

Welcome to Summer Camps 2013



HOW TO REGISTER

STEP 1

All families must be directly affiliated with UCLA in order to enroll in any of the UCLA Recreation youth programs. Attaining affiliation is simple and can be achieved in one of the following ways:

- The parent or guardian is either a current UCLA student, staff, faculty, ASUCLA staff or support group member (i.e. Blue and Gold, Chancellor's Circle, Chancellor's Associates).
- The child will be attending the UCLA Lab School in Fall 2013.
- The parent or guardian is a UCLA Alumni Association member. Alumni Association membership is separate from UCLA Recreation membership. You do not have to be an alumnus of UCLA to join the UCLA Alumni Association.

To join the UCLA Alumni Association or verify your membership status, call (310) 825-2586 or visit www.alumni.ucla.edu. Print out your Alumni membership confirmation page as proof of affiliation and bring it with you or send it in with your registration materials.

Fees are categorized in a 5-tiered payment system:

- TIER 1** Current UCLA Students
- TIER 2** UCLA Faculty & Staff with Rec Card
- TIER 3** UCLA Faculty & Staff
- TIER 4** Other Affiliates with Rec Card
- TIER 5** Other Affiliates

STEP 2

Register online at www.recreation.ucla.edu/campregistration or fill out all attached forms. Please print legibly so our staff can enroll your camper accurately. *If paying by payroll deduction or applying for a scholarship, family must register in person or by mail.*

If purchasing swim lessons only, please fill out the Youth Swimming Lessons Enrollment Form, Youth Swim Lessons Registration Forms and Waiver of Liability. One set of forms per camper.

STEP 3

Submit your forms. All forms are required at the time of registration except the Immunization Record. At minimum, Immunization Records must be submitted to the Sales and Service Cashiering office 5 business days prior to your child's 1st day of camp or they will not be able to attend.

Mail (no cash please)

UCLA Recreation Sales & Service
Youth Summer Camps
2131 John Wooden Center
Box 951612
Los Angeles, CA 90095-1612

In Person

UCLA Recreation
John Wooden Center (1st floor)
Sales & Service Cashiering Office
Monday: 8:30am–6:00pm
Tuesday: 8:30am–7:00pm
Wednesday: 8:30am–6:00pm
Thursday: 7:30am–6:00pm
Friday: 8:30am–5:00pm

Please call us or check online for selected Saturday and extended hours.

STEP 4

Pay for camp. All camp fees must be paid in full at registration by cash, check or Visa, MasterCard, American Express or Discover credit cards. UCLA faculty and staff may also pay via payroll deduction if they purchase summer youth camps prior to April 1. For more information on payroll deduction, please contact the UCLA Recreation Sales & Service Cashiering office at (310) 206-8373.

STEP 5

Camp scholarships (if applicable). Camper Registration Forms must be submitted along with Camper Scholarship Application. Submit by March 31 to ensure consideration. Find our scholarship application online or pick one up at the Sales & Service Cashiering office.

STEP 6

Parent Guides and Parking Passes will be emailed and available online May 1. If you registered by mail, you will receive your receipt in the mail within three weeks.

POLICIES

Registration for camp sessions and swim lessons must be received by 6pm Thursday before the session begins.

PLEASE NOTE: Enrollment is limited in all camps. Please discuss options and curricula with your children prior to registration. UCLA Recreation does not guarantee any changes after registration. Dropping or transferring programs is subject to the UCLA Recreation refund and transfer policy.

WAIT LIST POLICY

If your child is on the wait list and a spot opens, you will be contacted by phone or email depending on your preference. If you do not respond within 48 business hours, your child's spot is no longer guaranteed.

REFUND POLICY

REFUND AMOUNT	REQUEST MUST BE RECEIVED
90%	Before March 31
75%	April 1–30
50%	After May 1: No later than 15 business days before purchased session begins
25%	Within 15 business days of purchased session: No refund after the first Monday of session or week

UCLA Recreation

2131 John Wooden Center, Los Angeles, CA 90095 • www.recreation.ucla.edu/summercamps • youthcamps@recreation.ucla.edu • (310) 825-3701

YOUTH SWIM LESSONS ENROLLMENT FORM SUMMER CAMPS 2013

Submit one form per child. If you are only registering for swimming lessons, you only need to complete this form, Registration Form and Waiver.

To enroll, return these three forms with **full payment** to UCLA Recreation in person or by mail to:

UCLA Recreation, 2131 John Wooden Center, Box 951612, Los Angeles, CA 90095-1612

IMPORTANT: Return this form with your registration form and waiver of liability.

Camper First Name _____ MI _____ Last _____

Parent First Name _____ MI _____ Last _____

Billing First Name (if different) _____ MI _____ Last _____

Billing Address _____ Apt _____

City _____ State _____ Zip _____

What is your preferred method of contact? ☐ Email ☐ Home Phone ☐ Work Phone ☐ Other Phone

Home Phone (____) _____-____ Work Phone (____) _____-____ Other Phone (____) _____-____

Parent/Guardian Email _____

UCLA Recreation uses email to communicate program information and updates to our participants. We will not use your email for any other purpose.

Emergency Contact #1 (other than parent) _____ Phone _____

Emergency Contact #2 (other than parent) _____ Phone _____

Camper DOB (mm/dd/yyyy) _____ Age _____ ☐ Male ☐ Female

CAMPER FAMILY UCLA AFFILIATION

Proof of affiliation required. Please check all that apply.

☐ Staff # _____

☐ UCLA Donor Group

☐ Faculty # _____

☐ UCLA Extension Student☐ ASUCLA Staff☐ Rec Card Member # _____☐ Alumni Association Member # _____☐ Undergraduate Student ID # _____☐ UCLA Lab School Student

☐ Graduate Student ID # _____

PAYMENT METHOD

TOTAL AMOUNT \$_____

☐ Cash

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

☐ Check # _____
(Payable to "UC Regents")

Card # _____ - _____ - _____ Exp ____/____

I agree to pay the above total amount according to the card issuer agreement.

Cardholder's Signature _____

Office Use Only

DT

Tier	
------	--

Fusion Camper ID

Office Use Only

Order # _____

Date _____

Staff Initials _____

• • **UCLA** Recreation

YOUTH SWIM LESSONS REGISTRATION FORM Summer Camps 2013**PRIVATE LESSONS** (3–12 years)

Fee: \$65 | \$75 | \$85 | \$90 | \$95 *Fee: \$49 | \$57 | \$64 | \$68 | \$72

SEMI-PRIVATE LESSONS (5–12 years)

Fee: \$40 | \$50 | \$55 | \$60 | \$65 *Fee: \$30 | \$38 | \$42 | \$45 | \$49

WEEKEND PRIVATE OR SEMI-PRIVATE LESSONS (25-minute lessons)

	10am	10:30am	11am	11:30am	12pm	12:30pm	1pm	1:30pm
Saturdays, 4/20–5/11	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> A3	<input type="checkbox"/> A4	<input type="checkbox"/> A5	<input type="checkbox"/> A6	<input type="checkbox"/> A7	<input type="checkbox"/> A8
Sundays, 4/21–5/12	<input type="checkbox"/> A9	<input type="checkbox"/> A10	<input type="checkbox"/> A11	<input type="checkbox"/> A12	<input type="checkbox"/> A13	<input type="checkbox"/> A14	<input type="checkbox"/> A15	<input type="checkbox"/> A16
Saturdays, 5/18–6/8*	<input type="checkbox"/> B1	<input type="checkbox"/> B2	<input type="checkbox"/> B3	<input type="checkbox"/> B4	<input type="checkbox"/> B5	<input type="checkbox"/> B6	<input type="checkbox"/> B7	<input type="checkbox"/> B8
Sundays, 5/19–6/9*	<input type="checkbox"/> B9	<input type="checkbox"/> B10	<input type="checkbox"/> B11	<input type="checkbox"/> B12	<input type="checkbox"/> B13	<input type="checkbox"/> B14	<input type="checkbox"/> B15	<input type="checkbox"/> B16
Saturdays, 6/22–7/13	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C3	<input type="checkbox"/> C4	<input type="checkbox"/> C5	<input type="checkbox"/> C6	<input type="checkbox"/> C7	<input type="checkbox"/> C8
Sundays, 6/23–7/14	<input type="checkbox"/> C9	<input type="checkbox"/> C10	<input type="checkbox"/> C11	<input type="checkbox"/> C12	<input type="checkbox"/> C13	<input type="checkbox"/> C14	<input type="checkbox"/> C15	<input type="checkbox"/> C16
Saturdays, 7/20–8/10	<input type="checkbox"/> D1	<input type="checkbox"/> D2	<input type="checkbox"/> D3	<input type="checkbox"/> D4	<input type="checkbox"/> D5	<input type="checkbox"/> D6	<input type="checkbox"/> D7	<input type="checkbox"/> D8
Sundays, 7/21–8/11	<input type="checkbox"/> D9	<input type="checkbox"/> D10	<input type="checkbox"/> D11	<input type="checkbox"/> D12	<input type="checkbox"/> D13	<input type="checkbox"/> D14	<input type="checkbox"/> D15	<input type="checkbox"/> D16
Saturdays, 8/17–9/7*	<input type="checkbox"/> E1	<input type="checkbox"/> E2	<input type="checkbox"/> E3	<input type="checkbox"/> E4	<input type="checkbox"/> E5	<input type="checkbox"/> E6	<input type="checkbox"/> E7	<input type="checkbox"/> E8
Sundays, 8/18–9/8*	<input type="checkbox"/> E9	<input type="checkbox"/> E10	<input type="checkbox"/> E11	<input type="checkbox"/> E12	<input type="checkbox"/> E13	<input type="checkbox"/> E14	<input type="checkbox"/> E15	<input type="checkbox"/> E16

_____ # of Semi-Private Sessions x Fee \$_____ = Total \$_____ _____ # of Private Sessions x Fee \$_____ = Total \$_____

* _____ # of Semi-Private Sessions x Fee \$_____ = Total \$_____ * _____ # of Private Sessions x Fee \$_____ = Total \$_____

Semi-Private Partner's Name _____

WEEKDAY PRIVATE OR SEMI-PRIVATE LESSONS (25-minute lessons)

	3pm	3:30pm	4pm	4:30pm	5pm	5:30pm	6pm
Mon & Wed, 6/3–6/12	<input type="checkbox"/> F1	<input type="checkbox"/> F2	<input type="checkbox"/> F3	<input type="checkbox"/> F4	<input type="checkbox"/> F5	<input type="checkbox"/> F6	
Tue & Thu, 6/4–6/13	<input type="checkbox"/> F7	<input type="checkbox"/> F8	<input type="checkbox"/> F9	<input type="checkbox"/> F10	<input type="checkbox"/> F11	<input type="checkbox"/> F12	
Mon & Wed, 6/17–6/26	<input type="checkbox"/> G1	<input type="checkbox"/> G2	<input type="checkbox"/> G3	<input type="checkbox"/> G4	<input type="checkbox"/> G5	<input type="checkbox"/> G6	<input type="checkbox"/> G7
Tue & Thu, 6/18–6/27	<input type="checkbox"/> G8	<input type="checkbox"/> G9	<input type="checkbox"/> G10	<input type="checkbox"/> G11	<input type="checkbox"/> G12	<input type="checkbox"/> G13	<input type="checkbox"/> G14
Mon & Wed, 7/1–7/10	<input type="checkbox"/> H1	<input type="checkbox"/> H2	<input type="checkbox"/> H3	<input type="checkbox"/> H4	<input type="checkbox"/> H5	<input type="checkbox"/> H6	<input type="checkbox"/> H7
Tue & Thu, 7/2–7/11*	<input type="checkbox"/> H8	<input type="checkbox"/> H9	<input type="checkbox"/> H10	<input type="checkbox"/> H11	<input type="checkbox"/> H12	<input type="checkbox"/> H13	<input type="checkbox"/> H14
Mon & Wed, 7/15–7/24	<input type="checkbox"/> I1	<input type="checkbox"/> I2	<input type="checkbox"/> I3	<input type="checkbox"/> I4	<input type="checkbox"/> I5	<input type="checkbox"/> I6	<input type="checkbox"/> I7
Tue & Thu, 7/16–7/25	<input type="checkbox"/> I8	<input type="checkbox"/> I9	<input type="checkbox"/> I10	<input type="checkbox"/> I11	<input type="checkbox"/> I12	<input type="checkbox"/> I13	<input type="checkbox"/> I14
Mon & Wed, 7/29–8/7	<input type="checkbox"/> J1	<input type="checkbox"/> J2	<input type="checkbox"/> J3	<input type="checkbox"/> J4	<input type="checkbox"/> J5	<input type="checkbox"/> J6	<input type="checkbox"/> J7
Tue & Thu, 7/30–8/8	<input type="checkbox"/> J8	<input type="checkbox"/> J9	<input type="checkbox"/> J10	<input type="checkbox"/> J11	<input type="checkbox"/> J12	<input type="checkbox"/> J13	<input type="checkbox"/> J14
Mon & Wed, 8/12–8/21	<input type="checkbox"/> K1	<input type="checkbox"/> K2	<input type="checkbox"/> K3	<input type="checkbox"/> K4	<input type="checkbox"/> K5	<input type="checkbox"/> K6	
Tue & Thu, 8/13–8/22	<input type="checkbox"/> K7	<input type="checkbox"/> K8	<input type="checkbox"/> K9	<input type="checkbox"/> K10	<input type="checkbox"/> K11	<input type="checkbox"/> K12	
Mon & Wed, 8/26–9/4*	<input type="checkbox"/> L1	<input type="checkbox"/> L2	<input type="checkbox"/> L3	<input type="checkbox"/> L4	<input type="checkbox"/> L5		
Tue & Thu, 8/27–9/5	<input type="checkbox"/> L6	<input type="checkbox"/> L7	<input type="checkbox"/> L8	<input type="checkbox"/> L9	<input type="checkbox"/> L10		

_____ # of Semi-Private Sessions x Fee \$_____ = Total \$_____ _____ # of Private Sessions x Fee \$_____ = Total \$_____

* _____ # of Semi-Private Sessions x Fee \$_____ = Total \$_____ * _____ # of Private Sessions x Fee \$_____ = Total \$_____

Semi-Private Partner's Name _____

TOTAL AMOUNT \$_____

*No swim lessons on Memorial Day and Labor Day weekends and Thursday, July 4th.

Only Bruin Family or Dependent annual memberships are eligible for the Rec Card price.

YOUTH SWIM LESSONS REGISTRATION FORM Summer Camps 2013**WATER BABIES** (6–18 months)

Fee: \$30 | \$35 | \$40 | \$45 | \$50 per child

*Fee: \$23 | \$27 | \$30 | \$34 | \$38 per child

	4/20–5/11	5/18–6/8*	6/22–7/13	7/20–8/10	8/17–9/7*	10/5–10/26	11/2–11/23*
Saturdays, 9:00am (South Pool)			<input type="checkbox"/> WB3	<input type="checkbox"/> WB5	<input type="checkbox"/> WB7		
Saturdays, 9:30am (South Pool)	<input type="checkbox"/> WB1	<input type="checkbox"/> WB2	<input type="checkbox"/> WB4	<input type="checkbox"/> WB6	<input type="checkbox"/> WB8	<input type="checkbox"/> WB9	<input type="checkbox"/> WB10

_____ # of Lessons x Fee \$_____ = Total \$_____

* _____ # of Lessons x Fee \$_____ = Total \$_____

SWIMMING FOR TWO (18 months–3 years)

Fee: \$30 | \$35 | \$40 | \$45 | \$50 per child

*Fee: \$23 | \$27 | \$30 | \$34 | \$38 per child

	4/20–5/11	5/18–6/8*	6/22–7/13	7/20–8/10	8/17–9/7*	10/5–10/26	11/2–11/23*
Saturdays, 9:00am (Family Pool)			<input type="checkbox"/> ST3	<input type="checkbox"/> ST5	<input type="checkbox"/> ST7		
Saturdays, 10:00am (South Pool)	<input type="checkbox"/> ST1	<input type="checkbox"/> ST2	<input type="checkbox"/> ST4	<input type="checkbox"/> ST6	<input type="checkbox"/> ST8	<input type="checkbox"/> ST9	<input type="checkbox"/> ST10

_____ # of Lessons x Fee \$_____ = Total \$_____

* _____ # of Lessons x Fee \$_____ = Total \$_____

KIDS CONQUER THE WATER (3–5 years)

Fee: \$30 | \$35 | \$40 | \$45 | \$50 per child

*Fee: \$23 | \$27 | \$30 | \$34 | \$38 per child

	4/20–5/11	5/18–6/8*	6/22–7/13	7/20–8/10	8/17–9/7*	10/5–10/26	11/2–11/23*
Saturdays, 9:30am (Family Pool)			<input type="checkbox"/> KC3	<input type="checkbox"/> KC5	<input type="checkbox"/> KC7		
Saturdays, 10:30am (South Pool)	<input type="checkbox"/> KC1	<input type="checkbox"/> KC2	<input type="checkbox"/> KC4	<input type="checkbox"/> KC6	<input type="checkbox"/> KC8	<input type="checkbox"/> KC9	<input type="checkbox"/> KC10

_____ # of Lessons x Fee \$_____ = Total \$_____

* _____ # of Lessons x Fee \$_____ = Total \$_____

TOTAL AMOUNT \$_____

*No swim lessons on Memorial Day, Labor Day, Veterans Day and Thanksgiving holiday weekends and Thursday, July 4th.

Only Bruin Family or Dependent annual memberships are eligible for the Rec Card price.

Minor Participant's Name (Please Print): _____

UNIVERSITY OF CALIFORNIA, LOS ANGELES
(UCLA RECREATION YOUTH PROGRAMS)

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment and services of UCLA Recreation Youth Programs, **I**, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its directors, officers, employees and agents from liability **from any and all claims including the negligence of UCLA Recreation Youth Programs**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises or equipment.

_____	_____	_____	_____
Print Name of Parent/Guardian of Minor	Date	Signature of Parent/Guardian of Minor	Date

Assumption of Risks: Physical activity, by its very nature and the use of University property, facilities, staff, equipment, and/or services carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. UCLA Recreation Youth Programs has facilities for and provides for activities such as camping, hiking, boating, swimming, running, sporting activities, social events, community outreach, clinics, classes, art, science, imagination, computer and drama camps. Some of these involve situations, environments or activities that may lead to illness, physical injuries, psychological stress or damage. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, strains, sprains, contact with poisonous plants and animals, heat exhaustion, dehydration and embarrassment 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by UCLA Recreation Youth Programs. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement at UCLA Recreation Youth Programs and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement 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 acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

_____	_____	_____
Print Name of Parent/Guardian of Minor	Signature of Parent/Guardian of Minor	Date

Participant's Age (if minor) _____

FacUse-Camps 1/2005

CAMPER EMERGENCY INFORMATION & EMERGENCY TREATMENT CONSENT FORM

SUMMER CAMPS 2013

I. CAMPER INFORMATION

Camper (First/Mi/Last) _____ Grade (Fall 2013) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Parent's Email _____

Office Use Only

☐ BOB ☐ BOW

☐ CBK B ☐ CBK C

☐ CIT ☐ Sailing

☐ Wave ☐ Voyager

☐ JWC ☐ SCRC

II. FAMILY INFORMATION

Parent/Guardian (First/Mi/Last) _____ Home Phone _____

Address _____ Employer _____

Work Phone _____ Work Address _____

Parent/Guardian (First/Mi/Last) _____ Home Phone _____

Address _____ Employer _____

Work Phone _____ Work Address _____

III. EMERGENCY CONTACTS

Emergency Contact #1 (other than parent) _____ Phone _____

Emergency Contact #2 (other than parent) _____ Phone _____

IV. HEALTH INFORMATION

Child's Physician _____ Phone _____

Address _____

Insurance Co _____ Employer Group # _____

Policy Holder Name _____ Member # _____

Please advise us of any learning disabilities, emotional or physical conditions to assist us in providing the best camp experience for your child:

List any or all medications which your child will bring with him/her to camp:

Medication	Medical Condition	To Be Given When/How

V. ALLERGIES

List all known allergies (medication, food/dietary restrictions, other — include insect stings, hay fever, asthma, animal dander, etc.):

Allergies	Describe reaction and management of the reaction

IMPORTANT! PLEASE READ AND SIGN BELOW

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 or legal guardian of the minor _____, and I am signing on behalf of said minor.

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

IMMUNIZATION RECORD SUMMER CAMPS 2013

The State of California requires that the following information be provided to UCLA Recreation for each camper registered in Summer Camps. No camper will be allowed to participate without 2013 immunization records on file with our office.

Camper Name (First/MI/Last) _____ ☐ Male ☐ Female

DOB (mm/dd/yyyy) _____ Place of Birth _____

Parent/Guardian Name (First/MI/Last) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

IMPORTANT: For each camp session, you must complete the following or attach a photocopy of the current immunization record.

VACCINE	DATE EACH DOSE WAS GIVEN (mm/dd/yy)				
	1st	2nd	3rd	4th	5th
Polio (POV or IPV)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
DTP and/or DT/Td (Diphtheria, tetanus and pertussis or whooping cough) or (tetanus and diphtheria only)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Measles (Rubeola: 10-day red measles)	____/____/____	____/____/____	Some vaccines are available in combination with others such as measles and rubella (M-R) and measles, mumps and rubella (M-M-R). If the camper received any combined vaccine, enter the date in each appropriate box.		
Rubella (German measles: 3-day measles)	____/____/____	____/____/____			
Mumps	____/____/____	____/____/____			

TUBERCULOSIS ASSESSMENT REQUIRED			
TB Skin Test List most recent test and result	Date Given (mm/dd/yy)	mm indur	Impression
	____/____/____	_____ mm	<input type="radio"/> Pos <input type="radio"/> Neg
	____/____/____	_____ mm	<input type="radio"/> Pos <input type="radio"/> Neg
Chest X-ray Required if skin test positive	Film Date (mm/dd/yy) ____/____/____ Impression <input type="radio"/> Pos <input type="radio"/> Neg		