

Registration

UWMC SUMMER YOUTH PROGRAMS REGISTRATION

Check Program Attending:

College for Kids Camp Imagination Girl Power Wizarding Academy

STUDENT INFORMATION, please print legibly

Child's Name _____ Female Male Birthdate: _____ Grade (2016-2017) _____

Home / City / Address Street / Road _____ City _____ State _____ Zip _____

Parent / Guardian Name _____ Phone Hc _____ Home _____ Work _____ Cell _____

Parent / Guardian Email Address _____

Emergency Contact Name _____ Phone Hc _____ Home _____ Work _____ Cell _____

School Attending _____

Do you want to be included in a carpool list? YES NO

T-SHIRT SIZE: YS(6-8) YM(8/10) YL(10-12) AS AM AL AXL

(There is an extra charge of \$7 for College for Kids and Camp Imagination T-shirts.)

HEALTH CONDITIONS and ALLERGIES:

Check the following if your child has: Asthma Diabetes
 Epilepsy Other Health Conditions / Accommodations _____

Will any medication be brought to camp? Circle: YES NO
(Note: Staff gives medicine to children 13 and under. Also, medication must be in the original medicine bottle.)

List any allergies (insect stings, food, medications, etc.): _____

Any allergies require an EPIPEN injection? YES NO Is an Inhaler required and carried by youth? YES NO

PARENTAL CONSENT FORM: Medical, Field Trips and Photos

If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your consent for all of the following. By signing below:

- I am stating that I am aware of and accept the risk inherent in the program activity.
- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I understand University employees are mandatory reporters of child abuse and neglect.
- I give my permission for my child's photo to be taken and used for marketing and informational purposes.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Marathon County, their officers, agents and employees from any and all liability, loss, damages, costs or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.
- I attest that all information on this form is correct.

Parent / Guardian _____ Date _____

Complete Reverse Side to Select Your Courses!

Refunds will be made if the Continuing Education office is contacted at least 7 days before the start of class.
No refunds with less than 7 days' notice.

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Registration

College for Kids Grades K-6 - June 12 - 23, 2017

WEEK ONE – June 12 - 16

8-9:45am Number _____ Class _____ Fee \$ _____
 10 – noon Number _____ Class _____ Fee \$ _____

WEEK TWO – June 19 - 23

8-9:45am Number _____ Class _____ Fee \$ _____
 10 – noon Number _____ Class _____ Fee \$ _____

T-Shirt @ \$7 (optional) \$ _____

TOTAL ENCLOSED \$ _____

CAMP IMAGINATION

FEE: \$149 per class UNTIL APRIL 30
\$159 after May 1

WEEK ONE, JUNE 13 – 17

9 AM – NOON (ages 8 – 10)

- Minecraft® Animators
- Make Your First 3-D Video Game!

1 – 3 PM (ages 11 – 14)

- Minecraft® Animators
- Star Wars® Stop Animation

WEEK TWO, JUNE 20 - 24

9 AM – NOON (ages 8 – 10)

- Minecraft® Animators
- Make Your First 3-D Video Game!

1 – 3 PM (ages 11 – 14)

- Minecraft® Modders
- Star Wars® Stop Animation

Number of classes selected _____ @ \$149 = \$ _____ Total Enclosed

Girl Power Camp

Rock & Roll Edition

June 26-30

FEE \$239 enclosed
or
 Deposit \$49 enclosed
(Balance Due June 16)



Wizarding Academy

July 10-14

FEE \$239 enclosed
or
 Deposit \$49 enclosed
(Balance Due June 30)

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