

REGISTRATION FORM

Camper Information

Camper's Name: _____ Date of Birth: _____

Gender: Male Female Grade in Fall 2017: _____

Address: _____

City: _____ State: _____ Zip: _____

T-Shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

Parent/Guardian(s) Information

*Driver's License # _____

Name: _____ SRC Member: Yes No

Relationship to Child: _____ WSU ID# (if applicable) _____

Day/Cell Phone: _____ Evening Phone: _____

Email: _____

Name: _____ SRC Member: Yes No

Relationship to Child: _____ WSU ID# (if applicable) _____

Day/Cell Phone: _____ Evening Phone: _____

Email: _____

Emergency Contact (other than parent): _____

Relationship to Child: _____

Day/Cell Phone: _____ Evening Phone: _____

Camper may be picked up by the following adults:

Name: _____ Phone: _____

Name: _____ Phone: _____

*Driver's license number is collected for use only as a unique identifier in the Cougar Kids Camp database.

Please indicate which session(s) you are registering for:

SESSION	Morning Session 8:30AM – 12:00PM	Afternoon Session 12:45–4:15PM	Full Day Session 8:30AM – 4:15PM	A.M. Extended 7:15–8:15AM	P.M. Extended 4:30–5:30PM	Optional Swim Lessons \$15.00 4:30–5:00PM
Journey Into Summer Week June 12-16						
Fit For Fun June 19-23						
Cougar Challenge Week June 26-30						
Red, White & Blue Week July 3-7						
Pirate Week July 10-14						
Explore the Outdoors Week July 17-21						
Mini Cougar Week July 24-28						

Visit our website urec.wsu.edu/cougarkids for more information.

**WASHINGTON STATE UNIVERSITY (WSU)
COUGAR KIDS CAMP 2017
For Parents or Guardians of Participants Under 18 Years of Age**

ASSUMPTION OF RISK

I understand that there are risks in participating in recreational activities and educational workshops at the Cougar Kids Camp activities at Washington State University (WSU).

In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Risks in participating in the Cougar Kids Camp activities (including touring campus laboratories, participating in activities in and connected with the Recreation Center), include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck, or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, burns, drowning, or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the Cougar Kids Camp activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child or property.

RELEASE OF LIABILITY

I release the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents from any and all liability, claims, costs, expenses, injuries, and/or losses to person or property that I may sustain and/or sustain as a result of death or injury of my child, as a result of or connected with participation in the above event. My child's participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activities connected with the event itself, and use of state equipment or facilities for the event whether on or off WSU property. **I have carefully read this document, understand its contents, and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I sign it freely and voluntarily.**

DATED THIS ____ DAY of _____, 20 ____ .

Name of Parent or Guardian (Printed)

Signature

Name of Minor (Printed): _____

Witness's Name (Printed)

Witness's Signature

Note: It is strongly recommended that parents/legal guardians consult a physician prior to allowing their child to participate in physical activity.
If you have any questions regarding the language or details of this document prior to signing, please contact Joanne Greene at (509) 335-9669.

FOR MEMBERSHIP DESK USE ONLY		
Date: _____	Amount: _____	Receipt #: _____
Form of Payment:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card
FOR CAMP OFFICE USE:	Entered Into Database: _____	