

C.H.A.M.P. Camp

 Summer Day Camp Application - 2026

Child Information		
Check one:	<input type="checkbox"/> New camper	<input type="checkbox"/> Returning camper
Child's Full Name		
Child's Date of Birth:		
Grade in Fall 2026:		
Apron Size:	Adult or Youth	
Food/Diet Restrictions:		
Allergies:		
Current medications:		
Medical restrictions:		
Parent/Guardian Information		
Parent/Guardian Name:		
Relationship to Child:		
Street Address:		
City, State, ZIP Code:		
Parent email address:		
Parent daytime phone:		
Parent evening phone:		
Backup contact and relationship:	Name _____ Phone# _____ Relationship: _____	
Emergency contact:	Name _____ Phone Number _____ Relationship _____	

Please submit the application, expectation and consent forms with the **\$220.00 fee by Monday, June 1, 2026. Space is limited to the first 24 children enrolled.**

Forms can be sent to: champcamp@ouhsc.edu. The \$220.00 camp fee may be paid by credit card at [the Nutritional Sciences store](#) online.

Cancellations should be submitted by email (champcamp@ouhsc.edu) by the following dates:

- **Full refund if cancelled before 5 p.m. June 1, 2026.**
- **NO refund if canceled after 5 p.m. July 6, 2026.**

Parents and guardians will receive confirmation and further communications through the email provided.

<i>For camp directors use</i>	
Date application received: _____	Online Payment order #:
Date parent notified of acceptance: _____	Amount paid: _____

AGREEMENT OF EXPECTATIONS

Please acknowledge the following program expectations.

Children should not leave the program or staff supervision without approval, participate illegal or inappropriate behavior, or compromise the safety of others.

Children are expected to be respectful of others and participate in all planned activities.

Children must be picked up by a parent or guardian indicated on the application.

We agree with the expectations and understand that a failure to follow these may result in dismissal from the program without refund.

Child signature (required)

Date

Parent/Guardian signature (required)

Date

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 20–24, 2026.

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

- Food preparation and clean-up activities that involve sharp utensils, small kitchen appliances , range top, microwave and conventional ovens; mechanical and conventional dishwashing equipment.
- Tasting various foods.
- Physical activities that include stretching, walking, running, jumping rope, calisthenics, and playing group activity games such as soccer and basketball.
- Activities that include the use of items markers, paint, and scissors.

I further understand that risks associated with these activities include but are not limited to allergic reactions 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 in 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