

KID'S NIGHT OUT- Fall 2011
REGISTRATION FORM DUE BY THURSDAY (the day before the selected KNO date)

Camper Info:

Camper Name: _____ Gender: _____ DOB: ___/___/___
(Last) (First)

Nickname: _____ Grade Entering Fall '11: _____

Parent Info:

Parent/ Guardian Name: _____ Home Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Additional Phone #'s: _____ Medical Insurance Co _____ Policy #: _____

Emergency Contact Name: _____ Relation to Camper: _____ Phone #: _____

I hereby allow these people listed to pick up my son or daughter (other than parent name listed above):

MUST HAVE PICTURE ID ON HAND BEFORE SON/DAUGHTER WILL BE CHECKED OUT

Please park in the D7 lot off Driver Drive and escort you child to the MAC during drop off, and park in the D7 lot off Driver Drive and walk to the MAC to pick up your child. We also offer a drop-off system at the end of Driver Drive at the UREC Loading Dock. **As a reminder dinner (pizza) will be provided. Thank you.

PLEASE SELECT DATE (circle one):

Fall 2011 Dates: Sep. 23 Nov. 4 Dec. 9

Enrollment Info:

Each KNO date costs \$20 Session includes the Climbing Wall, Swimming, Arts & Crafts, Games and Pizza party

Method of Payment (please check one): JMU Flex _____ Check _____ (Make payable to JMU University Recreation)

***You can send in form and payment to UREC MSC 3901, James Madison University, Harrisonburg, VA 22807 Attn: Keala Mason Or email them to masonka@jmu.edu. Payment the day of the event is allowed!!

PARENT CONSENT AND HEALTH HISTORY

Consent to Medical Treatment/ Assumption of Risk

In the event of injury or illness of my son/daughter/ward _____ born _____, 19___, I hereby authorize James Madison University, or representatives thereof, to admit the above named individual to a facility for emergency medical treatment as may be deemed necessary to his or her health welfare. The undersigned hereby consents to whatever medical treatment is deemed necessary. The undersigned on his or her behalf of the individual named above, their heirs, assigns and personal representatives, hereby release James Madison University, its trustees, officers, faculty, and employees from any and all claims arising out of the admission to, or treatment administered by, such facility. The undersigned hereby acknowledges and agrees that participation in the camp and related activities carries with it an inherent risk of physical injury. In consideration of the registrant's participation in the camp, the undersigned, on behalf of the registrant, hereby assumes all such risks of physical injury and does hereby release and forever discharge James Madison University, its trustees, employees and agents from any and all liability, claim or loss arising from bodily injuries or damage to personal property resulting from the registrant's involvement and participation in the camp.

PARTICIPANTS HEALTH STATEMENT

Please complete the following as thoroughly as possible. The information will be used only by the program leaders and any emergency medical personnel. All material is confidential.

1. Please list any disabilities or conditions (heart conditions, diabetes, seizures, etc) that the camper has that might affect his or her participation in any camp activity. Please include any recent (last six months), major illnesses, operations, or broken bones. _____
2. Please list any allergies that your camper might have, including bee stings, **food**, or medication/drugs. _____
3. Last date of immunization (tetanus, booster, etc)? _____
4. List any medications being taken. _____

JMU staff members and volunteers will not distribute any medication to children.

(Parent/Guardian Signature)

(Date)

The above signed acknowledges that he/she is the legal guardian of the camp registrant and has read and agrees with all of the information provided on this registration form. Also, that the information provided above is filled out to the best of his/her knowledge.