



WTAMU and the City of Canyon

Camp Tatanka Summer Camp Registration Form

Camper & Parent's Information		
Child's First Name	Last Name	
Grade Fall 2019: _____	Age (on 1 st day of camp): _____	Birth Date: ____/____/____ <input type="checkbox"/> M / <input type="checkbox"/> F
<input type="checkbox"/> Group 1 (Ages 7 & 8 on 1 st day of camp)		<input type="checkbox"/> Group 2 (Ages 9, 10, & 11 on 1 st day of camp)
Child's T-shirt Size: <input type="checkbox"/> S/ <input type="checkbox"/> M / <input type="checkbox"/> L (Youth size) Other: _____		
Parent/Guardian (1) First Name	Last Name	
Address	City	Zip
Daytime contact No.	Cell Phone No.	
Email address:		
Parent/Guardian (2) First Name	Last Name	
Address	City	Zip
Daytime contact No.	Cell Phone No.	
Email address:		
All Day Camp Session (\$175 pp per session)		
Please select the camp session or sessions you wish to attend:		
<input type="checkbox"/> Session #1 June 10 – 14 <i>Theme: Basket Ball</i>	<input type="checkbox"/> Session #4 July 8 -12 <i>Theme: DIY Art</i>	
<input type="checkbox"/> Session #2 June 17 – 21 <i>Theme: Outdoor Rec</i>	<input type="checkbox"/> Session #5 July 15-19 <i>Theme: Nature Survival</i>	
<input type="checkbox"/> Session #3 June 24 – 28 <i>Theme: Science</i>	<input type="checkbox"/> Session #6 July 22-26 <i>Theme: Obstacle Courses</i>	
Emergency contact (Please list 2 people)		
First Contact:		
Relationship:	Cell Phone No.	
Email address:		
Second Contact:		
Relationship:	Cell Phone No.	
Email address:		
Child's Health Information		
Does the child have any Allergies? <input type="checkbox"/> N/A <input type="checkbox"/> YES (If yes, please fill in Medical Information Form & Food Allergy and anaphylaxis Emergency Care Plan on PGS 6, 7, & 8)		
Is your child currently taking medication? <input type="checkbox"/> N/A <input type="checkbox"/> YES (If yes, please fill in Camper Medication form.)		
This is a very active camp. Are there limitations to activities? <input type="checkbox"/> N/A <input type="checkbox"/> YES (If yes, please give us details)		

General Information and Camp Rules

1. Parents must escort their children into the Activities Center each morning and come into the center when they pick up their children. Pick up and drop off is at the *back entrance* to the Activities Center. This entrance is for *camp use only!*
2. It is very important that your child be picked up on time. The WTAMU Camp Tatanka program ends at 4:00 p.m. Monday through Friday. There will be a late charge of \$25.00 for any child picked up after 4:30 p.m. This fee is due on the date of occurrence. Late occurrences are limited to one per week. Any further late occurrences may result in removal of the camper for the remainder of camp.
3. Only parents whose name are listed on the Registration Form will be allowed to pick up their children unless they have provided written permission to release them to others listed on the form on Page 5 of this document. There will be no exceptions.
4. Individuals picking up campers may be required to show identification before the child will be released.
5. Please see that your child has breakfast before coming to the center. We do not serve breakfast and campers may not bring it with them. Lunch will be provided. No snacks will be provided. Campers may bring snacks from home.
6. Parents will be called to pick up children who become ill. Children absent due to contagious illness must have a doctor's release before returning to the day camp program.
7. Discipline and guidance are based on individual needs and development and the day camp staff will promote self-discipline and acceptable self-behavior. Should the staff determine that my child cannot adjust to camp rules, I understand that my child will be withdrawn and this agreement terminated.
8. Active participation is expected. Should the staff determine that my child cannot keep up with the activities, I understand that my child will be withdrawn and this agreement terminated.
9. Scheduled activities begin at 8 a.m. Camp staff requires a 24 hour advanced notice in writing if your child will not be able to attend camp for the day or to be picked up early from camp.
10. CANCELLATION POLICY: A \$10 handling fee will be applied to all cancellations. Ten (10) days from the first day of camp, the cancellation fee will be 100% of the camp fee minus the handling fee. Cancellations within 5 days of the start of camp will be 50% of the camp fee minus the handling fee. Cancellations less than 5 days of the start of camp WILL LOSE THEIR full registration fee. All cancellations MUST CONTACT the Camp Director IN WRITING.

Signature of Parent/Guardian

Date

Method of Payment
Payee's Name:
Address:
Email address:
Camper's Name:

Office Use Only

Please check all the form are completed. (check box)

- Registration Form Waivers Parent Permission & Medical Release Form
- Medical Information Form (If child has **ANY** Allergy.)
- Food Allergy & anaphylactic Emergency Care Plan Form (If child has ANY Allergy.)

Registration	Payment	Balance Due
<input type="checkbox"/> Session #1 June 10 – June 14	<input type="checkbox"/> Full payment	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash/Money Order <input type="checkbox"/> Credit Card
<input type="checkbox"/> Session #2 June 17 – June 21	<input type="checkbox"/> Full payment	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash/Money Order <input type="checkbox"/> Credit Card
<input type="checkbox"/> Session #3 June 24 – June 28	<input type="checkbox"/> Full payment	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash/Money Order <input type="checkbox"/> Credit Card
<input type="checkbox"/> Session #4 July 8 – July 12	<input type="checkbox"/> Full payment	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash/Money Order <input type="checkbox"/> Credit Card
<input type="checkbox"/> Session #5 July 15 – July 19	<input type="checkbox"/> Full payment	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash/Money Order <input type="checkbox"/> Credit Card
<input type="checkbox"/> Session #6 July 22 – July 26	<input type="checkbox"/> Full payment	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash/Money Order <input type="checkbox"/> Credit Card

Received & Confirmed Date

West Texas A&M University
CONSENT, WAIVER, RELEASE, HOLD HARMLESS
AND INDEMNIFICATION AGREEMENT FOR MINOR

STATE OF TEXAS

KNOW ALL MEN BY THESE PRESENTS:
COUNTY OF RANDALL

I, the undersigned parent and/or legal guardian of _____, will allow my child to participate in the activities of WTAMU and/or Camp Tatanka, including but not limited to on campus events and scheduled off campus events. I do hereby release and discharge WTAMU, Camp Tatanka, its representatives, agents, servants, volunteers, and employees from any and all damages on account of any injuries or illnesses sustained to or by my child while engaged in such activity of WTAMU and/or Camp Tatanka. Additionally, I consent for my child to engage in any other and further activities sponsored by WTAMU and/or Camp Tatanka whenever and where ever they may occur whether related or not to the activity enumerated hereinabove. I understand the risk of injury may be similar to sport types of injuries like heat exhaustion, falls pedestrian accidents or even death.

This agreement shall constitute a bar to any recovery by the undersigned individually or brought for and on behalf of the child, and said agreement may be urged and used by WTAMU and/or Camp Tatanka as a bar to any recovery by the undersigned or by the child in any suit or claim instituted on account of any injury or illness sustained by my child while engaged in the activities of WTAMU and/or Camp Tatanka.

HOLD HARMLESS AND INDEMNIFICATION

I, the undersigned, release and discharge WTAMU and/or Camp Tatanka, its representatives, agents, servants, volunteers, and employees from any and all liability from any and all claims for damages from any accident or illness sustained to or by my child while engaged in the activities of WTAMU and/or Camp Tatanka. I agree to hold harmless and indemnify WTAMU and/or Camp Tatanka, its representatives, agents, servants, volunteers, and employees against any loss, damages, or cost of whatsoever nature including expenditure of attorney's fees which may be suffered as a result of any action, claim, or demand by my child's heirs, by me, my heirs, successors, or assigns, or by any other person on his/her own behalf or for the benefit of the child. I also agree to reimburse WTAMU and/or Camp Tatanka, its representatives, agents, servants, volunteers, and employees for any and all expenses incurred from the return transportation of my child for disciplinary reasons.

This Consent, Waiver, Release, Hold Harmless and Indemnification Agreement shall be binding upon my heirs, successors, and assigns and upon the heirs, successors, and assigns of my child who was born on the _____ day _____, 20____.

EXECUTED this _____ day _____, 20____.

By signing this Agreement, I acknowledge that I have read and understand this document and do hereby agree to its terms and conditions.

Signature _____ Relationship to child _____ Date _____

Print Name: _____

DEPARTURE RELEASE FORM

WTAMU Camp Tatanka – Summer Day Camp

Child's Name _____

The above named child has my permission to leave Summer Day Camp on (date) _____

With (name of person picking up my child) _____

CUSTODY CONSIDERATIONS

My child/children may **NOT AT ANY TIME** be picked up by _____

REASON: _____



WTAMU and the City of Canyon

Medical Information Form

SECTION 1- Required

Medical Information

Participant's full legal name:	
Birth date:	
Parent/Guardian phone (home):	(work):
Parent/Guardian phone (cell):	
Mailing address:	
Primary care physician's name:	
Physician's phone:	
Physician's address:	

INFORMATION NEEDED ABOUT PARTICIPANT (Required):

YES	NO	If yes, please list / explain below. Attach additional sheets if needed.
		Does the participant have any chronic health problem or illness?
		Does he or she have any acute illness now?
		Has the participant been treated recently for some medical problem?
		Is the participant taking any medications for treatment of a medical problem? (Please complete the attached form)
		Does the participant have any allergies to medication or local anesthetics?
		Does he or she have any allergies? Please, list below.

Date of child's last tetanus shot: _____

SECTION 2- Required

Official Medical Treatment Authorization

I recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that volunteers or staff overseeing the program may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Parent / Guardian Signature: _____ **Date:** _____

HEALTH INSURANCE INFORMATION: Please send a copy of your insurance identification card (front & Back) along with registration packet

Medical Insurance company name: _____

Policy number (please identify): _____ Group number: _____

Policy holder's name and relationship to participant: _____

Policy holder's address: _____

Phone number: () _____

If you have HMO insurance, please list emergency treatment authorization phone number:

() _____

Employer's name and address: _____

Camper Medication Information

Name of Camper (as Shown on Prescription Container):

Name of Medication and Dosage Information:

Note: All prescription medication must be in their original container with names and dosage clearly marked on the container. If current prescription is different from the container, then a doctor's note must accompany the medication when it is turned into the camp staff.

PLEASE FILL OUT THE FORM BELOW

Medication	Dosage	Time	Special Instructions