**Camper Information Sheet**

<table>
<thead>
<tr>
<th>Camper’s Full Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>T-shirt Size: Children’s</td>
<td>Gender:</td>
</tr>
<tr>
<td>(Circle) XS  SM  M  L  XL</td>
<td></td>
</tr>
</tbody>
</table>

Do you expect your child will have any special concerns about swimming at SKC?

(Circle) Yes  No

If yes, please explain below:

If you have suggestions, please let us know:

Will you be sending your camper with a life jacket?

(Circle) Yes  No

How would you rate your child’s general athletic ability for their age group?

(Circle) Above Average  Average  Fair  Some Concerns

If you have any concerns, please explain:

Does your child have any problems participating in large group activities?

(Circle) Yes  No

If yes, do you have any suggestions on how we could help your camper have a better time while participating in these activities?

If applicable, please list any other physical or emotional health concerns that our staff should know of:
Medical Information & Certification of Health

This is to certify that ___________________________ is in good health; has had a complete physical within the last year; has had no exposure to a contagious disease and has had no operation or serious illness since their last health examination. *If your camper has had a serious illness or an operation since last examination, written permission must be obtained from a doctor or physician for the child to attend and participate at Super Kids Camp.

Date of Last Examination:

Polio Immunization? (Circle) Yes  No

Last Tetanus Shot Date:

Please list any allergies, disabilities, or conditions that our staff should know of:

Has your child been taking any medications within the past 6 months that they will not be taking at camp? (Circle) Yes  No

If yes, please briefly explain:

Is your child currently taking medication? (Circle) Yes  No

Will your child need any medication administered at camp*? (Circle) Yes  No

*All medications needed at camp will be administered by a Super Kids Camp Director as specified by parent and/or physician.

Briefly describe the condition for which your child is taking medication:

Family Physician: ____________________________  Phone Number: ____________________________

Medical Insurance Company: ______________________

Policy # ____________________________  Exp: ____________________________

Emergency Contact Name: ____________________________  Relationship to Camper: ____________________________

Phone Number: ____________________________
Medical Information & Certification of Health

continued

I understand that I am required to have accidental medical coverage for the child listed on this application and I verify that the information provided on my insurance policy is accurate.

In case of an emergency and I cannot be reached, I authorize the staff of the Sonoma State University Campus Recreation Center to obtain whatever medical treatment they deem necessary for the welfare of the camper listed on this waiver packet. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether my medical insurance would cover such charges and fees.

Signature of Parent/Guardian: ______________________________  Date: ________________

Each parent/guardian, whose camper participates in any activity of Super Kids Camp, assumes full responsibility for their camper’s health and physical well-being. Participation in Super Kids Camp is on a voluntary basis. Therefore, neither the Sonoma State University nor Sonoma State University Campus Recreation Center will accept responsibility for ill health or injury sustained while participating in Super Kids Camp.

The staff of this department recommend that any person who participates in any activity of the Super Kids Camp program undergo a physical examination prior to any participation.

I verify that ______________________________ is in good health and able to participate in the Super Kids Camp program.

Signature of Parent/Guardian: ______________________________  Date: ________________

Phone Number: ______________________________  Email Address: ______________________________

Below is a list of all authorized persons* who may pick up my camper from Super Kids Camp.

*Please note that all authorized persons must show valid ID at time of pick up

1. Name (as it appears on ID): ______________________________  Phone Number: __________________
2. Name (as it appears on ID): ______________________________  Phone Number: __________________
3. Name (as it appears on ID): ______________________________  Phone Number: __________________
4. Name (as it appears on ID): ______________________________  Phone Number: __________________
5. Name (as it appears on ID): ______________________________  Phone Number: __________________

If needed, please list more below:
**Visual/Audio Image Release Form**

I grant permission to Sonoma State University, its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. SSU will not materially alter the original images. Visual/audio images may be used for sponsored websites, publication, promotions, broadcasts, advertisements, posters, and theater slides, as well as for non-University uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them. I release SSU and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages, or liability which I may ever have in connection with the taking of and/or use of the images or printed material used with the images.

I am at least 18 years of age and competent to sign this release on behalf of my camper. Initial: ___

I have read this release before signing. I understand its contents, and I freely accept the terms. Initial: ___

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<tr>
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<tr>
<td></td>
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<tr>
<td>Parent/Guardian Signature:</td>
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<tr>
<td>Project Name: Super Kids Camp</td>
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<td></td>
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<tr>
<td>Photographer's Name and Contact Information:</td>
</tr>
<tr>
<td>Super Kids Camp at Sonoma State University</td>
</tr>
<tr>
<td><a href="mailto:superkidscamp@sonoma.edu">superkidscamp@sonoma.edu</a></td>
</tr>
</tbody>
</table>
Activities: a) USE OF SSU RECREATION CENTER FACILITIES, EQUIPMENT, PROGRAMS, CLASSES, EVENTS AND SERVICES including intramurals, open recreation, low ropes course, climbing wall, massage, personal training, and indoor spa. b) USE OF SSU POOL FOR CAMPUS RECREATION-SPONSORED OPEN SWIM HOURS.

Effective Locations and Time Periods: a) RECREATION CENTER: POSTED OPERATING HOURS FROM THIS DATE (below) THROUGH AND INCLUDING August 31st, 2017. b) SSU POOL: POSTED OPEN SWIM HOURS FROM THIS DATE (below) THROUGH AND INCLUDING August 31st, 2017 AS WELL AS ANY OTHER TIMES DURING THIS PERIOD IN WHICH CAMPUS RECREATION SPONSORS PROGRAMS/ACTIVITIES IN THE POOL.

In consideration for being allowed to participate in these Activities, on behalf of myself and my next of kin, heirs, and representatives, I release from all liability and promise not to sue the State of California, the Trustees of the California State University, California State University, Sonoma State University and its employees, officers, directors, volunteers and agents (collectively “University”) from any and all claims, including claims of the University’s negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in these Activities, including travel to, from, and during the Activities.

I am voluntarily participating in these Activities. I am aware of the risks associated with traveling to/from and participating in these Activities, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activities’ locations(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in these Activities, including travel to, from and during the Activities.

I agree to hold the University harmless from any and all claims, including attorney’s fees or damage to my personal property, that may occur as a result of my participation in these Activities, including travel to, from, and during the Activities. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, and (c) assuming all risks of participating in these Activities, including travel to, from and during the Activities.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Last Name: First Name: M.I.

Choose One: SSU Student ID □□□□□□□□□□ Non-Student □

Emergency Contact: □□□□□□□□□□ Phone #: □□□□□□□□□□

My Signature: ___________________________ Date: _____________________

(Note: If under 18 years of age as of this date, a Parent or Guardian Signature is required on backside.)
If participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant’s behalf, and (c) assuming all risks of the Participant’s participation in these Activities, including travel to, from and during the Activities. I allow Participant to participate in these Activities. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Last name of Parent/Guardian:  
First Name:

Street Address:  

City and State:  
Zip Code:

Phone Number:  

Signature Parent/Guardian  
Date: