



Ursinus College Athletic Summer Camps

Please fill out all the information below. The consent for publicity release is optional.

Camp Name: _____

Participant Name: _____

Date of Birth: _____

Age/Grade Next Fall: _____

School: _____

Address: _____

Home Phone: _____

Parent's E-mail: _____

Alternate E-mail: _____

Parent Name(s): _____

Phone Number: _____

T-shirt Size (circle one)-	Youth S	Youth M	Youth L	Youth XL
	Adult S	Adult M	Adult L	Adult XL



If you are registering as part of a group, please list the names of the other group members:

Please list below any medical conditions or special instructions the Event Administrations should be aware of:

Emergency Contact

Name: _____

Relationship to Participant: _____

Phone: _____ Alt. Phone: _____

Payment can be made via check made out to Ursinus College. Payment and the completed registration packet can be mailed to:

Ursinus College
ATTN: Office of Protocol and Special Events, Suite 104, Corson Hall
601 E. Main St.
Collegeville, PA 19426

Check payment must be received at least 2 weeks before the camp start date.



ATHLETIC CAMP POLICIES

Ursinus believes every child has an equal right to have an excellent camp experience. Ursinus has a zero tolerance policy towards violence, bullying and harassment. Please remind your child that if they do notice such behavior from another camper, they should quietly inform their counselor or any other staff member immediately so they can promptly rectify the situation. If a problem behavior is serious or persistent and should the Camp Coordinator, in consultation with the program staff and Human Resource Manager, feel that a particular camper is a threat to any fellow camper, staff member or guest, he/she will be asked to leave the camp immediately. Parents or Guardians will be notified and requested to pick up the child. There will be no refund of camp fees. Behavior deemed inappropriate includes but is not limited to: Leaving the instructed boundaries unless accompanied by a camp counselor; threatening behavior, bullying, offensive or insulting language, verbal or physical abuse to other campers, staff or guests; borrowing of other's possessions without their consent; possession of a weapon or implement that staff deem dangerous or potentially dangerous; any illegal activity.

Signature of Parent/Guardian: _____ Date: _____



CONSENT FOR PUBLICITY RELEASE (Optional)

Do you want to be in pictures?

We'd like to have some photos of our Ursinus summer camps on file for use on our website and in other promotion of our programs. Please let us know if we have permission to use your photos.

I hereby grant to Ursinus College permission to reproduce my name, likeness, identity, voice, photographic image, videographic image and oral or recorded statement in any print or online publication intended for research, education, promotional, fund-raising or related use.

By signing this form I waive and release to Ursinus College and its agents and employees from any claim or liability relating to the use of my name, likeness, identity, voice, photographic image, videographic image and oral or recorded statements.

I acknowledge that Ursinus College will rely on the consent and release in producing, broadcasting and distributing materials containing my name, likeness, identity, voice, photographic image, videographic image or oral or recorded statement, and that I will receive no money or remuneration of any kind from Ursinus College related to this consent and release or the materials covered by this consent and release.

Signature of Parent/Guardian: _____ Date: _____



Activities

Assumption of Risk, Release and Indemnification Agreement

Activity: _____

Name of Participant: _____

To the best of my knowledge, I am in good physical condition and have no health-related reasons or problems that would preclude me from participating in the *(please fill in camp name)* _____ Camp to be held on *(please fill in camp dates)* _____/25 - _____/25 ("Activities"). I understand that if I have concerns about my health or ability to participate, it is my responsibility to discuss my concerns with my physician before deciding to participate in the Activities. I am fully aware of the risks and hazards connected with the participation in the Activities, including but not limited to the risk of serious bodily injury or harm, including death, relating to, for example, terrain, uneven surface, falls, collisions with others, being hit by balls or other sports equipment, temperature, weather conditions, dehydration, condition of participants, equipment, actions of others (other participants, coaches, volunteers, etc.). I am further aware of the risks associated with COVID-19 and that it is possible that my participation in the Activities may expose me to COVID-19 and result in me contracting COVID-19 resulting in physical injury or even death. Knowing those risks, I hereby elect to voluntarily participate in the Activities, knowing that the Activities may be hazardous to me and my property. I voluntarily assume full responsibility for any risk or loss, property damage, or personal injury, including serious bodily harm and death, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in the Activities.

I agree to follow all College policies and procedures, including the College's policy on harassment and discrimination, all of which are available at www.ursinus.edu. I also agree to follow all policies, guidelines and protocols created by the College relating to COVID-19.

In the event that I require emergency medical treatment, I give my permission for and consent to evaluations, diagnoses, treatments, and/or medications in accordance with the standard medical



practice by certified or licensed medical personnel ("Medical Care"). Further, I agree to accept any and all financial responsibility for any such Medical Care.

Knowing the risks, dangers, and hazards described above, and in consideration of being permitted to participate in the Activities, I agree, individually, and on behalf of my heirs, successors, assigns and personal representatives, to assume all the risks, dangers, hazards, and responsibilities surrounding my participation in the Activities and any Medical Care I receive. To the maximum extent permitted by law, I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge Ursinus College and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever, which arise as a result of negligence on the part of the College, for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys' fees, which arise out of, result from, occur during or are connected in any manner with my participation in the Activities and/or relating to any Medical Care provided to or received by me in connection with the Activities.

Further, I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless Ursinus College and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorneys' fees, that may result from my negligent or intentional act or omission, which arise out of, occur during, or are in any way connected with my participation in the Activities.

I hereby further agree that this Assumption of Risk, Release and Indemnification Agreement shall be interpreted in accordance with the laws of the Commonwealth of Pennsylvania and that the Montgomery County (Pa.) Court of Common Pleas or the United States District Court for the Eastern District of Pennsylvania shall have exclusive jurisdiction of any dispute relating to the Activity and this Agreement.

In signing this release, I acknowledge and represent that I have read the foregoing Assumption of Risk, Release and Indemnification Agreement, understand it and sign it voluntarily as my own free act and deed; that no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and that I execute this agreement for full, adequate and complete consideration fully intending to be bound by same.



Signature of Participant: _____ Date: _____

Print Name: _____

If Participant is under the age of 18 years, Parent or Legal Guardian must also sign:

Signature of Parent / Guardian: _____ Date: _____

Print Name: _____

Phone Number: _____



URSINUS COLLEGE

CAMPER DROP OFF & PICK UP PROCEDURES

1. Check In

Ursinus College requires that all children be properly signed in by an adult and turned over to an authorized Ursinus staff member. This helps ensure the safety of your child. Ursinus does not and will not assume responsibility for children that arrive before the start time at any location.

2. Late Check In

When dropping off your child after pre-camp hours, please take your child to the designated court or field and check him/her in with an authorized Ursinus staff member.

3. Check Out

Sign your child out when you pick them up from camp. Please bring a photo ID with you every day. Children will be released only to those authorized by the parent on the child's ***SPORTS CAMP PICK-UP AUTHORIZATION FORM***. It is the parent's responsibility to notify the Camp Director of any changes in authorization.

If someone other than the authorized individuals must pick-up your child, a written note must be sent in ahead of time. Those picking up children should be prepared to show identification to the camp staff member upon request. No child will be released to anyone who is not authorized to pick up that child.

4. Early Check Out

If you require an early check out from a camp session, notify the Camp Director regarding the time for pick-up and arrange to meet your child at the appropriate location to properly sign them out.



SPORTS CAMP PICK-UP AUTHORIZATION FORM

For your child's safety, a valid photo/picture ID must be presented at pick-up which authorizes a child's release to the bearer of the card. The name listed on the form below must be identical to drivers' license or other picture ID. Campers will not be released without proper identification. If you need emergency camper pickup or early pickup for your child, you must provide the camp director with a note including the person's name, relationship and phone number who is authorized for this early or emergency pick-up.

Camper Name:

The names below are individuals authorized to pick-up my child from Ursinus Sports Camps.

	Name	Relationship to Camper	Telephone #
1.			
2.			
3.			
4.			
5.			
6.			

I have authorized the above individuals to pick up the above mentioned camper from Ursinus Sports Camps and am aware that the camper will not be released to any individual without proper identification.

Signature

Date