



2009 Summer Youth Activity Program REGISTRATION FORM

PARTICIPANT INFORMATION

Child's Last Name _____ Child's First Name _____

(Please use separate registration form for each child)

Address _____

City _____ State _____ Zip _____

Age _____ Birthdate ____/____/____ Sex M F

(As of the first day of the session)

(Please circle)

T-shirt size Child: XS S M L Adult: S M

(Please circle one. To order more than one shirt, please see back page.)

CAMP SESSION(S)

(Late Care is available for each session.)

- | | |
|---|--|
| <input type="checkbox"/> Session I (June 1—June 12) | <input type="checkbox"/> Late Care for Session I |
| <input type="checkbox"/> Session II (June 15—June 26) | <input type="checkbox"/> Late Care for Session II |
| <input type="checkbox"/> Session III (July 6—July 17) | <input type="checkbox"/> Late Care for Session III |
| <input type="checkbox"/> Session IV (July 20—July 31) | <input type="checkbox"/> Late Care for Session IV |

\$200 DEPOSIT PER CHILD REQUIRED FOR EACH SESSION. NON-REFUNDABLE.

Please fill out separate applications for each child.

All checks must be made payable to RICE UNIVERSITY.

Full payment must be received by May 1, 2009.

FEES & PAYMENT

- \$365 Children of Rice faculty, staff & alumni
- \$425 Children of non-Rice individuals
- \$150 Late Care: per session (4:15-6:00 p.m.)

Please Check One

Faculty Staff

Department Name _____

Employee ID No. _____

Alumnus

College _____ Grad. Year _____

Community Member

PARENT'S/GUARDIAN'S INFORMATION

Guardian's First and Last Name _____ Cell _____

Home Phone _____ Work Phone _____ E-mail _____

Alternate Contact First and Last Name _____ Cell _____

I certify that _____ has my permission to participate in the Rice University Summer Youth Activity Program. I authorize the Director and staff of the Rice University Summer Youth Activity Program to act according to their best judgment in any emergency requiring medical attention. I release and hold harmless Rice University, including without limitation, its officers, directors, trustees, employees, agents and affiliates for, from and against any and all liability, injury sustained, damage to or loss of personal property arising directly or indirectly while my child is using the facilities of Rice University.

Continued on back...

Please list other adults authorized to pick up your child:

(To make future amendments to this list, please mail a note to the Administration saying so at the address listed below)

List other children you would like your child to be grouped with:

(We cannot guarantee that all children listed will be grouped together)

Would you like to order an additional t-shirt(s) (\$10 each)? Quantity _____ Sizes _____

Would you like to order an extra water bottle(s) (\$3 each)? Quantity _____

MEDICAL INFORMATION

I certify that my child currently has medical/hospitalization insurance with:

Company _____

Policy/Group No. _____

I agree to be financially responsible for all equipment checked out to my child while using Rice University facilities.

Signature _____ Date ____ / ____ / _____

Physician's Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Please list any medical, physical, and/or mental condition(s) your child has that might restrict certain activities.

(Please list any medication required)

List all allergies to food, medication, insect stings, etc. _____

Mail complete registration form and payment to:

Rice University Recreation Center

Attention: Summer Youth Activity Program

6100 Main St. MS-523

Houston, Texas 77005

FOR OFFICE USE ONLY

Amount Enclosed \$ _____ Check # _____ Cash _____ Date ____ / ____ / _____

Deposit _____ Full Payment _____ Dual Payment _____ Office Staff Signature _____