

Thank you for registering for P.A.S.S. Camp online!

Please email this completed packet to youthprograms@du.edu prior to May 3, 2013.

STEP 1: PARTICIPANT , PARENT & REGISTRATION INFORMATION

2013 PASS CAMP REGISTRATION CHECKLIST

- Immunization Record
- Signed Acknowledgement of Risk Form
- Signed Medical Treatment Form
- Signed Sunscreen Release Form
- Medical Dispensing Form (if necessary)

If you would like to confirm whether or not your child's Immunization Record is on file, please call 303.871.3908. All medical and acknowledgement of risk forms must be submitted by May 3, 2013. Thank you for your assistance in returning a completed registration form.

(B) PARENT(S) OR GUARDIAN(S)

Parent #1

Mobile Phone

Parent #2

Mobile Phone

Email Address

Home Phone

Parent #1 Work Phone

Parent #2 Work Phone

Home Address

City

State

Zip Code

(A) PARTICIPANT

Participant Name

Gender

Date of Birth

Grade in Fall 2013

School Attending

School District

Does your child have any special needs or considerations the staff may need to be aware of? If so, please describe: (attach additional paper if needed)

(C) EMERGENCY CONTACT

Name

Relationship

Mobile Phone

Home Phone

Emergency Contact will only be contacted in the event that we are unable to reach a camper's parent(s) or guardian(s).

Find additional P.A.S.S. Camp information online at recreation.du.edu/passcamp.

STEP 2: MEDICAL INFORMATION FOR PARTICIPANT

PARTICIPANT NAME: _____

(D) SPECIFIC MEDICAL INFORMATION

Medical Allergies

Food Allergies

Medications

Frequency of Medications

Other information that may be helpful for staff or medical personnel

Physician _____ Phone Number _____

Dentist _____ Phone Number _____

Preferred Hospital

(E) CONSENT TO MEDICAL TREATMENT

The undersigned parent(s) or legal guardian(s) of the above named child hereby consents and grants permission to Colorado Seminary (University of Denver), Division of Athletics and Recreation, and its Youth Activities Program (including, but not limited to, PASS Camp and School Days Off), in case of injury or illness, to administer first aid or to have a health professional provide medical assistance and/or treatment for the above-named child. I understand that in case of an emergency, 911 will be called. I authorize Emergency Medical Services (EMS) to administer any medical treatment, medication, or appliance deemed necessary by EMS. I also authorize transportation by EMS to the nearest appropriate medical facility, if determined necessary. I understand that I will be responsible for payment of all EMS, hospital, and physician charges for emergency services to the above-named child.

Parent or Legal Guardian Signature

Printed Name

Date

(F) CHILD MAY ALSO BE RELEASED TO THE FOLLOWING:

Children will ONLY be released to parents or guardians listed on this form and individuals whose names appear below. All individuals must present a form of identification when picking children up from the program.

1) Name _____ Phone _____

2) Name _____ Phone _____

3) Name _____ Phone _____

4) Name _____ Phone _____

5) Name _____ Phone _____

(G) SUNSCREEN RELEASE

The undersigned parent(s) or legal guardian(s) of the above named child hereby consents and grants permission for employees of Colorado Seminary (University of Denver) to assist the above-named child in applying sunscreen to his/her exposed skin, including face, neck, ears, shoulders, arms, legs and feet, prior to participation in outdoor activities in the Youth Activities Program (including, but not limited to, PASS Camp and School Days Off). I acknowledge and understand that sunscreen will not be applied to any broken skin or if a skin reaction is observed. I understand that it is my responsibility to provide a sunscreen with a minimum SPF of 15 in order for the above-named child to participate in outdoor activities. I understand that in the event that the sunscreen that I provide is not available, the above-named child may use a sunscreen (name of and list of ingredients shall be available upon request) provided by Colorado Seminary (University of Denver).

Parent or Legal Guardian Signature

Printed Name

Date

STEP 3: PARENT PERMISSION AND ACKNOWLEDGEMENT OF RISK

University of Denver Youth Activities Program Parental Permission Form/Acknowledgement and Assumption of Risk and Release

THIS DOCUMENT MUST BE SIGNED BY THE PARENT OR LEGAL GUARDIAN OF PERSONS UNDER THE AGE OF 18 PARTICIPATING IN A PROGRAM HELD UNDER THE AUSPICES OF COLORADO SEMINARY WHICH OWNS AND OPERATES THE UNIVERSITY OF DENVER (HEREINAFTER "UNIVERSITY OF DENVER" OR "DU"). IF THE PERSON PARTICIPATING IN THE PROGRAM IS 18 YEARS OF AGE OR OLDER, THEN THE PERSON PARTICIPATING MUST SIGN THIS DOCUMENT.

* * *

The University of Denver strives to provide a safe environment for its Youth Activities Program. However, it is important for participants (and parents or legal guardians of participants under 18) to understand that even with safety measures participation in the Youth Activities Program involves unavoidable exposure to an inherent risk of injury.

Therefore, the individual named below as "YAP Participant" agrees, or his or her parent or legal guardian authorizes the YAP Participant, to participate in the **University of Denver's Youth Activities Program** (activities under the program include, but are not limited to: PASS Camp, School Days Off, Birthday Parties, Climbing Wall, Field Trips, Fun Day, Parent's Night Out, Youth Inline Hockey, Hoyt Brawner Basketball Tournament, 1K/5K Fun Run, and the Little Pioneer Place) held within walking distance to the Daniel L. Ritchie Center for Sports and Wellness, 2201 E. Asbury Ave, Denver, CO 80208, Ricks Center for Gifted Children, 2040 S. York St., Denver, CO 80208, Graduation Green, adjacent to 2199 S. University Blvd., Denver, CO 80208, or Driscoll Green, adjacent to 2055 E. Evans Ave., Denver, CO 80208, each on the University of Denver campus, (hereto the "Program") and further acknowledges his or her full understanding and appreciation that there are risks of property damage and bodily harm or injury (including without limitation, death) associated with participation in the Program. These risks include, but are not limited to, drowning, injuries sustained from falling, accidental collisions with other participants, reasonable sport-appropriate contact, overexertion or allergic reactions to any food or beverage served at the Program or from the application of sunscreen applied to Participant's skin during the Program. These risks occur in activities including, but not limited to, clinics, classes, training, swimming, climbing, ice skating, gymnastics, and other indoor and outdoor sport activities, competitions, and travel to and from such sponsored activities of the Program. The person(s) signing further acknowledges that activities held other than on the campus of the University of Denver are not subject to the same degree of supervision and control by the University of Denver as activities occurring on the University of Denver campus and that absent the signing of this document by YAP Participants or their parent or legal guardian University of Denver likely would not sponsor or offer activities taking place off campus.

The YAP Participant, or his or her parent or legal guardian if the YAP Participant is under the age of 18, understands that it is his or her responsibility to consult a physician and to take into account YAP Participant's personal health and physical condition prior to YAP Participant's participation in the Program. Any parent or legal guardian signing further represents that he or she has thoroughly explained to the minor YAP Participant the risks associated with participating in the Program using language appropriate to the age and intellectual capacity of the YAP Participant.

By signing this form, the YAP Participant, and his or her parent or legal guardian, on behalf of himself/herself, and YAP Participant's heirs, assigns, legal and personal representative(s) agrees to assume all risks and responsibilities surrounding YAP Participant's participation in the Program and further to release the University of Denver, and all departments and divisions thereof, and its trustees, employees and agents from any claims, demands, actions, causes of action, lawsuits, expenses, or losses (including court costs and all reasonable attorney fees) he or she may have on account of property damage or personal injury (including death) arising out of or attributable to YAP Participant's travel to or from or participation in the Program, unless such property damage, personal injury or death is caused by the negligence of University of Denver, its trustees, employees or agents.

YAP Participant, or YAP Participant's parent or legal guardian, grants to the University of Denver and press and media admitted to the Program by DU the right to photograph, videotape or otherwise digitally collect YAP Participant's name, likeness, voice and sounds (as "Works") during participation in the Program. YAP Participant, or YAP Participant's parent or legal guardian, further irrevocably grants to DU all rights in these Works and the right to use or sublicense these Works and YAP Participant's name, likeness and biography, in DU's discretion, in all media and in all forms or purposes, including without limitation, advertising and other promotions for DU, without any further consideration to YAP Participant or YAP Participant's heirs, assigns, legal and personal representative(s).

Executed this _____ day of _____, 2013.

PRINTED NAME OF YAP PARTICIPANT

IF YAP PARTICIPANT IS UNDER 18 YEARS OF AGE:

PRINTED NAME OF YAP PARTICIPANT'S PARENT OR LEGAL GUARDIAN

SIGNATURE OF YAP PARTICIPANT'S PARENT OR LEGAL GUARDIAN

ADDITIONAL INFORMATION

- PROOF OF IMMUNIZATION** Campers will not be allowed to attend P.A.S.S. Camp unless a current proof of immunization is provided. This is a state requirement and no exceptions will be made. Please call 303.871.3908 to confirm your child's proof of immunization is on file.
- MEDICAL INSURANCE** Secondary medical insurance is provided to each registered camper for purposes of participation in the University of Denver 2013 P.A.S.S. Camp only.
- BALANCE PAYMENTS** Any outstanding P.A.S.S. Camp balances are due by Monday, April 8, 2013. All balances not paid in full by this date will be subject to cancellation. Balances may be paid online at <https://signup.recreation.du.edu> at any time prior to April 8, 2013. **Please note: Balance payment is not automated by P.A.S.S. Camp.**

REFUND POLICY

- Any registration cancellations must be made a minimum of three (3) weeks prior to the first day of any registered week for a 50% refund (deposit will remain non-refundable). Any cancellations after that date are non-refundable. Medical emergencies with written doctor documentation are subject to a refund.
- Daily refunds are not provided.
- Requests for transferring weeks will be granted based on availability. Please note that all weeks of P.A.S.S. Camp are expected to sell out.
- If your child is asked to leave camp for disciplinary reasons, you will not receive a refund or credit.
- A \$25 processing fee will be charged for all returned checks.
- A 10% refund fee will be charged for all cancellations.
- If full payment is not received by Monday, April 8, 2013, your P.A.S.S. Camp registration will be cancelled and your deposit will not be refunded.

P.A.S.S. CAMP INFORMATION

ABOUT P.A.S.S. CAMP

Located on the DU campus, P.A.S.S. Camp (Pioneer Athletic Super Summer) utilizes the same facilities as the DU Pioneer varsity athletes. Campers ages 5-11 will learn fundamental sport skills and techniques and participate in daily strength and conditioning exercises. Each day, campers will develop endurance, confidence, sportsmanship, and athletic skills, all of which are critical to their fundamental sports development. The goal of P.A.S.S. Camp is to develop and educate campers on the components of a healthy, active lifestyle. Now in its 20th successful year, P.A.S.S. Camp emphasizes teamwork, respect, sportsmanship and a positive attitude throughout all activities.

CAMP HOURS

Drop Off:	8:00 - 9:00 a.m.	Pick Up:	4:30 - 5:30 p.m.
Activity Hours:	9:00 a.m. - 4:30 p.m.	Extended Hours:	Early Care: 7:30 a.m. - 8:00 a.m. & Late Care: 5:30 p.m. - 6:00 p.m.

WHAT TO BRING TO CAMP

Please view the list of "What to Bring to Camp" online at recreation.du.edu/passcamp.

SAMPLE DAY

A sample P.A.S.S. Camp day schedule is available online at recreation.du.edu/passcamp.

