



# Summer Youth Program Information Card

CHILD'S LEGAL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_  
HAIR COLOR \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

### PARENT/GUARDIAN NAMES: *Please list both*

**Parent/Guardian #1 (First & Last Name):** \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Parent/Guardian #2 (First & Last Name):** \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### EMERGENCY CONTACTS: *Other than Parents/Guardians*

**Emergency Contact #1 (First & Last Name):** \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Emergency Contact #2 (First & Last Name):** \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### AUTHORIZED PICK-UPS

*Individuals must be 18 years of age and present photo ID at time of check-out.  
If area is left blank, only parent/guardians listed above will be authorized to check out the camper.*

#### AUTHORIZED PERSONS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

#### UNAUTHORIZED PERSONS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

*I confirm that the persons listed above are authorized to pick up my child from Summer Camp at Northern Arizona University, and that the unauthorized persons are fully aware that they are not authorized to pick up my child from Summer Camp.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### MEDICAL HISTORY

#### List all medications your child takes regularly.

Medication(s): \_\_\_\_\_  
Frequency Taken: \_\_\_\_\_  
Reason(s): \_\_\_\_\_

#### List all known allergies your child may have.

Known Allergies: \_\_\_\_\_  
Reaction(s): \_\_\_\_\_

*List any significant chronic medical problems your child may have. (e.g. Diabetes, Epilepsy, Seizures)*

*If your child wears a Medical Alert bracelet, please explain below.*

*Is there any other health-related situation you would like us to be aware of? Please describe below.*

### CONSENT FOR CARE

*I acknowledge and fully understand that I will be allowing my child to participate in activities that may or may not involve risk of serious injury, permanent disability, property damage, and/or death. These risks may result not only from their own actions, inaction's or negligence, but also from the actions, non-actions or negligence of others. Further, there may be other risks not known to me, or not reasonably foreseeable, such as disability or death.*

*I hereby give my consent to the Campus Recreation Summer Camp, to the Flagstaff Medical Center or NAU Health Services for the purpose of administering medical treatment or minor surgery that they may deem necessary for the health and welfare of my child. It is also understood that no major surgery will be performed on my child without further specific consent, except in those cases of extreme urgency when the delay of such treatment or the delay of obtaining such consent would constitute a serious risk of life to my child.*

*I acknowledge that I have read the above statement, understanding that I have given up substantial rights by signing it and I am signing voluntarily.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARTICIPANT CODE OF CONDUCT**

*We ask that the parent/guardian review and discuss the Code of Conduct with their child participating in Summer Youth Programs. Please initial below each expectation. Your initials indicate you have read and discussed this section with your child, and that you and your child agree to the expectations below.*

**Initials:**

\_\_\_\_\_ Every participant in the program is expected to exercise respect. This includes, but is not limited to: themselves, other children, Campus Recreation Staff, all people and property of the university, and other persons or places of business.

\_\_\_\_\_ Every participant must be toilet trained prior to their first day of camp. Campers who have bathroom accidents will be unable to remain at camp for the day and will need to be picked up.

\_\_\_\_\_ Every participant in the program is expected to know and understand the rules associated with their specific group and the policies of the Summer Camp and follow them.

\_\_\_\_\_ Every participant in the program is expected to cooperate with program activities and operations.

\_\_\_\_\_ Every participant in the program is expected to communicate in an appropriate manner. Harsh verbal words, tone of voice, foul language or gestures will not be tolerated, and may result in suspension or expulsion from the program.

\_\_\_\_\_ Every participant in the program is expected to express civil conduct. If physical contact is made with another person, it must be a welcome gesture and appropriate. Horseplay, unwelcome teasing, pushing, kicking, hitting or fighting, will not be tolerated and may result in suspension or expulsion from the program.

\_\_\_\_\_ Every participant in the program is expected to exercise an attitude that elicits goodwill towards others and program activities, as well as expected to be an active listener which includes following directions given by all SYP staff.

**ACKNOWLEDGEMENT OF MISBEHAVIOR**

*I acknowledge that camp staff is not able to accommodate one-on-one supervision without sacrificing the safety and supervision of other campers in a group. I understand that camp staff will do their best to quickly resolve any conflicts and keep all campers involved in activities, and that if misbehavior occurs I may be notified to pick my child up immediately, and could result in suspension or expulsion from the program.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RELEASE OF INFORMATION**

*Please check appropriate boxes*

**FIELD TRIP CONSENT**

I give my consent for my child to participate in all field trips both on and off campus that will take place this summer. I understand that a reminder notice will be sent via e-mail before the actual day of the field trip to notify me of the field trip and any pertinent information regarding that trip. IF I DO NOT CONSENT FOR MY CHILD TO PARTICIPATE IN A FIELD TRIP, I WILL KEEP THEM AT HOME THAT DAY.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHOTO RELEASE**

Campus Recreation occasionally takes photos of children in the Summer Youth Programs to use in promotional materials or parent newsletters. If you have no objections to your child being featured in these photos, please check the box and sign the photo release below.

*I hereby grant permission for my child's photograph in part or in whole to be used by Northern Arizona University with all rights for use assigned to NAU Campus Recreation. I understand that I will not receive any compensation, now or in the future, for the use of said photograph(s).*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENTAL CONSENT FOR PARTICIPATION & ACCEPTANCE OF POLICIES/PROCEDURES**

I give permission for my child to participate in the NAU Campus Recreation Summer Youth Programs, which includes Mountain Jacks Kids Camp and Explorers Camp as described in accompanying materials.

I have received and read the programs policies and procedures in addition to the guidelines and Code of Conduct listed above. I understand and agree to abide by said policies and guidelines and further understand that Northern Arizona University and Campus Recreation reserves the right to discontinue my child's participation in the program for failure to adhere to the programs policies and procedures.

I assume all the foregoing risks and accept personal responsibility for any damages following any such injury, permanent disability, property damage or death of my child. I acknowledge that Campus Recreation, Northern Arizona University, the State of Arizona, the Governor, the Board of Regents, or anyone connected with Campus Recreation may not be held liable in any way for any occurrence in connection with the Summer Youth Programs which may result in injury, death, or other damages to me or my family, heirs or legal representatives.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

