS @		\$340	\$375	= \$ _____
	<input type="checkbox"/> B _____ SESS @		\$315	\$350	= \$ _____

*Only Bruin Family or adult & dependent annual memberships are eligible for the Rec Card price.

TOTAL FOR THIS PAGE \$ _____

AFFILIATE REGISTRATION FORM SUMMER CAMPS 2015

CAMP	WEEKS/SESSIONS	# OF WEEKS/ SESSIONS	REC CARD*	OTHER	TOTAL
BRUINS ON BROADWAY (BOB)					
A (Ages 5-9)	<input type="checkbox"/> June 29-July 25	_____ SESS @	\$1,640	\$1,820	= \$ _____
B (Ages 10-14)	<input type="checkbox"/> June 29-July 25	_____ SESS @	\$1,640	\$1,820	= \$ _____
BRUINS ON WATER (BOW)					
	<input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	_____ WKS @	\$495	\$545	= \$ _____
	<input type="checkbox"/> 4	_____ WKS @	\$425	\$465	= \$ _____
WATERFRONT CAMPS (WC)					
H2O Adventure	<input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	_____ WKS @	\$495	\$545	= \$ _____
	<input type="checkbox"/> 4	_____ WKS @	\$425	\$465	= \$ _____
Sailing	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	_____ WKS @	\$495	\$545	= \$ _____
	<input type="checkbox"/> 4	_____ WKS @	\$425	\$465	= \$ _____
CAMP VOYAGER (CV)					
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	_____ WKS @	\$495	\$545	= \$ _____
	<input type="checkbox"/> 4	_____ WKS @	\$425	\$465	= \$ _____
ART SMART (AS)					
	<input type="checkbox"/> 3: June 22-26 <input type="checkbox"/> 8: July 27-31	_____ WKS @	\$415	\$465	= \$ _____
JUNIOR ROWING CAMP (JRC)					
	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	_____ WKS @	\$255	\$285	= \$ _____
COUNSELORS IN TRAINING (CIT)					
	<input type="checkbox"/> A: June 15-26 <input type="checkbox"/> B: July 6-17	_____ SESS @	\$375	\$410	= \$ _____
SUNSET SLEEPOVER (SS)					
	<input type="checkbox"/> 1: Friday, June 26 <input type="checkbox"/> 2: Friday, July 10 <input type="checkbox"/> 3: Friday, July 24 <input type="checkbox"/> 4: Friday, August 7	_____ NIGHTS @	\$80	\$80	= \$ _____
SWIMMING LESSONS					
Please use separate swimming lessons form.					

*Only Bruin Family or adult & dependent annual memberships are eligible for the Rec Card price.

TOTAL FOR THIS PAGE \$ _____

PAYMENT, REFUND, AND PHOTO CONSENT FORM Summer Camps 2015**PAYMENT**

TOTAL AMOUNT \$ _____

 Cash Visa MasterCard Discover American Express Check # _____ Card # _____ - _____ - _____ Exp ____/____
(Payable to "UC Regents") I agree to pay the above total amount according to the card issuer agreement.

Cardholder's Signature _____

 Payroll Deduction (option available to UCLA Employees through April 1, 2015 only)

I hereby authorize the University of California to deduct 4 equal monthly payments from my payroll earnings for the purchase of Summer Youth Camps until the total amount is paid in full. I have read and agree to the Payroll Deduction Terms and Conditions listed below. I understand and agree that I must pay my balance in full prior to cancelling Payroll Deduction. I understand that this authorization will remain in effect until the total amount has been paid or until cancelled through the Department of Cultural and Recreational Affairs.

Employee Signature _____ Date _____ Employee ID # _____

PAYROLL DEDUCTION TERMS AND CONDITIONS Eligibility: Payroll Deduction is a privilege for UCLA Faculty and Staff purchasing Summer Youth Camps program prior to April 1, 2015. Payroll Deduction is extended to: 1) PERMANENT, CONTRACTED OR ACADEMIC EMPLOYEES; and 2) TEMPORARY EMPLOYEES with end dates beyond August 1, 2015 who work 100% time. All other employees must pay for their services in full at time of purchase. (We are currently unable to extend payroll deduction to ASUCLA Employees.) Terms: Total camp fees (one or more children) purchased at one time will be deducted through payroll in 4 monthly installments starting early May and ending early August. Since Payroll Deduction does not roll over from year to year, a new Payroll Deduction authorization form is required each year. If you separate from the University, you are responsible for paying the remaining balance of your account. Payroll Deduction must be cancelled at the UCLA Recreation Office and requires Department authorization. Refunds: Summer Youth Camps refund policies apply in all refund situations (see brochure). With camp fee payments made through Payroll Deduction, any refund amount due you will not be processed until the final payroll deduction is made early August 2015.

Office Use Only

Order # _____

Date _____

Staff Initials _____

IMPORTANT! PLEASE READ & SIGN BELOW**25% REFUND**

All refund requests must be submitted in writing and received by UCLA Recreation within 15 business days of purchased session: No refund after the first Monday of session or week. If UCLA Recreation cancels a program, a full refund will be issued.

Refunds: Camp fees paid by credit card will be credited immediately upon approval by UCLA Recreation. Purchases made by check or cash will be refunded by check within four to six weeks after approval by UCLA Recreation. Refunds will be made only to the original payee or credit card holder.

Payroll Deduction: Any refund of camp fees will not be processed until the final payroll deduction is made in early August.

The parent or guardian's signature on the registration form indicates understanding of all registration and refund policies and agreement to abide by them.

ABSENCES

Refunds are not available for vacations, special events, short-term illnesses of four days or fewer, or other personal commitments that prevent attendance.

Extended Illness: A refund may be available for an extended illness of five or more consecutive program days. A doctor's note and written note from the parent or guardian explaining the situation must be received within eight working days from the first day of absence. Upon review, participants may receive a \$25-per-day refund for the unused days.

DISMISSAL FROM CAMP

There are times when the camp must dismiss a child due to a psychological, emotional, or physical disability that precludes the child from participating safely or effectively in a group. Dismissal will take effect only after consultation among the parents, camper (if appropriate) and the camp director. Dismissal for the aforementioned reasons will result in a complete refund for the unused days. On occasion, dismissal may be necessary for disciplinary reasons. This action will take effect only after consultation among the parents, camper (if appropriate), and the camp director. If a camper is dismissed for disciplinary reasons, there will be NO REFUND for the unused days.

MANDATED REPORTING

UCLA Recreation employees are mandated, by California State Law, to report any suspected cases of child abuse or neglect directly to the appropriate authorities for investigation. While we have established internal procedures to facilitate reporting and apprise supervisors, we cannot by law require our employees to disclose his or her identity to anyone.

I acknowledge that I have read and have a copy of the Youth Programs Refund Policy and that I understand the words and language in it, and accept its conditions. I also give my consent (and/or consent on behalf of, and as legal guardian for a minor child) to the use of any photographs taken of the minor child by UCLA Recreation Staff, or their representatives, to be used for editorial and/or promotional uses only.

I am the parent or legal guardian of the minor _____, and I am signing on behalf of said minor.

Printed Name of Parent/Guardian_____
Signature of Parent/Guardian_____
Date

Minor Participant's Name (Please Print): _____

UNIVERSITY OF CALIFORNIA, LOS ANGELES
(UCLA RECREATION YOUTH PROGRAMS)

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment and services of UCLA Recreation Youth Programs, I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its directors, officers, employees and agents from liability **from any and all claims including the negligence of UCLA Recreation Youth Programs**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises or equipment.

Print Name of Parent/Guardian of Minor Date Signature of Parent/Guardian of Minor Date

Assumption of Risks: Physical activity, by its very nature and the use of University property, facilities, staff, equipment, and/or services carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. UCLA Recreation Youth Programs has facilities for and provides for activities such as camping, hiking, boating, swimming, running, sporting activities, social events, community outreach, clinics, classes, art, science, imagination, computer and drama camps. Some of these involve situations, environments or activities that may lead to illness, physical injuries, psychological stress or damage. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, strains, sprains, contact with poisonous plants and animals, heat exhaustion, dehydration and embarrassment 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by UCLA Recreation Youth Programs. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement at UCLA Recreation Youth Programs and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Print Name of Parent/Guardian of Minor Signature of Parent/Guardian of Minor Date

Participant's Age (if minor) _____

FacUse-Camps 1/2005

CAMPER EMERGENCY INFORMATION & EMERGENCY TREATMENT CONSENT FORM

SUMMER CAMPS 2015

I. CAMPER INFORMATION

Camper (First/MI/Last) _____ Grade (Fall 2015) _____
Address _____ City _____ State _____ Zip _____
Phone _____ Parent's Email _____

Office Use Only

<input type="checkbox"/> BOB	<input type="checkbox"/> H2O
<input type="checkbox"/> BOW	<input type="checkbox"/> Rowing
<input type="checkbox"/> CBK B	<input type="checkbox"/> Sailing
<input type="checkbox"/> CBK C	<input type="checkbox"/> Surfing
<input type="checkbox"/> CIT	<input type="checkbox"/> Voyager
<input type="checkbox"/> JWC	<input type="checkbox"/> SCRC

II. FAMILY INFORMATION

Parent/Guardian (First/MI/Last) _____ Home Phone _____
Address _____ Employer _____
Work Phone _____ Work Address _____
Parent/Guardian (First/MI/Last) _____ Home Phone _____
Address _____ Employer _____
Work Phone _____ Work Address _____

III. EMERGENCY CONTACTS

Emergency Contact #1 (other than parent) _____ Phone _____
Emergency Contact #2 (other than parent) _____ Phone _____

IV. HEALTH INFORMATION

Child's Physician _____ Phone _____
Address _____
Insurance Co _____ Employer Group # _____
Policy Holder Name _____ Member # _____

Please advise us of any learning disabilities, emotional, or physical conditions to assist us in providing the best camp experience for your child:

List any or all medications which your child will bring with him/her to camp:

Medication	Medical Condition	To Be Given When/How

V. ALLERGIES

List all known allergies (medication, food/dietary restrictions, other — include insect stings, hay fever, asthma, animal dander, etc.):

Allergies	Describe reaction and management of the reaction

IMPORTANT! PLEASE READ AND SIGN BELOW

Informed Consent for Emergency Treatment: In the case of an emergency and if I can not be reached, I authorize the staff of UCLA Recreation to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees.

I am the parent or legal guardian of the minor _____, and I am signing on behalf of said minor.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

IMMUNIZATION RECORD SUMMER CAMPS 2015

The State of California requires that the following information be provided to UCLA Recreation for each camper registered in Summer Camps. No camper will be allowed to participate without 2015 immunization records on file with our office.

Camper Name (First/MI/Last) _____ Male Female

DOB (mm/dd/yyyy) _____ Place of Birth _____

Parent/Guardian Name (First/MI/Last) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

IMPORTANT: For each camp session, you must complete the following or attach a photocopy of the current immunization record.

VACCINE	DATE EACH DOSE WAS GIVEN (mm/dd/yy)				
	1st	2nd	3rd	4th	5th
Polio (POV or IPV)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
DTP and/or DT/Td (Diphtheria, tetanus, and pertussis or whooping cough) or (tetanus and diphtheria only)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Measles (Rubeola: 10-day red measles)	____/____/____	____/____/____	Some vaccines are available in combination with others such as measles and rubella (M-R) and measles, mumps, and rubella (M-M-R). If the camper received any combined vaccine, enter the date in each appropriate box.		
Rubella (German measles: 3-day measles)	____/____/____	____/____/____			
Mumps	____/____/____	____/____/____			

TUBERCULOSIS ASSESSMENT REQUIRED			
	Date Given (mm/dd/yy)	mm indur	Impression
TB Skin Test List most recent test and result	____/____/____	_____ mm	<input type="radio"/> Pos <input type="radio"/> Neg
	____/____/____	_____ mm	<input type="radio"/> Pos <input type="radio"/> Neg
Chest X-ray Required if skin test positive	Film Date (mm/dd/yy) ____/____/____ Impression <input type="radio"/> Pos <input type="radio"/> Neg		

YOUTH SWIM LESSONS ENROLLMENT FORM SUMMER CAMPS 2015

Submit one form per child. If you are only registering for swimming lessons, you only need to complete this form, Registration Form, and Waiver.

To enroll, return these three forms with **full payment** to UCLA Recreation in person or by mail to:

UCLA Recreation, 2131 John Wooden Center, Box 951612, Los Angeles, CA 90095-1612

IMPORTANT: Return this form with your registration form and waiver of liability.

Camper First Name _____ MI _____ Last _____

Parent First Name _____ MI _____ Last _____

Billing First Name (if different) _____ MI _____ Last _____

Billing Address _____ Apt _____

City _____ State _____ Zip _____

What is your preferred method of contact? Email Home Phone Work Phone Other Phone

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____ Other Phone (_____) _____ - _____

Parent/Guardian Email _____

UCLA Recreation uses email to communicate program information and updates to our participants. We will not use your email for any other purpose.

Emergency Contact #1 (other than parent) _____ Phone _____

Emergency Contact #2 (other than parent) _____ Phone _____

Camper DOB (mm/dd/yyyy) _____ Age _____ Male Female

CAMPER FAMILY UCLA AFFILIATION

Proof of affiliation required. Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Staff # _____ | <input type="checkbox"/> UCLA Donor Group |
| <input type="checkbox"/> Faculty # _____ | <input type="checkbox"/> UCLA Extension Student |
| <input type="checkbox"/> ASUCLA Staff | <input type="checkbox"/> Rec Card Member # _____ |
| <input type="checkbox"/> Alumni Association Member # _____ | <input type="checkbox"/> Undergraduate Student ID # _____ |
| <input type="checkbox"/> UCLA Lab School Student | <input type="checkbox"/> Graduate Student ID # _____ |

PAYMENT METHOD

TOTAL AMOUNT \$ _____

Cash Visa MasterCard Discover American Express

Check # _____ Card # _____ - _____ - _____ Exp ____/____
(Payable to "UC Regents")

I agree to pay the above total amount according to the card issuer agreement.

Cardholder's Signature _____

Office Use Only

DT	Tier
Fusion Camper ID	

Office Use Only

Order # _____
Date _____
Staff Initials _____

YOUTH SWIM LESSONS REGISTRATION FORM Summer Camps 2015

PRIVATE LESSONS (3–12 years)

Fee: \$70 | \$80 | \$90 | \$95 | \$100 *Fee: \$56 | \$64 | \$72 | \$76 | \$80

SEMI-PRIVATE LESSONS (5–12 years)

Fee: \$90 | \$110 | \$120 | \$130 | \$140 *Fee: \$72 | \$88 | \$96 | \$104 | \$112
 Fee includes both children

WEEKEND PRIVATE OR SEMI-PRIVATE LESSONS (25-minute lessons)

	10am	10:30am	11am	11:30am	12pm	12:30pm	1pm	1:30pm
Saturdays, 4/11–5/2	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> A3	<input type="checkbox"/> A4	<input type="checkbox"/> A5	<input type="checkbox"/> A6	<input type="checkbox"/> A7	<input type="checkbox"/> A8
Sundays, 4/12–5/3	<input type="checkbox"/> A9	<input type="checkbox"/> A10	<input type="checkbox"/> A11	<input type="checkbox"/> A12	<input type="checkbox"/> A13	<input type="checkbox"/> A14	<input type="checkbox"/> A15	<input type="checkbox"/> A16
Saturdays, 5/9–5/30*	<input type="checkbox"/> B1	<input type="checkbox"/> B2	<input type="checkbox"/> B3	<input type="checkbox"/> B4	<input type="checkbox"/> B5	<input type="checkbox"/> B6	<input type="checkbox"/> B7	<input type="checkbox"/> B8
Sundays, 5/10–5/31*	<input type="checkbox"/> B9	<input type="checkbox"/> B10	<input type="checkbox"/> B11	<input type="checkbox"/> B12	<input type="checkbox"/> B13	<input type="checkbox"/> B14	<input type="checkbox"/> B15	<input type="checkbox"/> B16
Saturdays, 6/6–6/27	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C3	<input type="checkbox"/> C4	<input type="checkbox"/> C5	<input type="checkbox"/> C6	<input type="checkbox"/> C7	<input type="checkbox"/> C8
Sundays, 6/7–6/28	<input type="checkbox"/> C9	<input type="checkbox"/> C10	<input type="checkbox"/> C11	<input type="checkbox"/> C12	<input type="checkbox"/> C13	<input type="checkbox"/> C14	<input type="checkbox"/> C15	<input type="checkbox"/> C16
Saturdays, 7/11–8/1	<input type="checkbox"/> D1	<input type="checkbox"/> D2	<input type="checkbox"/> D3	<input type="checkbox"/> D4	<input type="checkbox"/> D5	<input type="checkbox"/> D6	<input type="checkbox"/> D7	<input type="checkbox"/> D8
Sundays, 7/12–8/2	<input type="checkbox"/> D9	<input type="checkbox"/> D10	<input type="checkbox"/> D11	<input type="checkbox"/> D12	<input type="checkbox"/> D13	<input type="checkbox"/> D14	<input type="checkbox"/> D15	<input type="checkbox"/> D16
Saturdays, 8/8–8/29	<input type="checkbox"/> E1	<input type="checkbox"/> E2	<input type="checkbox"/> E3	<input type="checkbox"/> E4	<input type="checkbox"/> E5	<input type="checkbox"/> E6	<input type="checkbox"/> E7	<input type="checkbox"/> E8
Sundays, 8/9–8/30	<input type="checkbox"/> E9	<input type="checkbox"/> E10	<input type="checkbox"/> E11	<input type="checkbox"/> E12	<input type="checkbox"/> E13	<input type="checkbox"/> E14	<input type="checkbox"/> E15	<input type="checkbox"/> E16

_____ # of Private Sessions x Fee \$_____ = Total \$_____ _____ # of Semi-Private Sessions x Fee \$_____ = Total \$_____

* _____ # of Private Sessions x Fee \$_____ = Total \$_____ * _____ # of Semi-Private Sessions x Fee \$_____ = Total \$_____

Semi-Private Partner's Name _____

WEEKDAY PRIVATE OR SEMI-PRIVATE LESSONS (25-minute lessons)

	3pm	3:30pm	4pm	4:30pm	5pm	5:30pm	6pm
Mon & Wed, 6/1–6/10	<input type="checkbox"/> F1	<input type="checkbox"/> F2	<input type="checkbox"/> F3	<input type="checkbox"/> F4	<input type="checkbox"/> F5	<input type="checkbox"/> F6	
Tue & Thu, 6/2–6/11	<input type="checkbox"/> F7	<input type="checkbox"/> F8	<input type="checkbox"/> F9	<input type="checkbox"/> F10	<input type="checkbox"/> F11	<input type="checkbox"/> F12	
Mon & Wed, 6/15–6/24	<input type="checkbox"/> G1	<input type="checkbox"/> G2	<input type="checkbox"/> G3	<input type="checkbox"/> G4	<input type="checkbox"/> G5	<input type="checkbox"/> G6	<input type="checkbox"/> G7
Tue & Thu, 6/16–6/25	<input type="checkbox"/> G8	<input type="checkbox"/> G9	<input type="checkbox"/> G10	<input type="checkbox"/> G11	<input type="checkbox"/> G12	<input type="checkbox"/> G13	<input type="checkbox"/> G14
Mon & Wed, 6/29–7/8	<input type="checkbox"/> H1	<input type="checkbox"/> H2	<input type="checkbox"/> H3	<input type="checkbox"/> H4	<input type="checkbox"/> H5	<input type="checkbox"/> H6	<input type="checkbox"/> H7
Tue & Thu, 6/30–7/9	<input type="checkbox"/> H8	<input type="checkbox"/> H9	<input type="checkbox"/> H10	<input type="checkbox"/> H11	<input type="checkbox"/> H12	<input type="checkbox"/> H13	<input type="checkbox"/> H14
Mon & Wed, 7/13–7/22	<input type="checkbox"/> I1	<input type="checkbox"/> I2	<input type="checkbox"/> I3	<input type="checkbox"/> I4	<input type="checkbox"/> I5	<input type="checkbox"/> I6	<input type="checkbox"/> I7
Tue & Thu, 7/14–7/23	<input type="checkbox"/> I8	<input type="checkbox"/> I9	<input type="checkbox"/> I10	<input type="checkbox"/> I11	<input type="checkbox"/> I12	<input type="checkbox"/> I13	<input type="checkbox"/> I14
Mon & Wed, 7/27–8/5	<input type="checkbox"/> J1	<input type="checkbox"/> J2	<input type="checkbox"/> J3	<input type="checkbox"/> J4	<input type="checkbox"/> J5	<input type="checkbox"/> J6	<input type="checkbox"/> J7
Tue & Thu, 7/28–8/6	<input type="checkbox"/> J8	<input type="checkbox"/> J9	<input type="checkbox"/> J10	<input type="checkbox"/> J11	<input type="checkbox"/> J12	<input type="checkbox"/> J13	<input type="checkbox"/> J14
Mon & Wed, 8/10–8/19	<input type="checkbox"/> K1	<input type="checkbox"/> K2	<input type="checkbox"/> K3	<input type="checkbox"/> K4	<input type="checkbox"/> K5	<input type="checkbox"/> K6	
Tue & Thu, 8/11–8/20	<input type="checkbox"/> K7	<input type="checkbox"/> K8	<input type="checkbox"/> K9	<input type="checkbox"/> K10	<input type="checkbox"/> K11	<input type="checkbox"/> K12	
Mon & Wed, 8/24–9/2	<input type="checkbox"/> L1	<input type="checkbox"/> L2	<input type="checkbox"/> L3	<input type="checkbox"/> L4	<input type="checkbox"/> L5		
Tue & Thu, 8/25–9/3	<input type="checkbox"/> L6	<input type="checkbox"/> L7	<input type="checkbox"/> L8	<input type="checkbox"/> L9	<input type="checkbox"/> L10		

_____ # of Private Sessions x Fee \$_____ = Total \$_____ _____ # of Semi-Private Sessions x Fee \$_____ = Total \$_____

* _____ # of Private Sessions x Fee \$_____ = Total \$_____ * _____ # of Semi-Private Sessions x Fee \$_____ = Total \$_____

Semi-Private Partner's Name _____

TOTAL AMOUNT \$ _____

*No swim lessons on Memorial Day weekend (fees are prorated).

Only Bruin Family or adult & dependent annual memberships are eligible for the Rec Card price.

YOUTH SWIM LESSONS REGISTRATION FORM Summer Camps 2015

WATER BABIES (6–18 months)

Fee: \$35 | \$40 | \$45 | \$50 | \$55 per child *Fee: \$28 | \$32 | \$36 | \$40 | \$44 per child

	4/11–5/2	5/9–5/30*	6/6–6/27	7/11–8/1	8/8–8/29
Saturdays, 9:00am (South Pool)			<input type="checkbox"/> WB3	<input type="checkbox"/> WB5	<input type="checkbox"/> WB7
Saturdays, 9:30am (South Pool)	<input type="checkbox"/> WB1	<input type="checkbox"/> WB2	<input type="checkbox"/> WB4	<input type="checkbox"/> WB6	<input type="checkbox"/> WB8

_____ # of Lessons x Fee \$_____ = Total \$_____

*_____ # of Lessons x Fee \$_____ = Total \$_____

SWIMMING FOR TWO (18 months–3 years)

Fee: \$35 | \$40 | \$45 | \$50 | \$55 per child *Fee: \$28 | \$32 | \$36 | \$40 | \$44 per child

	4/11–5/2	5/9–5/30*	6/6–6/27	7/11–8/1	8/8–8/29
Saturdays, 9:00am (Family Pool)			<input type="checkbox"/> ST3	<input type="checkbox"/> ST5	<input type="checkbox"/> ST7
Saturdays, 10:00am (South Pool)	<input type="checkbox"/> ST1	<input type="checkbox"/> ST2	<input type="checkbox"/> ST4	<input type="checkbox"/> ST6	<input type="checkbox"/> ST8

_____ # of Lessons x Fee \$_____ = Total \$_____

*_____ # of Lessons x Fee \$_____ = Total \$_____

KIDS CONQUER THE WATER (3–5 years)

Fee: \$35 | \$40 | \$45 | \$50 | \$55 per child *Fee: \$28 | \$32 | \$36 | \$40 | \$44 per child

	4/11–5/2	5/9–5/30*	6/6–6/27	7/11–8/1	8/8–8/29
Saturdays, 9:30am (Family Pool)			<input type="checkbox"/> KC3	<input type="checkbox"/> KC5	<input type="checkbox"/> KC7
Saturdays, 10:30am (South Pool)	<input type="checkbox"/> KC1	<input type="checkbox"/> KC2	<input type="checkbox"/> KC4	<input type="checkbox"/> KC6	<input type="checkbox"/> KC8

_____ # of Lessons x Fee \$_____ = Total \$_____

*_____ # of Lessons x Fee \$_____ = Total \$_____

TOTAL AMOUNT \$_____

*No swim lessons on Memorial Day weekend (fees are prorated).
 Only Bruin Family or adult & dependent annual memberships are eligible for the Rec Card price.