

“Miracles”  
Bull Run Unitarian Universalists  
Summer Camp 2020 Registration

Dates of Camp: August 3-7, 2020

Camp drop off: 9:15-9:30 am Camp Pick up: 3:00 pm

Early Drop off available 8:00 am – 9:00 am; Late Pick up available 3:00 – 6:00 pm

Camp Only Fee: \$125 per child; \$110 per additional child; scholarships are available upon request

Early Drop Off/Late Pick Up Fee: \$5.00 per hour/per child. You must indicate that you intend to utilize early drop off when registering. \$10 deposit per child. Charges will be determined by actual time used, and due on the final day of camp.

Family: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Child 1: \_\_\_\_\_ \$125 expected early/late care? Y \$10

Child 2: \_\_\_\_\_ \$110 expected early/late care? Y \$10

Child 3: \_\_\_\_\_ \$110 expected early/late care? Y \$10

Child 4: \_\_\_\_\_ \$110 expected early/late care? Y \$10

Please copy these pages if you are registering more than 4 children/youth.

Fee due upon registration = \$125 per first child + \$110 each additional child + \$10 per child reserving a spot in early drop off or late pick up. TOTAL ENCLOSED = \$ \_\_\_\_\_

Child 1: \_\_\_\_\_ Age: \_\_\_\_\_

Health Care Information:

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Parent Insurance Co \_\_\_\_\_

Policy No. \_\_\_\_\_

Group ID# \_\_\_\_\_

My child currently takes the following medications:

\_\_\_\_\_

My child may NOT take the following over the counter medications:

\_\_\_\_\_

Are there any medical/health issues organizers should be aware of?

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Child 2: \_\_\_\_\_ Age: \_\_\_\_\_

Health Care Information:

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Parent Insurance Co \_\_\_\_\_

Policy No. \_\_\_\_\_

Group ID# \_\_\_\_\_

My child currently takes the following medications:

\_\_\_\_\_

My child may NOT take the following over the counter medications:

\_\_\_\_\_

Are there any medical/health issues organizers should be aware of?

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Child 3: \_\_\_\_\_ Age: \_\_\_\_\_

Health Care Information:

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Parent Insurance Co \_\_\_\_\_

Policy No. \_\_\_\_\_

Group ID# \_\_\_\_\_

My child currently takes the following medications:

\_\_\_\_\_

My child may NOT take the following over the counter medications:

\_\_\_\_\_

Are there any medical/health issues organizers should be aware of?

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Child 4: \_\_\_\_\_ Age: \_\_\_\_\_

Health Care Information:

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Parent Insurance Co \_\_\_\_\_

Policy No. \_\_\_\_\_

Group ID# \_\_\_\_\_

My child currently takes the following medications:

\_\_\_\_\_

My child may NOT take the following over the counter medications:

\_\_\_\_\_

Are there any medical/health issues organizers should be aware of?

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**Authorization for Medical Treatment:** I hereby give permission to BRUU staff and/or designated adult supervisor of the Event to provide basic first aid treatment and care to my child within the scope of their training. I also give permission to the medical personnel selected by BRUU and/or designated adult supervisor to release records necessary for insurance purposes; give permission for x-rays, routine tests, and treatment; and to provide or arrange any necessary related transportation for my child. In the event that I cannot be reached during Event, I give permission to the physician selected by the BRUU staff and/or designated adult to secure and administer treatment, including but not limited to hospitalization, anesthesia, emergency surgical care and prescriptive drugs for the health of my child.

**Reporting:** Adults are expected to identify and report suspicion of use or possession of illegal substances, harassment, abuse, and sexual or other misconduct, and will not engage in such behaviors themselves. In addition to their reporting obligations to BRUU, staff and adults involved in youth activities are mandated reporters of suspected abuse or neglect as specified by applicable state law.

**Waiver/Release Agreement:** I, the undersigned, as a parent/legal guardian of the above name child, in consideration of the services of BRUU, its officers, employees, agents and volunteers, agree to release, indemnify, and discharge these on my behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that my child's participation in THE EVENT entails known and unknown risks that could result in physical or emotional injury to my child or third parties.
2. My child's participation in The Event is voluntary, and I allow her/him to participate in spite of the risks.
3. I certify that I have adequate insurance to cover any injury or damages my child may cause or suffer while participating in the Event, or else I agree to bear the cost of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition my child may have.

Parent/Guardian Name (printed): \_\_\_\_\_

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