



University Recreation

2024 Teen Tiger's Summer Camper Registration

Please complete the following document for each camper that you will be registering for 2024 Teen Tiger's and email to tigersden@lsu.edu – if you have any questions please email and someone will be in contact with you within 2 business days of your email.

Camper Information

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Please place a check mark in the boxes beside the session(s) for which you are registering your camper for. Please note that the price is the same for all members and affiliates for Teen Tiger's Camp.

Date and Theme	Rate (\$50)
Monday July 1, 2024 Summer Ball	<input type="checkbox"/>
Tuesday: July 2, 2024 Swimming Tigers	<input type="checkbox"/>
Wednesday: July 3, 2024 Tigers in the Wild	<input type="checkbox"/>

Total

3- Day Rate (\$125)

Week: July 1 -3 2024 Discounted Rate For All 3 Days!	<input type="checkbox"/>
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Total



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Parent Information

Parent/Guardian Section 1:

Parent/Guardian Name:

Relationship to Camper:

Work Phone:

Cell Phone:

Preferred Day Time 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 Day Time 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

How did you hear about 2024 Tiger's Den?

LSU UREC Website

Returning Camper

Referred by a friend or co-worker

Social Media

UREC Email

On-Campus Media

Other:



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T Shirt Order Form

LSU UREC will provide each camper with a Teen 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 desired t-shirt size, registration must be completed no later than May 31, 2024. If received after this date, we will do our best to accommodate the chosen size. Additional t-shirts can also be purchase for \$10.

Please Select your Camper's Shirt Size:

Please Indicate (if any) additional shirts Requested:

Youth Extra Small:

Youth Medium:

Adult Small:

Adult Large:

Youth Small:

Youth Large:

Adult Medium:

Adult Extra Large:

**T-shirts are only required to be worn on Field Trip days.



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2024 Teen Tiger's Emergency Medical Plan

The information on this form is required of campers; it is gathered to assist us 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:

Work Phone: Cell Phone: Preferred Day Time Contact:

Contact 2 Full Name: Relationship to Camper:

Work Phone: Cell Phone: Preferred Day Time Contact:

Insurance Information:

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier of plan name: Group Number:

Name of Insured: Relationship to Participant:

Family Physician:

Name of Family Physician: Phone Number:

Street: City: State: Zip:

Use this space to provide any additional information about your child's behavior and physical, emotional, or mental health of which the camp should be aware:



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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 Authorization Form* accordingly)

Yes

No

Medications Being Taken

Please list **all** medications (including over-the-counter or non-prescription drugs) taken routinely. It is your responsibility to notify camp staff if there are changes in the prescribed medications your child is taking. At no time will any University Recreation employee administer medication to your child, unless authorized for emergency purposes according to the Emergency Medical Plan.

If your child requires any medication during UREC's Teen Tiger's Camp, you will be responsible for administration of those medication. Additionally, no medications will be maintained on site by LSU UREC or its employees unless authorized according to the Medical Authorization Form.

My child takes **no** medications on a routine basis
Or my child takes medication as follows:

Medication #1:
Reason for taking:

Dosage:

Specific times taken each day:

Medication #2:
Reason for taking:

Dosage:

Specific times taken each day:

Attach additional pages for more medications.

Immunization

To participate in the UREC Teen Tiger's program, all children must be immunized according to the guidelines set by the Department of Health and Hospitals.

Is your child currently immunized according to the Department of Health and Hospitals guidelines for your child's age?

Yes

No

Which of the following has your child been previously diagnosed with?

Measles

Chicken Pox

Mumps



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Permission to Provide Necessary Treatment or Emergency Care:

In the event of a medical emergency requiring more than basic first aid, I understand that all attempts to contact me will be made. I also understand that in order to obtain the quickest medical treatment for my child, LSU University Recreation will activate EMS and , if necessary, transport my child to the nearest emergency facility.

Parent/Guardian Authorizations: This Emergency Medical Plan is correct and completed as far as I know, and the person herein described has permission to engage in all activities except as noted.

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Summer 2024 UREC Teen Tiger's Medical Authorization

Medicine must be in its original container

Child's Name:

Medication Name:

Circumstances for Medicine use/administration:

Dosage amount:

What symptoms would require a dose?

Special instructions for administering "as needed" medication:

Dear Parents/Guardians,

You have identified that your child may require specific prescribed medication in the event of an emergency medical situation. By signing this form you authorize LSU University Recreation to administer the medication as indicated above.

Child's Name:

Medication Name:

Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Date

Administration Documentation:(Official Staff use only in section below)

Phone Contact

Time and Date

Date Given

Time Given

Dosage

Staff Signature

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Student Recreation Complex • Baton Rouge, LA 70803 • Telephone: (225) 578-8601 • Fax: (225) 578-8489

www.lsu.edu/urec



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Summer 2024 Teen Tiger's Participation Agreement

I understand and agree that there is a risk of serious injury to me while utilizing University Recreation facilities, equipment, and programs and recognize every activity has a certain degree of risk, some more than others. By participating, I knowingly and voluntarily assume any and all risk of injuries, regardless of severity, which from time to time may occur as a result of my participation in athletic and other activities through LSU University Recreation.

I hereby certify I have adequate health insurance to cover any injury or damages that I may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages myself.

I further certify that I am in good health and have no mental or physical condition or symptoms that could interfere with my safety or the safety of others while participating in any activity using any equipment or facilities of LSU University Recreation. I understand and agree that I alone am responsible to determine whether I am physically and mentally fit to participate, perform, or utilize the activities, programs, equipment or facilities available at Louisiana State University, and that I am not relying on any advice from LSU University Recreation in this regard. To the extent I have any questions or need any information about my physical or mental condition or limitations, I agree to seek professional advice from a qualified physician.

Further, I hereby RELEASE AND HOLD HARMLESS, the State of Louisiana, the Board of Supervisors of Louisiana State University and Agricultural & Mechanical College, and its respective members, officers, employees, student workers, student interns, volunteers, agents, representatives, institutions, and/or departments from any and all liability, claims, damages, costs, expenses, personal injuries, illnesses, death or loss of personal property resulting, in whole or in part, from my participation in, or use of, any facility, equipment, and/or programs of Louisiana State University. In case of an emergency, this consent also authorizes the release of this form and all medical and accident report forms to emergency personal, doctors, hospitals, insurance companies, my employers, other person or entities deemed appropriate by Louisiana State University

Legal Name of Child Participating in UREC Teen Tiger's

Print Name of Parent/Legal Guardian

Phone Number

Signature of Parent/Legal Guardian

Date



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Summer 2024 Teen Tiger's Photo Release

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 2024 Teen Tigers Rock Climbing Acknowledgement

I understand and agree that there is a risk of serious injury to me while utilizing University Recreation facilities, equipment, and programs and recognize every activity has a certain degree of risk, some more than others. I understand that this activity is inherently dangerous regardless of safety precautions to reduce the risk, and that I have voluntarily and knowingly assumed any and all risks, both known and unknown, including that I may suffer serious emotional or physical injury or disability, or even death, as a result thereof, and that I assume full responsibility for my participation. In the event that I observe any unusual or significant hazards during my participation, I will immediately notify the nearest official and remove myself from participation in this activity.

I hereby certify I have adequate health insurance to cover any injury or damages that I may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages myself. I further certify that I am in good health and have no mental or physical condition or symptoms that could interfere with my safety or the safety of others while participating in any activity using any equipment or facilities of LSU University Recreation. I understand and agree that I alone am responsible for determining whether I am physically and mentally fit to participate, perform, or utilize the activities, programs, equipment or facilities offered by LSU University Recreation, and that I am not relying on any advice from LSU University Recreation in this regard. To the extent I have any questions or need any information about my physical or mental condition or limitations, I agree to seek professional advice from a qualified physician. Should Louisiana State University, or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold such harmless for all fees and costs.

I will wear proper protective equipment and I agree to abide by all rules of the sport as mandated by LSU University Recreation. Any questions concerning equipment to be used should be directed to Climbing Area Staff prior to engaging in this activity. The wall is not designed for rappelling from the top of the tower, and doing so may result in serious physical injury to the participant and/or bystanders. .

Camper's Name

Weight of Camper

Print Name of Parent/Legal Guardian

Phone Number

Signature of Parent/Legal Guardian

Date



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Summer2024 TeenTiger's–Aquatics Acknowledgement

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 aquatics environment. Include specific details of swim lessons completed or any other noteworthy aquatics experience.

All campers must pass a swim test, which constitutes of 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 Teen Tiger's provides.

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

Parent/Guardian Signature

Date:

Legal Name of Camper



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Summer 2024 Teen Tigers Authorized Pick Up

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.

Please indicate on the lines below who is authorized to pick up your camper.

Name

Driver's License or LSU ID Number

By signing below, I indicate I have read and understand the UREC Teen Tiger's pick-up policy outlined above.

Parent/Guardian Signature:

Date:

Legal Name of Camper: