



REGISTRATION FORM

Name of Child: (Please Print or Type)

(1)	_____	_____	_____	_____
	Family Name	First Name	Middle Initial	Age
(2)	_____	_____	_____	_____
	Family Name	First Name	Middle Initial	Age
(3)	_____	_____	_____	_____
	Family Name	First Name	Middle Initial	Age

Name of Parent or Guardian: _____

Contact Number(s): _____ Email: _____

PLEASE INDICATE APPROPRIATE ENROLLMENT SELECTIONS:

- | | |
|--|---|
| <input type="checkbox"/> <u>Session 1: June 18 – June 29, 2018</u> | <input type="checkbox"/> <u>Session 4: July 30 – August 10, 2018</u> |
| <input type="checkbox"/> <u>Session 2: July 2 – July 13, 2018</u>
(No camp on July 4) | <input type="checkbox"/> <u>Session 5: August 13 – August 17, 2018</u>
(One week only) |
| <input type="checkbox"/> <u>Session 3: July 16 – July 27, 2018</u>
(No camp on July 20) | |

NOTE: Children must be in proper sport attire. The camp will not be responsible for any losses or damages to personal property.

- REGISTRATION FEE: \$25.00 USD** [Non-refundable one-time fee per child]
- RESIDENT: \$250.00 USD** [MUST show proof of residency/includes transportation fees and excursion fees]
- RESIDENT per ADDITIONAL CHILD: \$225.00 USD**
- NON-RESIDENT: \$500.00 USD** [includes lunch, snacks, transportation, and excursion fees]
- CAMP SHIRT: \$10.00** (Youth or Adult Sizes) _____

PAYMENT: CASH, CHECK, or CREDIT CARD payments will be accepted.
NOTE: Full payment must be received PRIOR to the START of each Session.

METHOD OF PAYMENT (For PIP Office Use Only)

Credit Card: VISA MC \$ _____ Cash: \$ _____ Check No.: _____ : \$ _____

Cash/Check Payments may be delivered to the Professional and International Programs Office located on the 2nd floor of the Computer Center/MARC Building or mailed to:

Professional and International Programs – Adventure Sports Camp
 UOG Station, Mangilao, GU 96923



University of Guam
 Adventure Sports Camp 2018
 Phone: (671) 735-2600/1 | Fax: (671) 734-1233 | Email: uogasc2017@gmail.com

For Credit Card payments, please complete the following fields on the credit card authorization form: Cardholder's Name, amount to be charged, card type, card number, signature and contact information. Completed credit card authorization forms may be delivered to the Professional and International Programs office located on the 2nd Floor of the Computer Center/MARC Building, emailed to uogasc2017@gmail.com or faxed to +1 (671) 734-1233.

Physician: _____ Office Phone: _____

HEALTH INFORMATION:

List any physical conditions counselors should be aware of: (i.e., asthma, allergies, diabetes, epilepsy, medications, etc.):

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Contact Number(s): _____

Name: _____ Contact Number(s): _____

AUTHORIZED TO PICK-UP:

Name: _____ Contact Number(s): _____

Name: _____ Contact Number(s): _____

Name: _____ Contact Number(s): _____

STATEMENT OF RESPONSIBILITY, RELEASE AND AUTHORIZATION TO PARTICIPATE IN UOG'S ADVENTURE SPORTS CAMP

By signing below, I acknowledge the camp participant listed above is enrolled in the Adventure Sports Camp at the University of Guam ("University"), I am voluntarily registering my child in the UOG Adventure Sports Camp on the indicated dates above. My child's participation in this Program is voluntary. In consideration of being allowed to participate in this Program, I hereby state and agree to the following:

1. By my signature below, I release and absolve the University of all responsibility and liability for any injuries, illnesses (including death), claims, damages, charges, bills and/or expenses my child may incur as a result of participating in the program.
2. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, agree to indemnify, defend and hold harmless the University and the Program and their employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorney's fees, that they or any of them incur or sustain as a result of any claims, demands, action, damages, judgments, costs or expenses, including attorney's fees, which arise out of, occur during, or are in any way connected with in the Program.
3. I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement.

I authorize the camp director(s) to act for me in any emergency requiring medical attention. I understand I am responsible for all hospital, laboratory and doctor's fees. My child is physically fit to participate in vigorous physical activities. I further understand that neither the University of Guam nor anyone associated with the UOG Adventure Sports Camp will be held responsible for any accident or illness. I also grant permission to use any photos, videos, and the like for future promotions of this camp.

Signature of Parent or Guardian: _____ **Date:** _____