



UM Canterbury Sports and Fitness camp 2010  
An Innovative Summer Experience  
to Spark the Curiosity of Your Child's Growing Mind!



Camper's Name \_\_\_\_\_ Sex M F  
Camper's Birthdate \_\_\_\_\_ Grade entering in Fall 2010 \_\_\_\_\_  
Current School \_\_\_\_\_  
Home Address \_\_\_\_\_  
Camper's Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Mother/ Guardian \_\_\_\_\_ Cellular Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_  
Home Address (if different than above) \_\_\_\_\_  
Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Father/ Guardian \_\_\_\_\_ Cellular Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_  
Home Address (if different from above) \_\_\_\_\_  
Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_  
Emergency contact phone \_\_\_\_\_

UM Faculty \_\_\_\_\_ UM Staff \_\_\_\_\_ UM Student \_\_\_\_\_ Other \_\_\_\_\_  
Child's T-Shirt Size S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ Adult S \_\_\_\_\_

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Parent/Guardian Permission Form

Camper's Name \_\_\_\_\_

I hereby give permission for my child to participate in all camp activities.

In the event of injury to my child, I hereby authorize Camp Discovery/UM Canterbury Preschool or representatives thereof, to admit my child to a facility for emergency medical treatment as may be deemed necessary for my child's health or welfare.

I hereby consent to whatever medical treatment is deemed necessary. I hereby release the Camp Discovery/UM Canterbury Preschool from any and all claims arising from my child's admission to such facility or from such treatment administered by such facility.

I assume all risks and hazards incidental to my child's participation in the activities of Camp Discovery and hereby release and hold harmless, Camp Discovery/UM Canterbury Preschool and its officers, and employees connected with the camp.

I also give Camp Discovery permission to photograph and/or videotape my child for use in advertising and promotional materials

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_