



2000 UNIVERSITY DR.
882-5972 UTB.EDU/CAMPUSREC

UTB/TSC R.E.K. SPORTS CAMP

2011 Registration Form

Please select one:

- ☐ Session 1: June 27 – July 1 (*Registration deadline is Monday, June 20*).
- ☐ Session 2: July 11 – July 15 (*Registration deadline is Tuesday, July 5*).
- ☐ Session 3: July 25 – July 29 (*Registration deadline is Monday, July 18*).
- ☐ Session 4: August 1 – August 5 (*Registration deadline is Monday, July 25*).

Please select one:

- ☐ Regular hours (9am – 4pm) ☐ Extended hours (7:30am – 5:30pm)

Shirt Size (Circle One): ☐ YS ☐ YM ☐ YL ☐ S ☐ M ☐ L

Name of Child: _____ Age: _____

Sex: ☐ M ☐ F Grade (September 2011) _____ Date of Birth: _____

Parent's Name (s): _____

Phone #'s Home: _____ Work: _____ Cell: _____

E-Mail Address: _____

Preferred method of contact: _____

Home Address: _____

Mailing Address: _____

In case of an Emergency contact the following persons (please list 2):

NAME	PHONE #	RELATIONSHIP
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_____	_____	_____
_____	_____	_____

**A PARENT OR OTHER RESPONSIBLE PERSON MUST SIGN THE CHILD IN & OUT
WITH A CAMP COUNSELOR EVERYDAY.**

Sign in/out. If someone other than you will be signing your child in or out, please list below.

NAME

PHONE #

RELATIONSHIP

Medical Information. *You are the best resource for this information; please complete in full.*

Please list any diagnosed condition(s) such as allergies, asthma, ADD/ADHD, seizures, ear tubes, Autism, etc.?

Please list any medical condition(s) including any recent broken bones or illnesses which would prevent or limit participation in vigorous activities. Please list conditions and restrictions.

Please list prescription medications currently being taken:

Child's physician: _____ Phone: _____

Date of last tetanus immunization: ____/____/____

Parent/Guardian authorization and consent to treat

This health history is complete to the best of my knowledge. The person described has my permission to engage in all R.E.K. Sports Camp activities. I give consent to treat my child for routine medical problems or minor emergencies. If I cannot be reached in cases of serious illness or emergency, I authorize the staff of UTB/TSC Campus Recreation to obtain medical treatment deemed necessary for the welfare of my child. I release and hold harmless the University of Texas at Brownsville/Texas Southmost College and its employees from any and all claims, demands, injuries and actions which arise out of or in connection with my child's participation.

Parent's Signature: _____ Date: _____

Parent's Name Printed: _____