

C.H.A.M.P. Camp Summer Day Camp APPLICATION

Children's Healthy Activity and Meal Planning

Please provide the following information. This **completed application form and payment** must be returned to the University of Oklahoma Health Sciences Center as soon as possible, but no later than Wednesday, July 20, 2022. The completed registration form can be sent via email, mail, campus mail or FAX:

Space is limited to 24 children. Enrollment will be on a first-come basis.

Email: champcamp@ouhsc.edu

Mail:

Campus Mail: College of Allied Health Building,
Room 3057, Attn: CHAMP Camp

University of Oklahoma Health Sciences Center
Department of Nutritional Sciences
Attn: CHAMP Camp
1200 N Stonewall Ave, Suite 3057
Oklahoma City, OK 73117-1215

FAX: (405) 271-1560

CHILD'S INFORMATION: (please type or print clearly)

Name (Last, First, MI):			
Date of Birth:			
Grade in Fall 2022:			
Street Address:			
City, State, ZIP Code:			
Parent email address:			
Parent daytime phone:			
Apron Size: (Check one)	Adult or Youth		
Medical restrictions:	NO	Yes	Explain:
Current medications: *	NO	Yes	Explain:
Dietary restrictions:	NO	Yes	Explain:
Allergies:			
Other information:			
<i>Shaded box for camp use only</i>			
Date application received: _____	Check or money order #:		
Date parent notified of acceptance: _____	Amount paid: _____		

* Children may not bring any prescription or over-the-counter medications to camp without a prescription. All medications and prescriptions must be provided to camp staff.

CHILD STATEMENT OF EXPECTATIONS

Children and parents are expected to read this Statement and be aware of the content. A copy of this Statement should be made prior to submitting the application to the OU Health Sciences Center.

Children are expected to be respectful of university staff, property, and other attendees. Participation is mandatory in all activities at *C.H.A.M.P. Camp* Summer Day Camp. Children may NOT leave the program during the scheduled camp session for any reason unless approved by program staff prior to enrollment.

Children must be picked up by a parent listed on this registration form or an authorized individual who is 18 years or older. Others who are authorized to pick up my child:

Parent or guardian will receive necessary information for the five-day program via e-mail. **This application form and the \$195.00 fee must be submitted online or postmarked no later than Wednesday, July 20, 2022.**

Application Form: May be emailed to champcamp@ouhsc.edu; faxed to 405-271-1560; sent by campus mail to College of Allied Health Building, room 3057, Attn: CHAMP Camp; or mailed to the address below.

Payment: The \$195.00 fee may be paid by credit card at [the Nutritional Sciences store](#) or paid by check or money order sent by campus mail to College of Allied Health Building, room 3057, Attn: CHAMP Camp, or mailed to the address below.

University of Oklahoma Health Sciences Center
Department of Nutritional Sciences
Attn: Champ Camp, Suite 3057
1200 N Stonewall Ave
Oklahoma City, OK 73117-1215

Cancellation Policy: All cancellations must be submitted in writing and arrive in the program office via email at champcamp@ouhsc.edu by the cancellation dates:

- **Full refund if cancelled by 5 p.m. July 15, 2022.**
- **NO refund if cancelled after 5 p.m. July 18, 2022.**

Children should come ready to interact with OU Health Sciences Center students, faculty, and staff and be prepared for fun nutrition lessons, cooking and tasting sessions, physical activity, and other educational activities.

If the program staff discovers that a child has left his/her group without approval, participated in any illegal or dangerous behavior, or did something to risk his/her safety or the safety of someone else, parents/guardians will be called and asked to pick up the child immediately. Children dismissed for such behavior may not return to camp and no refund will be issued.

I have read this Statement, agree to the expectations and will make sure my child abides by them. I understand that if he or she does not abide by them or if he or she is disruptive or disregards the instructions of the University of Oklahoma Health Sciences Center staff, he or she may be asked to leave and I as parent/guardian will be contacted to come and pick up my child. **No refunds will be issued if this occurs.**

Child signature (required)

Date

Parent/Guardian signature (required)

Date

PARENT/GUARDIAN INFORMATION

Please provide the following information: (please type or print clearly)

Parent or Guardian Name:	
Relationship to Child:	
Street Address:	
City, State, ZIP Code:	
Parent email address:	
Parent daytime phone:	
Parent evening phone:	
Insurance Company:	
Insurance Information:	Group # _____ Policy # _____
If unable to reach parent or guardian contact:	Name _____ Phone# _____
Relationship of contact person to child/parent:	
Other information:	

PARENT/GUARDIAN STATEMENT OF CONSENT

My child (complete name) _____ has my permission to participate in the University of Oklahoma Health Sciences Center, Department of Nutritional Science's *C.H.A.M.P. Camp* Program from July 25 – 29, 2022.

I understand that camp activities include but are not limited to the following:

- Travel by bus for a field trip in the Oklahoma City metro area.
- Food preparation and clean-up activities using knives and other kitchen tools, and small appliances such as a mixer and toaster; using range top, microwave, and conventional oven; and operating a commercial dishwasher and using conventional dishwashing sinks.
- Tasting various foods.
- Physical activities that include stretching, walking, running, jumping rope, calisthenics, and playing group activity games such as soccer and basketball.
- Craft activities that will include use of items such as markers, paint, and scissors.

I further understand that risks associated with these activities include but are not limited to allergic reaction including anaphylaxis, cuts, burns, slips and falls that could result in injury. I have consulted my child's doctor to ensure my child is healthy enough to participate in camp activities.

I, for and on behalf of my child, myself, my and child's personal representatives, heirs, assigns and next-of-kin, hereby release, waive, forever discharge, indemnify and covenant not to sue the Board of Regents of the University of Oklahoma, its officers, members, employees, volunteers, agents and representatives for any and all loss, damages, claim, demand, action or right of action, arising from or by reason of any injury resulting or to result from the *C.H.A.M.P. Camp* Program. I, for and on behalf of child, myself, my and child's personal representatives, heirs, assigns and next-of-kin, agree to hold harmless, defend and indemnify, for any and all loss, damages, claim, demand, action or right of action, arising from or by reason of any injury resulting or to result from the *C.H.A.M.P. Camp* Program. This contains the entire agreement between the parties hereto and all terms are contractual and not a mere recital. I further state that my child and I have each carefully read the foregoing Release and Acknowledgement as his/her own free and voluntary act. I am at least eighteen years of age and sign this Release and Waiver voluntarily.

In the case of injury or illness, I authorize University representatives to seek all necessary medical attention for my child. In such case, I understand that I will be notified as soon as possible and that my insurance carrier or I am responsible for any and all medical expenses incurred. I remain fully responsible for any actions taken by my child.

I further understand that the University often produces promotional material relating to its programs. I understand that as a participant at the *C.H.A.M.P. Camp* Program, my child may be included in videotapes or photographs taken during Program activities. Therefore, without reservation or limitations, I, on my own behalf and on behalf of my child, hereby agree to my child being photographed or recorded for these purposes and do assign, transfer and grant to the Board of Regents of the University of Oklahoma, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to utilize such videotapes and photographs and my child's name, face likeness, voice and appearance as a part of University promotional materials. Neither I nor my child will be compensated for the taking or use of such images.

I verify that I have read and understood this document and agree to its terms.

Parent/Guardian signature (required)

Date