

2015 PASS CAMP REGISTRATION CHECKLIST

- Completed Registration Form & Payment Information
- Immunization Record
- Signed Acknowledgement of Risk Form
- Signed Medical Treatment Form
- Signed Sunscreen Release Form
- Medication Dispensing Form (if required)

If you would like to confirm whether or not your child's Immunization Record is on file, please call 303.871.3908. All forms are due no later than May 1, 2015.

Thank you for your assistance in returning a completed registration packet.

HOW TO REGISTER

ONLINE <https://signup.recreation.du.edu>
EMAIL youthprograms@du.edu
FAX 303.871.4950

VISIT Ritchie Center, 2201 E. Asbury Ave., Denver, CO 80208
PHONE 303.871.3908 (During high volume times, calls will be returned within 2 business days.)
MAIL DU RECREATION, ATTN: P.A.S.S. CAMP
2201 E. Asbury Ave., Denver, CO 80208

REGISTRATION CHECKLIST REMINDER

All documents must be submitted by Friday, May 1, 2015.

- | | | |
|--|--|--|
| <input type="checkbox"/> Completed Registration Form | <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Signed Acknowledgement of Risk Form |
| <input type="checkbox"/> Signed Medical Treatment Form | <input type="checkbox"/> Signed Sunscreen Release Form | <input type="checkbox"/> Medication Dispensing Form (if necessary) |

STEP 1: PARTICIPANT AND PARENT INFORMATION

(A) PARTICIPANT

Participant Name _____ Gender _____

Date of Birth _____ Grade in Fall 2015 _____

School Attending _____ School District _____

Lunch Preference (included with registration)

Regular Vegetarian Vegan-Gluten Free

T-Shirt Size (Please select size. Note: Campers will receive one shirt per summer.)

Youth Small Medium Large X-Large

Adult Small Medium

Is your child registering with a friend with whom he/she would like to be grouped?
Yes No

Friend's Name (No request is guaranteed; we will try to accommodate **one** request. **Please note:** Teams are based on grade level. A maximum variance of one year will be allowed when considering friend requests.)

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)

(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 _____

(C) EMERGENCY CONTACT

Name _____ Relationship _____

Mobile Phone _____ Home Phone _____

Address _____

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

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

Address

Dentist Phone Number

Address

Preferred Hospital Phone Number

Address

(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 up children from the program.

1) Name Phone

Address

2) Name Phone

Address

3) Name Phone

Address

Please call 303-871-3908 to add additional individuals to your pick up list.

(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").

* * *

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

Therefore, the individual named below as "Youth Activities Program Participant" agrees, and his or her parent or legal guardian hereby authorizes the Youth Activities Program Participant, to participate in the University of Denver's Youth Activities Program, (activities under the program include, but are not limited to: P.A.S.S. 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 (the "Program") and further acknowledges his or her full understanding and appreciation that there are risks of bodily injury (including permanent disability or death) or property damage associated with participation in the Program. These risks include, but are not limited to, drowning, injuries sustained from falling, accidental collisions with other participants, sport-appropriate contact, overexertion or allergic reactions to any food or beverage served at 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, practices and travel to and from such sponsored activities of the University of Denver Youth Activities Program.

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

By signing this form, the parent or legal guardian of the Youth Activities Program Participant on behalf of himself/herself and the Youth Activities Program Participant, his/her heirs, assigns, legal and personal representative(s), agrees to assume all risks and responsibilities surrounding Youth Activities Program 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 bodily injury (including permanent disability or death) or property damage arising out of or attributable to Youth Activities Program Participant's participation in the Program, unless such bodily injury (including permanent disability or death) or property damage is caused by the negligence of University of Denver, its trustees, employees or agents.

Youth Activities Program Participant, or Youth Activities Program 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 Youth Activities Program Participant's name, likeness, voice and sounds (as "Works") during participation in the Program. Youth Activities Program Participant, or Youth Activities Program 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 Youth Activities Program 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 Youth Activities Program Participant or Youth Activities Program Participant's heirs, assigns, legal and personal representative(s).

Executed this _____ day of _____, 2015.

PRINTED NAME OF YOUTH ACTIVITIES PARTICIPANT (YAP)

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

STEP 4: WEEKLY CAMP & SPORT MAJORS REGISTRATION

WEEK 1: JUNE 1 - 5

- Standard Hours (\$275*)
- Wed.-Fri. Only (\$185)
- Major Selection (Select one):
 - Soccer
 - Tennis
 - JV (Campers 5-7)
- Early Care (\$30)
- Late Care (\$30)

Total Due:

WEEK 2: JUNE 8 - 12

- Standard Hours (\$275*)
- Major Selection (Select one):
 - Basketball
 - Jr. Lifeguarding
 - Martial Arts
 - Soccer
 - JV (Campers 5-7)
- Early Care (\$30)
- Late Care (\$30)

Total Due:

WEEK 3: JUNE 15 - 19

- Standard Hours (\$275*)
- Major Selection (Select one):
 - Basketball
 - Ice Hockey
 - Lacrosse
 - Rugby
 - JV (Campers 5-7)
- Early Care (\$30)
- Late Care (\$30)

Total Due:

WEEK 4: JUNE 22 - 26

- Standard Hours (\$275*)
- Major Selection (Select one):
 - Flag Football
 - Golf
 - Martial Arts
 - Outdoor Adventure
 - JV (Campers 5-7)
- Early Care (\$30)
- Late Care (\$30)

Total Due:

WEEK 5: JUNE 29 - JULY 3

- Standard Hours (\$275*)
- Major Selection (Select one):
 - Basketball
 - Lacrosse
 - Tennis
 - Ultimate Frisbee
 - JV (Campers 5-7)
- Early Care (\$30)
- Late Care (\$30)

Total Due:

WEEK 6: JULY 6 - 10

- Standard Hours (\$275*)
- Major Selection (Select one):
 - Dance/Cheer
 - Golf
 - Martial Arts
 - Outdoor Adventure
 - Tennis
 - JV (Campers 5-7)
- Early Care (\$30)
- Late Care (\$30)

Total Due:

WEEK 7: JULY 13 - 17

- Standard Hours (\$275*)
- Major Selection (Select one):
 - Flag Football
 - Golf
 - Ice Hockey
 - Jr. Lifeguarding
 - JV (Campers 5-7)
- Early Care (\$30)
- Late Care (\$30)

Total Due:

WEEK 8: JULY 20 - 24

- Standard Hours (\$275*)
- Major Selection (Select one):
 - Basketball
 - Dance/Cheer
 - Outdoor Adventure
 - Rugby
 - Volleyball
 - JV (Campers 5-7)
- Early Care (\$30)
- Late Care (\$30)

Total Due:

WEEK 9: JULY 27 - 31

- Standard Hours (\$275*)
- Major Selection (Select one):
 - Flag Football
 - Jr. Lifeguarding
 - Martial Arts
 - Soccer
 - Volleyball
 - JV (Campers 5-7)
- Early Care (\$30)
- Late Care (\$30)

Total Due:

WEEK 10: AUGUST 3 - 7

- Standard Hours (\$275*)
- Major Selection (Select one):
 - Ice Hockey
 - Lacrosse
 - Rugby
 - Soccer
 - Tennis
 - JV (Campers 5-7)
- Early Care (\$30)
- Late Care (\$30)

Total Due:

WEEK 11: AUGUST 10 - 14

- Standard Hours (\$275*)
- Major Selection (Select one):
 - Golf
 - Lacrosse
 - Outdoor Adventure
 - Tennis
 - Ultimate Frisbee
 - JV (Campers 5-7)
- Early Care (\$30)
- Late Care (\$30)

Total Due:

WEEK 12: AUGUST 17 - 21

- Standard Hours (\$275*)
- Major Selection (Select one):
 - Basketball
 - Dance/Cheer
 - Flag Football
 - Soccer
 - JV (Campers 5-7)
- Early Care (\$30)
- Late Care (\$30)

Total Due:

* First 2 weeks of camp are charged at the regular rate of \$275/week. Third and additional weeks are charged at a rate of \$265/week. Second and additional children from the same family receive a weekly rate of \$265/week for all weeks of camp. Lunch and snacks are included with registration. DU Alumni, Students, Faculty & Staff, and Coors Fitness Center members are eligible for a 10% discount (excludes early and late care). Please note your affiliation below to receive your discount.

GRAND TOTAL =

DU AFFILIATION:

STEP 5: PAYMENT INFORMATION

- Pay 100% at time of registration (includes 50% non-refundable deposit).
- Pay 50% non-refundable deposit at time of registration.

Remaining balance will be due by Friday, April 10, 2015. 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 10, 2015. **Balance payment is not automated by P.A.S.S. Camp.**

All registrations received after April 10, 2015 must pay 100% at time of registration.

Method of Payment:

Check # _____ Cash Visa Master Card Discover American Express

Please make all checks payable to
UNIVERSITY OF DENVER P.A.S.S. CAMP

Card Number _____

Expiration Date _____

Name as it Appears on Card _____

Signature _____

I authorize my bank to process registration fees on the charge card indicated above by the University of Denver's Athletics & Recreation. When my credit card company charges my account, such charge constitutes my receipt for payment. Should any charge not be honored by said credit card company, it is understood that the payment is to be made by me in the amount of said payment plus a service charge. I understand that this agreement is an instrument for payment for the purchase. Please note that a credit card cannot be used as a "hold" mechanism.



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 and a 10% refund fee will be charged for all cancellations.
- If full payment is not received by Friday, April 10, 2015, your P.A.S.S. Camp registration will be cancelled and your deposit will not be refunded. Payment balances are not automatically charged on April 10th. Payment options include online, in person, or over the phone.
- Please remember to submit all required medical and acknowledgement of risk forms by May 1, 2015.

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 2015 P.A.S.S. Camp only.