



ODU BIG BLUE SUMMER CAMP 2013

Registration Form

(Please complete one form per camper)



Child's Name: _____ DOB _____ Age by 6/17/13 _____ Grade by 9/13 _____
Address _____ School Child Attends _____
City _____ State _____ Zip _____
Sex : (circle) M F T Shirt Size: (circle) CS CM CL AS AM AL (cannot guarantee size after 5/1/2013)
ODU Student/F/S SRC Member: (circle) YES NO

Parent One: Last Name _____ First Name _____
Address _____ City _____ State _____ Zip _____
Daytime Phone _____ Home Phone _____
Cell Phone _____ E-Mail _____

Parent Two: Last Name _____ First Name _____
Address _____ City _____ State _____ Zip _____
Daytime Phone _____ Home Phone _____
Cell Phone _____ E-Mail _____

Child resides with: (circle) Mother Father Both

EMERGENCY CONTACT 1: Last Name _____ First Name _____
Address _____ City _____ State _____ Zip _____
Daytime Phone _____ Home Phone _____
Cell Phone _____ E-Mail _____

EMERGENCY CONTACT 2: Last Name _____ First Name _____
Address _____ City _____ State _____ Zip _____
Daytime Phone _____ Home Phone _____
Cell Phone _____ E-Mail _____

DOCTOR'S NAME: _____ Phone: _____

All other person's authorized to pick up your child from camp:

Name: _____ Relationship _____
Name: _____ Relationship _____
Name: _____ Relationship _____
Name: _____ Relationship _____

Please indicate if your child has SPECIAL NEEDS: (circle) NO YES (please describe your child's SPECIAL NEED:)

Photography Policy: ODU Camp Big Blue may use any photo, slide, or quote for publicity/marketing purposes. Please initial _____
Transportation Policy: I give permission for my child, age 6 or older, to ride a bus to and from camp sponsored field trips. Please initial _____
I would like my child to participate in the following activities: (Please initial next to each activity)
Swimming _____ Rock Wall Activities _____ Kayaking _____ Canoeing _____

Liability Waiver: I understand that participating in summer camp activities is potentially hazardous, and that I should not register my child unless he/she is medically able. I assume all risks (known and unknown), even if arising from the negligence of the Releasees (as hereafter defined) or others, and assume full responsibility for my child's participation. Risks associated with summer camp include, but are not limited to, falls, contact with other participants, and the effects of weather (including heat, cold or humidity). This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in the Big Blue Summer Camp, to the fullest extent permitted by law. The laws of the Commonwealth of Virginia shall govern the validity, construction and enforcement of this Agreement.

Signature _____ Date _____

ODU BIG BLUE SUMMER CAMP 2013 REGISTRATION FORM

(Please indicate what weeks your child will attend)

Child's Name: _____ Child's Age by 6/17/2013 _____ Child's Grade by 9/2013 _____

Please check: ODU Student/F/S SRC Member F/S NON SRC Member/ODU Alumni Faculty/Staff/Alumni NON SRC Members Community

| Week | Camp | Will Attend (Please check) | | SRC Member Fee (child 1/multi-child rate) | Faculty/Staff/Alumni NON SRC Members (child 1/multi-child rate) | Community (child 1/multi-child rate) |
|--|--|----------------------------|---------------------------------|--|---|--|
| | | Normal Day 9 am-4 pm | Extended Day 7:30 pm-5:30 pm | | | |
| Week 1: June 17-21 1036 | Outdoor Adventure Camp (optional camp out for 8-12 year old campers) | | | Normal Day \$150/\$135 Extended Day \$180/\$162 Optional Camp-out: \$10 | \$175/\$157.50 \$205/\$184.50 Optional Camp-out: \$10 | \$200/\$180 \$230/207 Optional Camp-out: \$10 |
| Week 2: June 24-28 1038 | Space Camp (includes field trip) | | | Normal Day \$165/\$148.50 Extended Day \$195/\$175.50 | \$190/\$171 \$220/\$180 | \$215/\$193.50 \$245/220.50 |
| Week 3: July 1-5 (no camp July 4th) 1039 | Wacky Camp | | | Normal Day \$120/\$108 Extended Day \$144/\$129.60 | \$140/\$126 \$164/\$147.60 | \$160/\$144 \$184/\$165.60 |
| Week 4: July 8-12 1040 | Wet 'N Wild Camp (includes field trip) | | | Normal Day \$165/\$148.50 Extended Day \$195/\$175.50 | \$190/\$171 \$220/\$180 | \$215/\$193.50 \$245/220.50 |
| Week 5: July 15-19 1037 | Outdoor Adventure Camp (optional camp out for 8-12 year old campers) | | | Normal Day \$150/\$135 Extended Day \$180/\$162 Optional Camp-out: \$10 | \$175/\$157.50 \$205/\$184.50 Optional Camp-out: \$10 | \$200/\$180 \$230/207 Optional Camp-out: \$10 |
| Week 6: July 22-26 1044 | Sports Camp (includes field trip) | | | Normal Day \$165/\$148.50 Extended Day \$195/\$175.50 | \$190/\$171 \$220/\$180 | \$215/\$193.50 \$245/220.50 |
| Week 7: July 29-August 2 1042 | Super Hero Camp | | | Normal Day \$150/\$135 Extended Day \$180/\$162 | \$175/\$157.50 \$205/\$184.50 | \$200/\$180 \$230/207 |
| Week 8: August 5-9 1043 | Time Travel Camp | | | Normal Day \$150/\$135 Extended Day \$180/\$162 | \$175/\$157.50 \$205/\$184.50 | \$200/\$180 \$230/207 |
| Week 9: August 12-16 1041 | Safari Week (includes field trip) | | | Normal Day \$165/\$148.50 Extended Day \$195/\$175.50 | \$190/\$171 \$220/\$180 | \$215/\$193.50 \$245/220.50 |

1. Non-Refundable Deposit: \$25 per week registered = _____ (Does not apply if registration fee is paid in full at time of registration)
2. Non-Refundable Admission Fee: \$25 one time, waived for all registrations made on or before to April 15, 2013
3. Please return this form and the non-refundable deposit of \$25 per week your child is attending. Please include a copy of child's birth certificate or passport. (Birth certificate not needed for re-turning campers)
4. CampDoc @ will contact you via email regarding secured submission of Health History and Health Exam forms for each registered camper.

Parent Signature: _____

METHOD OF PAYMENT Amount of Payment: _____

Cash Check Check Number _____

Charge Card (Visa or MasterCard only)

Account Number: _____

Expiration Date: _____

Signature of Cardholder: _____