

# Spring Break Camp

## REGISTRATION, EMERGENCY INFORMATION & EMERGENCY TREATMENT CONSENT FORM

A separate form must be completed for each child



### I. Information

Child's Name (First/Last/MI) \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Child's Address \_\_\_\_\_  Male  Female  Non-Binary

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### II. Family Information

Parent/Guardian (First/Last/) \_\_\_\_\_ Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian (First/Last/) \_\_\_\_\_ Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

### III. Camp Choices

	Tier 1	Tier 3	Tier 5	Transportation sold separately
Full Week Camp Fees:	\$295	\$395	\$455	\$85 - Full Week Camp
One Day Camp Fees:	\$60	\$95	\$115	\$20 - One Day Camp

March 25-29, 2019  Bruins by the Sea (5-7 years)  Bruins On Water (8-10 years)  Sailing (11-15 years)  Transportation/Ex Care

April 1, 2019  One Day Camp (5-15 years)  Transportation/Ex Care

April 15-19, 2019  Bruins by the Sea (5-7 years)  Bruins On Water (8-10 years)  Sailing (11-15 years)  Transportation/Ex Care

## IMPORTANT! PLEASE READ AND SIGN BELOW IN ALL 3 AREAS MARKED WITH AN X

Informed Consent for Emergency Treatment: In the case of an emergency and if I can not be reached, I authorize the staff of UCLA Recreation to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees.

I am the Parent/Guardian of the minor \_\_\_\_\_, and I am signing on behalf of said minor.

Print Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian **X** \_\_\_\_\_ Date \_\_\_\_\_

### PICK UP AUTHORIZATION (Parents must list themselves in addition to any other authorized individual)

Parent/Guardian Authorization Signature **X** \_\_\_\_\_

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

I give my consent (and/or consent on behalf of, and as legal guardian for a minor child) to the use of any photographs or video taken of the minor child by UCLA Staff, or their representatives, to be used for editorial and/or promotional uses only.

I am the parent or legal guardian of the minor \_\_\_\_\_, and I am signing on behalf of said minor.

Print Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian **X** \_\_\_\_\_

Date \_\_\_\_\_

### Office Use Only

Sales & Cashiering: Initials \_\_\_\_\_ Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check # \_\_\_\_\_  Cash  Visa  MasterCard  Discover  Amex

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ exp. \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



UNIVERSITY OF CALIFORNIA,

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In return for being permitted to participate in the following activity or program (“The Activity”), including any associated use of the premises, facilities, staff, equipment, transportation, and services of the University, I, for myself, heirs, personal representatives, and assigns, **do hereby release, waive, discharge, and promise not to sue** The Regents of the University of California, its directors, officers, employees, and agents (“The University”), from liability **from any and all claims, including the negligence of The University**, resulting in personal injury (including death), accidents or illnesses, and property loss, in connection with my participation in the Activity and any use of University premises and facilities.

**Description of Activity or Program:**

**Date(s):**

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as eye injury, joint or bone injuries, heart attacks, and concussions, to 3) catastrophic injuries such as paralysis and death.

**Indemnification and Hold Harmless:** I also agree to indemnify and hold The University harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, arising out of my involvement in The Activity, and to reimburse it for any such expenses incurred.

**Severability:** I further agree that this Waiver of Liability, Assumption of Risk, and Indemnity Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid the remaining portions will continue to have full legal force and effect.

**Governing Law and Jurisdiction:** This Agreement shall be governed by the laws of the State of California, and any disputes arising out of or in connection with this Agreement shall be under the exclusive jurisdiction of the Courts of the State of California.

**Acknowledgment of Understanding:** I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I confirm that I am signing the agreement freely and voluntarily, and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Participant Name (print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

I, the parent/legal guardian of the Participant, hereby agree to the above on behalf of the Participant.

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date