



Healthy Herd™ Youth Camp Enrollment Form



Child's Name: _____ Birthdate: ____/____/____ Age: ____ Gender: M ____ F ____

Child's T-shirt Size: (Youth) M ____ L ____ (Adult) S ____ M ____ L ____

Parent/Guardian Name(s): _____

AFFILIATION: Facility Member _____ Community/Non-Member _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Alternate Phone: () _____

E-mail 1: _____ E-mail 2: _____

EMERGENCY CONTACT (if parents/guardians unavailable)

Name: _____ Relationship: _____ Phone: () _____

Person(s) authorized to pick child up from camp other than parent/guardian/emergency contact*:

1. Name: _____ Relationship: _____ Phone: () _____
2. Name: _____ Relationship: _____ Phone: () _____
3. Name: _____ Relationship: _____ Phone: () _____

*Only those listed will be allowed to pick the child up from the camp. Healthy Herd™ Youth Camps will not release to anyone not listed, regardless of relationship to child.

SESSION ENROLLMENT INFORMATION

(The information below should be filled out for the above named child only)

Session #	Dates	Member Fees*	Non-member Fees*	Before Care	After Care	Before & After Care	Discounts ¹	Deposit Paid	Balance Due
1	December 19	___ \$40	___ \$50	___ \$5	___ \$5	___ \$10	\$ _____	\$ _____	\$ _____
2	December 28 - 30	___ \$100	___ \$125	___ \$20	___ \$20	___ \$35	\$ _____	\$ _____	\$ _____
3	Both Session 1 & 2	___ \$125	___ \$150	___ \$20	___ \$20	___ \$35	\$ _____	\$ _____	\$ _____

*Enrollment fees include a camp T-shirt.

¹Discounts will be determine on a case by case basis by the Healthy Herd™ Youth Camp Director

-For Office Use Only-

Date Received: _____ Received By: _____ Amount Paid: _____ Balance: _____

METHOD OF PAYMENT

Cash:

Check (made payable to Centers, LLC):

Credit Card:

FULL PAYMENT MUST BE RECEIVED BEFORE THE START OF SELECTED SESSION(S)

This Camp is a tuition-for-service program based on confirmed enrollments and secured deposits. Applications will be accepted on a first come, first serve basis. The balance in full must be received before the child will be allowed to attend camp. If full payment is **not** received by this time, my reservation(s) could be canceled. Each camp will have a limited number of camper spaces available. I understand **no refunds** will be made. Returned checks or charges will be assessed a \$25 fee.

Parent/Guardian Signature: _____ Date: _____

PARENT/ GUARDIAN—YOUR SIGNATURE INDICATES COMPLIANCE WITH PAYMENT REGULATIONS.

-Continued on reverse side-

ASSUMPTION OF RISK, WAIVER, AND RELEASE FROM LIABILITY

I, _____, the undersigned, am the parent and/or legal guardian with the authority to execute this Agreement on behalf of _____, who makes the following declarations: I am registered to participate in the **Healthy Herd™ Youth Camps**, (“Activity”) offered by Marshall University Campus Recreation (“Program”). The Activity will take place **December 19th, 28th, 29th and 30th** at the **Marshall Recreation Center and other Marshall University property**.

I understand and recognize that I am responsible for my own well-being and the well-being of the other participants. I declare that I recognize that it is in my best interest, as well as that of the other participants, to follow the suggestions, guidelines, and/or rules of the camp staff, facility staff and/or activity coordinators and that my participation in this activity is entirely voluntary or is at the direction or request of persons or entities not associated with Marshall University. The Marshall University Campus Recreation Healthy Herd™ Youth Camps reserves the right to dismiss any participant whose behavior is disruptive to the program. Disruptive behavior is described but not limited to conduct that prevents the execution of activities or endangers program participants and/or staff.

I fully understand and appreciate the potential dangers, hazards and/or risks, directly and/or indirectly inherent in participating in this activity, which could also include the loss of life, serious loss of limb, or loss of property.

I understand that any Program personnel or agents also participating in Activity are not necessarily medically trained to care for any physical or medical problems that may occur during this activity. I further understand that the Program does not carry medical or liability insurance for me while I am participating in Activity. By placing my signature below, I acknowledge to the Program that I have adequate medical and hospitalization insurance for any injuries that I may incur as a result of participating in this activity.

NOW, THEREFORE, in consideration for being allowed to participate in this activity, I agree to hold the supervisor(s) and coordinator(s) of this activity, Centers, LLC, Marshall University, and their agents, officers, and employees, and students harmless for any and all direct, indirect, special or consequential damages, or costs, legal and otherwise, which I may incur as a result of my participation in this activity, even if due to the negligence of Centers, LLC, Marshall University, or any person serving in the above-identified capacities.

I have read the above terms of this Agreement, and I understand and voluntarily agree to the terms and conditions. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned.

Participant Name

Date

As a parent/guardian authorized on behalf of the above-named minor, I have read the above terms of this Agreement, and I understand and agree to the terms and conditions stated herein. I further affirm that my son/daughter is in good health and can participate in the Activity. I hereby grant the Program permission to transport my child by commercial vehicle and/or leased private vehicle and/or private vehicle and/or by foot to locations where additional camp activities may be held or in the event of a medical emergency. I hereby permit Program to publish photographs and/or videotapes which include the above named child for the purpose of promoting Program and release all right, title, and interest I may have in said photograph/video. This Agreement shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I further agree to indemnify Centers, LLC, Marshall University, and their agents, officers and employees against any action brought against them by the above-named Participant, including but not limited to an action brought by him or her upon reaching the age of majority. I warrant that I am authorized to execute this Agreement on behalf of the above-named minor.

Parent/Guardian Signature

Date