

Parent Information

Parent/Guardian Section 1:

Parent/Guardian Name:

Relationship to Camper

Work Phone:

Cell Phone:

Preferred Daytime Contact:

Address:

City:

Zip Code:

Apartment Number:

State:

Email Address:

Please check the following that apply to you:

LSU Student

LSU Faculty/Staff

LSU UREC Member

LSU ID Number:

Parent/Guardian Section 2:

Parent/Guardian Name:

Relationship to Camper

Work Phone:

Cell Phone:

Preferred Daytime Contact:

Address:

City:

Zip Code:

Apartment Number:

State:

Email Address:

Please check the following that apply to you:

LSU Student

LSU Faculty/Staff

LSU UREC Member

LSU ID Number

Demographic Information

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LSU UREC will provide each camper with a white Tiger's camp t-shirt as part of their registration cost. One t-shirt will be provided regardless of the number of session(s) for which they are registered for. To receive your t-shirt, registration must be completed no later than December 1, 2020. If received after this date, a \$4.96 fee will be added to the registration cost. (t) Bi 12.2

2021 Tiger's Emergency Medical Plan

The information on this form is required of campers; it is gathered to assist in identifying appropriate care. In the event of an emergency, this form will be provided to the appropriate emergency personnel. Any changes to this form should be provided to the camp director upon participant's arrival in camp (or earlier). Provide complete information on the front and back of the form so that the camp can be aware of your camper's needs. (all information should be that of the camper's not the parent/guardian's unless explicitly asked for)

Camper's Information

First Name: Last Name: MI: Date of Birth: Age:

Preferred Name:

Address: City: Zip Code:

Apartment Number: State:

Emergency Contact:

(other than the two primary parents/guardians listed on the camper registration form)

In the case of emergency, illness, or accident to the child; the LSU UREC staff is authorized to contact the following:

Contact 1 Full Name: Relationship to Camper:

WorkPhone: CellPhone: Preferred Day Time Contact

Contact 2 Full Name: Relationship to Camper:

WorkPhone: CellPhone: Preferred Day Time Contact

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Allergies

(list all known allergies describe reaction and management of the reaction)

Medication Allergies:

Food Allergies:

Other Allergies:

(stings, hay fever, asthma, etc...)

Does your child require administration of any prescribed medication in the event of an allergic reaction? (If yes, please fill out the Medical Authorization Form accordingly) Yes No

Does your child require the administration of any prescribed medication in the event of any other type of emergency? (If yes, fill out the Medical A

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I understand and agree that there is a risk of serious injury to me w

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By indicating "I Agree" in the check box below, I consent for the camper named below to be the subject of any photography, audio, or video recordings, which may take place while you are participating in programming and/or open recreation activities. Such photography and recordings may be used for LSU publications, web-casts, telecasts, advertising, and for any other additional promotional or marketing purpose as Louisiana State University may see fit.

You hereby waive all rights or claims you may have to any financial compensation or payment of royalties in connection with any publications, webcasts, broadcasts, or exhibition of these materials. When/if the individual's likeness or image is used in a publication, there will be no identifying information provided.

I agree to the above statements.

Please do not include in photographs and recordings

Camper's Name

Print Name of Parent/Legal Guardian

Phone Number

Signature of Parent/Legal Guardian

Date

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Summer 2020 'Tiger' Aquatics Pool

My Child is permitted to participate in aquatic activities Yes No

My child is a proficient swimmer Yes No

Please indicate below your child's swimming ability and comfort in an aquatic environment. Include specific details of swim lessons completed or any other noteworthy aquatics experience.

All campers must pass a swim test, which constitutes a 25 yard continuous swim on the surface of the water without the aid of any flotation devices, under the supervision of lifeguards, counselors, and aquatics staff. The final decision on whether a camper has passed the swim test will be determined by the supervising lifeguard and/or aquatics staff on duty.

Swim tests are administered every time campers swim. If a camper does not pass their test, they will be allowed in the pool only if they are wearing a personal flotation device (PFD), which 'Tiger's provides.

By signing below, I indicate I have read and understand the UREC and 'Tiger's swim test policy outlined above.

Parent/Guardian Signature (only)

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The only individuals who may pick up a child from camp are those listed for authorized release. Staff will not release a child to anyone not listed on this form without additional written instructions from the parent/legal guardian. In order to keep your child safe at all times, ALL parents, guardians, or friends (approved to pick up children at the end of the camp day) MUST present their driver's license or picture ID in order to pick up the child. We will not release a child to a parent or other authorized person without an ID as listed on the form.

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Name

Driver's License or LSU ID Number

By signing below, I indicate I have read and understand the UREC and Tiger's policies outlined above.

Parent/Guardian Signature:

Date:

Legal Name of Camp: