

# REGISTRATION



**CAMP UNIVERSAL**

Camper Last Name: \_\_\_\_\_

Camper First Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ UAC Member: Yes No

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_

Email: (required) \_\_\_\_\_

your welcome packet will be sent via email

Office use only

## Camp Universal Payment:

A \$25 deposit per week per child is due at the time of enrollment.

All campers are REQUIRED to have a credit card listed below to kept on file for the summer. This card will be used for the remaining balance of tuition which will be automatically deducted every two weeks. Parents may also use this card for any ancillary charges throughout the summer (lunches, t shirts, field trips, etc.) Registration will not be accepted without credit card information.

Parents may also choose to provide their checking account information below to take advantage of our Bank Draft Discount. When selecting this option each camper will receive \$10 off of their weekly tuition.

| Weeks                                    | Full Day                 | Half Day                 |                          | 2 Day/3 Day              |                          |                          |                          |                          |                          | Deposit | Balance | M.O.P |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|---------|-------|
|  |                          | AM                       | PM                       | M                        | T                        | W                        | T                        | F                        |                          |         |         |       |
| June 3-7                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |         |       |
| June 10-14                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |         |       |
| June 17-21                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |         |       |
| June 24-28                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |         |       |
| July 1-5 <small>no camp July 4th</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |         |       |
| July 8-12                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |         |       |
| July 15-19                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |         |       |
| July 22-26                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |         |       |
| July 29-Aug. 2                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |         |       |
| Aug. 5-9                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |         |       |
| Aug. 12-16                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |         |       |
| Aug. 19-23                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |         |       |

**CREDIT CARD** (Required Information)

Credit Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ CW2#: \_\_\_\_\_  
Month: Year:

**BANK DRAFT**

Checking  Savings

Account # \_\_\_\_\_

Routing # \_\_\_\_\_

Name of Institution \_\_\_\_\_

**SAVE \$10 PER WEEK!**

Registration Fee : \$30.00

# of weeks registered x \$25/week: \_\_\_\_\_

Total amount due at registration: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# CONDITIONS AGREEMENT



Please sign to indicate you have read and agree to the below conditions and procedures.

Camper Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## PAYMENT CONDITIONS

A pre-paid \$25.00 per week deposit is required to register my child for each week. This \$25.00 deposit is applied to the tuition payment. All deposits are non-refundable and non-transferable. I understand that the remaining balance will be deducted biweekly from the credit card/bank account provided at time of registration. I understand there will be no refunds or reductions of tuition for reasons of absence, withdrawal, illness or dismissal. Full tuition is due even if my child does not attend all the days of the session.

I agree to give the Camp Director a two week notice to withdrawal from the program. If I fail to give notice I will be obligated to pay two weeks of fees to Camp Universal.

Registration will NOT be considered complete and we will NOT hold a space for your child until we have your child's completed forms, registration fee, weekly registration deposits, and credit card information.

## PROGRAM CONDITIONS

I understand that if my child is enrolled on a Mornings only basis that they must be picked up no later than 1:00 pm. I understand that if my child is enrolled on an Afternoons-only basis that my child can be dropped off no earlier than 12:30pm. I understand that if my child is enrolled on a partial week status that days must be predetermined and may not change without 2 weeks notice. (based on availability)

I understand that upon daily pick up from camp a parent/guardian must enter the building to pick up their camper. If someone other than a parent/guardian (i.e. babysitter, grandparent, etc.) will be picking up my camper I must notify camp staff in advance.

I also agree to meet with the Camp Director to discuss any special needs, which may affect my child's involvement in the program. Should the Camp Director advise further professional help with which I disagree, or if it is determined that the program is unable to meet my child's special needs, I understand that the Director has the right to ask for immediate termination of this agreement.

I grant permission for my child to: Use all program play equipment and materials, participate in all program activities, leave the premises for walks/field trips, and swim in the Universal/Olde Hickory pool while under the supervision of Universal staff.

Please advise camp staff, IN WRITING, of any prescription medication or special dietary needs to be taken during the day. Medications should be in original container and have specific instructions on dosage.

## LIABILITY WAIVER

I, the undersigned, on behalf of myself, spouse and children, do hereby release Universal Athletic Club, Inc. all it's officers and employees from any liability for any bodily injury and damage to personal property of me and/or my children sustained while participating in programs or classes at Universal's facilities or those sponsored by Universal at other facilities, including (without limitation) injuries sustained during travel. I am aware of the degree of physical activity that my child will be participating in and have received approval to do so by a physician.

## EMERGENCY PROCEDURE

An ambulance (911) is called if the need is indicated. The parent is notified immediately thereafter. If a parent cannot be reached, a contact person is called. If both parents and all contact persons cannot be reached, the child's physician is called. Universal staff will accompany the child to the hospital until an authorized person arrives. I authorize treatment of my child, by a qualified and licensed physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger the child's life, cause disfigurement, physical impairment, or undue discomfort if delayed. I grant permission for Universal staff to take whatever action is necessary to obtain or administer emergency care.

# KINDNESS CONTRACT



In order to provide a safe and fun summer for everyone we feel it is vital that parents, counselors and campers are all in accordance with camper behavioral expectations. Please take the time to review the following with your camper and submit this contract with your camp registration materials.

## BEHAVIORAL EXPECTATIONS

At Camp Universal we expect campers to:

- Be kind and respectful to all other campers
- Be kind and respectful to all counselors/staff/visitors
- Be kind and respectful to all other's belongings and property

## BULLYING

At Camp Universal we do not tolerate bullying. Bullying is defined as a camper being exposed repeatedly, over time, to negative actions by one or more campers that he/she has difficulty defending themselves from. Negative actions include, but are not limited to, teasing, name calling, pushing, hitting, kicking and offensive language.

## CONSEQUENCES

### 1st Offense

- Behavior will be documented
- Parent will be notified
- Kindness Contract will be reviewed

### 2nd Offense

- Behavior will be documented
- Parent conference will be set up with camper and camp director
- Action plan will be created

### 3rd Offense

- Excusal from program without refund for current week enrolled (deposits for future weeks will be refunded.)

We have read and fully understand the terms and conditions of this contract.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Camper Name

\_\_\_\_\_  
Camper Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

**MODEL  
RELEASE**



## RELEASE TO USE PICTURES

In consideration of my participation in programs at Universal Athletic Club, Inc. ("Universal"), I hereby give Universal, its legal representatives and assigns and those acting with its permission, the right to copyright and/or use, reuse and/or publish and republish pictures of me in any advertising, promotion or public relations involving Universal and its facilities. Due to printing, photographing and reproduction techniques, my image may be distorted in character or form and I do not object to this.

I hereby waive any right to inspect or approve the finished picture, advertising copy or other matter that may be used in conjunction with pictures of me.

I hereby release, discharge and agree to save Universal, its representatives, assigns, employees or any person acting with its permission, from and against any liability as a result of any distortion, alteration or use in composite form of my picture.

I have read this Release and I fully understand the contents of it.

Signature: \_\_\_\_\_

### For a Minor:

I hereby certify that I am the parent and/or guardian of \_\_\_\_\_ a minor under the age of twenty one years. In consideration of value received, the receipt of which is hereby acknowledged, I hereby consent to use by Universal (as set forth above) of any pictures of such minor which have been or are taken.

Guardian's signature : \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_



2323 Oregon Pike, Lancaster, PA 17601  
717-569-5396  
[www.UniversalAthleticClub.com](http://www.UniversalAthleticClub.com)

# CHILD HEALTH APPRAISAL

CHILD DAY CARE CENTERS- GROUP DAY CARE HOMES -FAMILY DAY CARE HOMES

|              |
|--------------|
| DATE OF EXAM |
|--------------|

|                                    |                  |
|------------------------------------|------------------|
| CHILD'S NAME : LAST, FIRST, MIDDLE | BIRTHDATE        |
| CHILD ADDRESS                      | TELEPHONE NUMBER |

|                             |  |
|-----------------------------|--|
| 1. REVIEW OF HEALTH HISTORY | 2. MEDICAL INFO. PERTINENT TO DIAG. AND TREATMENT IN CASE OF EMERGENCY |
|-----------------------------|--|

|   |   |
|---|---|
| 3. SPECIAL INSTRUCTIONS TO PROVIDER REGARDING ANY MEDICATION REQUIRED DURING DAY CARE HOURS | 4. RECOMMENDED MODIFICATIONS OR LIMITATIONS OF CHILD'S ACTIVITIES OR DIET (ALLERGIES, ETC.) |
|---|---|

|   |   |  |
|---|---|--|
| 5. VISION (ACUITY)<br><input type="checkbox"/> NORMAL <input type="checkbox"/> ABNOR- | 6. HEARING (AUDITORY)<br>SUBJECTIVE SCREENING DATE _____<br>AUDITORY DATE _____ | 7. GROWTH MEASUREMENT<br>Ht. _____' _____ PERCENTILE WT. _____ LBS. _____ PERCENTILE CIRC. _____ - _____ |
|---|---|--|

|                         |     |    |                |        |        |                       |  |        |   |
|-------------------------|-----|----|----------------|--------|--------|-----------------------|--|--------|---|
| 10. DENTAL SCREENING    | YES | NO | 9. MEDICAL     |        |        |                       | 10. HGB<br>HGB <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL |        |   |
| CARIES                  |     |    | EARS/NOSE      | NORMAL | ABNOR- | ABDOMEN               | NORMAL   | ABNOR- | GM OR HTC <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL |
| MISSING PERMANENT TEETH |     |    | EYES           |        |        | GENITALIA/<br>BREASTS |  |        | %   |
| ORAL INFECTION          |     |    | MOUTH/         |        |        | EXTREMITIES/JOINTS    |  |        | 11. BLOOD PRESSURE /  |
| PROTRUSIONS             |     |    | LUNGS          |        |        | SPINE                 |  |        | <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL           |
|                         |     |    | CARDIOVASCULAR |        |        | SKIN/ LYMPH           |  |        |   |

|  |   |
|--|---|
| 12. DEVELOPMENTAL APPRAISAL<br>IS CHILD PROGRESSING NORMALLY WITH AGE OR GROUP? <input type="checkbox"/> YES <input type="checkbox"/> NO | DENVER DEVELOPMENTAL <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|---|

| 13. IMMUNIZATIONS               |      |                              |      |                              |      |
|---------------------------------|------|------------------------------|------|------------------------------|------|
| DTP: DIPHTHERIA-TETANUS-PARESIS | DATE | TRIVALENT ORAL POLIO VACCINE | DATE | OTHER:                       | DATE |
| 1ST 12 MONTHS                   |      | 1ST 12 MONTHS                |      | MEASLES (15 MONTHS OR OLDER) |      |
| 2ND 14 MONTHS                   |      | 2ND 14 MONTHS                |      | MUMPS (15 MONTHS OR OLDER)   |      |
| 3RD 18 MONTHS                   |      | 3RD 18 MONTHS                |      | RUBELLA (15 MONTHS OR OLDER) |      |
| BOOSTER                         |      | 4TH (4-8 YEARS)              |      | HIS HOMOPHILES (18 MONTHS)   |      |
| BOOSTER                         |      | URINALYSIS                   |      | TUBERCULOSIS TEST            |      |

|   |  |
|---|--|
| 14. RECOMMENDED FURTHER MEDICAL TESTS OR EXAMINATION ON THE FOLLOWING:  |  |
| <input type="checkbox"/> VISION <input type="checkbox"/> GROWTH <input type="checkbox"/> HGB <input type="checkbox"/> HEAD CIRCUMFERENCE <input type="checkbox"/> HEARING <input type="checkbox"/> DENTAL <input type="checkbox"/> BLOOD PRESSURE |  |
| <input type="checkbox"/> MEDICAL (SPECIFY)  |  |
| <input type="checkbox"/> DEVELOPMENTAL PROGRESS (SPECIFY)   |  |
| <input type="checkbox"/> IMMUNIZATION (SPECIFY)   |  |

|                           |               |                                |
|---------------------------|---------------|--------------------------------|
| PRINTED NAME OF PHYSICIAN | TELEPHONE NO. | _____<br>PHYSICIAN'S SIGNATURE |
| PHYSICIAN'S ADDRESS       |               | _____<br>DATE                  |