Risk and Consent Form 2009 Summer Day Camp
University of Washington Educational Outreach
www.summeryouth.washington.edu

This Risk and Consent form must be submitted **by May 22, 2009** – four weeks prior to the start of the Summer Day Program on June 22, 2009. **If this form is not received or not completed by this deadline**, **your child may be ineligible to participate**.

Student Name: _____ Home Phone _____

Grade _____ Date of Birth _____ Age _____ Gender _____

Please indicate the # of summers your child has previously attended: _____

Parent/Guardian Name:_____ Day Phone: _____

Parent/Guardian Name:_____ Day Phone: _____

Please include any alternate phone numbers that may be helpful -- such as cell phone #s. _____

Address: _____

Attending:	**Summer Day Camp**	**Summer Day Camp At The Arboretum**
Please	☐ Session A: June 22 - July 10	☐ Session A: June 22 – 26 (1st-3rd grade)
check the	☐ Session B: July 13 – July 31	☐ Session B: July 6 – 10 (1st-3rd grade)
session(s)	☐ Session C: Aug 3 – Aug 14	☐ Session C: July 13 – 17 (3rd -5th grade)

SUMMER DAY T-SHIRTS! Each child receives one t-shirt in their first Camp session regardless of the number of sessions enrolled (in either Summer Day or Summer Day at the Arboretum). We can not guarantee t-shirt size if the form is not turned in **by May 22**. Please check a box below (these are "Youth" sizes).

☐ S ☐ M ☐ L ☐ XL

ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT: I acknowledge that there are risks inherent in any children's program, including but not limited to injury or death arising from: participation in sports; child's failure to follow instructions of supervisors; communicable illness; and independent acts of third parties not under the control of supervisors. I acknowledge that all risks cannot be prevented, and assume those beyond the control of the University staff. In order to minimize risks to my child or other participants, I will take responsibility to see that my child is prepared for all activities and is in good health each day of the session.

In case of medical emergency, I understand that every reasonable attempt will be made to contact me, my family physician, or the emergency contact named below. However, in the event that I or my named contacts cannot be reached, I give my permission to the adults in charge of the 2009 Summer Youth Programs to secure emergency medical treatment for my child. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance. This acknowledgment applies to the session indicated above and any additional sessions of the 2009 Summer Youth Programs for which I may register my child.

Emergency Contact (other than parent/guardian)_____ Phone: _____

Health Insurance Co. & Policy No. _____ Phone: _____

Family Physician _____ Phone: _____

Media Release: I give permission for my child to be photographed, filmed, interviewed, and have work samples published in print and/or on the Internet. ☐ Yes ☐ No

_____

Parent/Guardian Name (Please Print) *Parent/Guardian Signature (required* *Date*

Student Pledge: I agree to work enthusiastically to the full extent of my ability and to treat staff members and other participants and guests with respect.

Student Signature (required): _____

This form must be completed and on file before a child can participate in the UW Summer Day Program.