



**Huskie Pup Camp**  
 Student Recreation Center  
 Northern Illinois University  
 DeKalb, Illinois 60115  
 Phone: 815-753-0231

## 2009 Camper Application and Registration

### Camper Information

Child's Name		Birth date		Age	Male/Female	
Home Address			City	State	Zip Code	
Has this child attended Huskie Pup Camp before? Yes / No			If yes, how many years has the camper attended?			
T-Shirt Size (please circle)	Youth Small	Youth Medium	Youth Large	Youth X-Large	Adult Small	Adult Medium

### Parent or Guardian Information

Parent or Guardian Name #1						
Street Address			City	State	Zip Code	
Home Phone	Work Phone		Cell Phone		Email Address	
Is the parent or guardian a student, alumni, faculty or staff of NIU? Yes / No			If yes, please list student ID or employee number?			
Where is the parent or guardian employed (department name if employed by NIU)?			What are the parent or guardian's normal work hours?			

Parent or Guardian Name #2						
Street Address			City	State	Zip Code	
Home Phone	Work Phone		Cell Phone		Email Address	
Is the parent or guardian a student, alumni, faculty or staff of NIU? Yes / No			If yes, please list student ID or employee number?			
Where is the parent or guardian employed (department name if employed by NIU)?			What are the parent or guardian's normal work hours?			

Child Lives with: (Please Circle)	Both Parents/Guardians	Parent/Guardian #1	Parent/Guardian #2	Other:
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### **Emergency Contact Information**

Please provide the following information for an emergency contact in the case that the parents or guardians are not able to be contacted.

Emergency Contact Name #1		Relationship to Child	
Street Address		City	State
Home Phone	Work Phone	Cell Phone	Email Address

Emergency Contact Name #2		Relationship to Child	
Street Address		City	State
Home Phone	Work Phone	Cell Phone	Email Address

### **Camp Check-Out Procedures**

My child should be kept at Huskie Pup Camp until he/she is picked up *AND* signed out by one of the parents/guardians listed above or by one of the following individuals:

#### **Names and relationships of individuals besides parent/guardians approved to pick up your child from camp**

Name	Relationship	Phone Numbers
		Cell Phone #: Home Phone #:
Name	Relationship	Cell Phone #: Home Phone #:
Name	Relationship	Cell Phone #: Home Phone #:
Name	Relationship	Cell Phone #: Home Phone #:
Name	Relationship	Cell Phone #: Home Phone #:

I understand that neither Recreation Services nor any of its representatives can be held responsible for my child once they are under the supervision of the individual listed above. I also understand that ANY individual picking up my child **MUST** present a photo ID for my child to be released from camp.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Please check this box if you plan on using 4-C

Office Use (please check)	
University Affiliate	General Public

### Camper Registration Form

Please check your preferred sessions that you would like your child to be enrolled in Huskie Pup Camp. Please also check the appropriate boxes for session length, and if you would like extended care for each session:

Session Date Theme	Would Like to be Enrolled	Full Week Session (5-Day)	4-Day Session/ 3-Day Session	*Early Extended Care	*Late Extended Care
Example: Would like your child enrolled in the session, for the Full Week Session, with both Early and Late Extended Care	<b>X</b>	<b>X</b>		<b>X</b>	<b>X</b>
<b>Session One</b> June 8- June 12 <b>Safety 1<sup>st</sup> – Huskie Pups</b>					
<b>Session Two</b> June 15- June 19 <b>Let’s Grow Green</b>					
<b>Session Three</b> June 22- June 26 <b>Outstanding Outdoors</b>					
<b>Session Four</b> June 29 – July 1, July 2 <sup>nd</sup> & 3 <sup>rd</sup> (no session) <b>All Star Week</b>					
<b>Session Five</b> July 6 – July 10 <b>It’s all about Animals</b>					
<b>Session Six</b> July 13 - July 17 <b>Investigating Science &amp; Technology</b>					
<b>Session Seven</b> July 20– July 24 <b>Pup Fitness Fun</b>					
<b>Session Eight</b> July 27– July 31 <b>Fun in the Sun</b>					
<b>Session Nine</b> August 3 – August 7 <b>A Round of Applause</b>					
<b>*Extended Care Program costs \$30.00 per week regardless of whether you choose early, late or both sessions.</b>					
<b>For Office Use Only</b>	<b>Total Number of Sessions:</b>	<b>Minimum Deposit Per Session:</b>	<b>Total Deposit:</b>	<b>Receipt Number:</b>	<b>Initials:</b>
<b>Total Number of Sessions:</b>		<b>\$20.00</b>			

\*It is important to note that registration is based upon availability for each session. You will receive confirmation of session registration a few days after you register. Also, Recreation Services reserves the right to cancel any of the sessions due to insufficient participant registration. **By signing, I understand that all reservations are final after June 1<sup>st</sup>. I understand that if I cancel registration on or before this date, I will be entitled to a refund of all registration costs except the required deposit of \$20.00. Refer to brochure after June 1<sup>st</sup>**

Parent or Guardian Signature

Date

### **Waiver of Liability**

I know that my child is participating in this camp and it can be physically challenging and there is a potential for bodily harm. My child is medically able and ready to participate. My child agrees to abide by any decision of the camp counselors relative to their ability to complete a camp activity. I assume all risks associated with my child's participation. Having read this waiver and knowing these facts and in consideration of my entry being accepted, I, for myself and anyone acting on my behalf, waive and release the Board of Trustees and Northern Illinois University, all camp instructors and campus recreation staff, their representatives and successors from all claims or liabilities of any kind arising out of my child's participation in this camp.

Parent or Guardian Signature

Date

I also grant permission to all the forgoing to use my child's photograph should any be taken during special events for any legitimate purpose.

Parent or Guardian Signature

Date

### **Medical Authorization Form**

**Please provide the following information regarding any daily medications your child receives:**

#### **Medication #1**

Name of Med:	Dosage:	Specific Times Taken Each Day:
Reason for Taking:		

#### **Medication #2**

Name of Med:	Dosage:	Specific Times Taken Each Day:
Reason for Taking:		

#### **Medication #3**

Name of Med:	Dosage:	Specific Times Taken Each Day:
Reason for Taking:		

### **Personal Physicians Information**

Name:	Phone Number:	Office: ___ DeKalb Clinic ___ Other (please list) _____.
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Date of Last Tetanus Shot:	Date of Last Physical Exam:
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### **Insurance Information**

Insurance Company:	Policy Number:
Subscriber's Name:	Relationship:

## **Restrictions**

Please provide the following information regarding restrictions for your child during camp.

### **Activity Restriction**

Are there any sport activities that your child should be restricted from participating in? Explain.

### **Allergies**

Does your child have any of the following allergies? (please check all that apply)

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Food Allergies (please indicate specific foods below) |
| <input type="checkbox"/> Hay Fever  | <input type="checkbox"/> Dairy Products  |
| <input type="checkbox"/> Insects    | <input type="checkbox"/> Peanuts   |
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Pet Hair (please indicate specific animals)           |
| <input type="checkbox"/> Poison Ivy | <input type="checkbox"/> Other _____   |

Please provide any other information regarding any health issues which we should be aware of (diabetes, asthma, epilepsy, etc.):

### **Other Information**

Are there any physical or development disabilities that may require special attention during camp? Explain.

Please list any further information about your child which may assist our staff in providing the best experience for your child.

### **Statement of Release**

In an emergency, I authorize Northern Illinois University's staff member to take \_\_\_\_\_ (child's name) to the hospital and authorize the hospital to administer emergency treatment. Northern Illinois University is hereby authorized to incur any medical cost necessary to provide medical treatment for my child, for which I shall be fully responsible. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Parent or Guardian Signature

Date