



UVA WISE CAMPUS REC

CAVS REC SUMMER CAMP

A week of sports, games, and non-stop fun! Kids will learn and play a variety of sports, participate in exciting games, and stay active in a positive, engaging environment. Join us for an action-packed summer adventure! **FOR KIDS AGES 7-12**

ACTIVITIES

- Volleyball •
- Basketball •
- Pickleball •
- and more! •

JUNE 16TH-20TH

Follow us

@uvawisewellness
@uvawstudentrec

Contact Us

scs6p@uvawise.edu



CAVS REC SUMMER CAMP

CAMP INFORMATION

Join UVA Wise Campus Rec for a Week of Sports, Games, and Non-Stop Fun!

Kids will learn and play a variety of sports, participate in exciting games, and stay active in a positive, engaging environment. **For kids ages 7-12.**

Camp Details:

- Dates: June 16-20
- Location: UVA Wise

Times:

- Drop-off: 8:30-9:00 AM at the Ely Wellness Center (1st Floor)
- Pick-up: 4:30-5:00 PM (Monday-Thursday) at the Ely Wellness Center
- Friday Half-Day: Pick-up between 12:00-12:30 PM at Greear Pool

Cost:

- \$100 per camper

What to Bring:

Campers must bring their own lunch and snacks each day, along with a refillable water bottle.

For additional questions, please contact UVA Wise Campus Rec:

☎ Phone: 276-376-4514

✉ Email: scs6p@uvawise.edu

REGISTRATION INFORMATION

Complete the registration and consent form below

Print the completed form and either deliver in person to the address below or email to **scs6p@uvawise.edu**

**Winston Ely Health & Wellness Center
1st floor Check Desk
1 College Avenue
Wise, VA 24293**

Full payment of \$100 is required at time of registration to reserve child's space. Accepted payment methods: cash, check, or credit card. Checks made payable to **UVA WISE**. Credit Card payments can be made online on the camp's webpage.

Once you have completed the registration and consent form and submitted payment, you will receive a confirmation email containing additional information about the Cavs Rec Summer Camp.

CAVS REC SUMMER CAMP

REGISTRATION FORM

Full Legal Name _____

Participant Date of Birth _____ **Age during Camp** _____

Address _____ **City** _____

State _____ **Zip** _____

Guardian Name _____ **Phone Number** _____

Alt. Phone # _____ **Email** _____

Is your child allergic to anything? _____
(If yes, explain)

Is your child currently taking any medication? _____
(If yes, explain)

Does this child have special needs?* _____
(If yes, explain)

*Programs are provided for people of all abilities. If there is a need for a reasonable modification, please answer YES above and speak to a staff member prior to the start of camp. Each request will be assessed in compliance with the ADA.

Who is authorized to pick up the child?

Full Legal Name _____ Date of Birth _____

Relationship to child _____

Full Legal Name _____ Date of Birth _____

Relationship to child _____

Full Legal Name _____ Date of Birth _____

Relationship to child _____

Is anyone NOT authorized to pick up the child? (Optional)

Full Legal Name _____ Date of Birth _____

Relationship to child _____

Full Legal Name _____ Date of Birth _____

Relationship to child _____

CAVS REC SUMMER CAMP

REGISTRATION FORM

UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE

2025 CAVS REC SUMMER CAMP

RELEASE & CONSENT FORM

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. EACH PARTICIPANT'S HEALTH AND SAFETY SHOULD BE CAREFULLY CONSIDERED BY THE PARTICIPANT AND/OR SUCH PARTICIPANT'S LEGAL GUARDIAN GIVEN THE RISKS INVOLVED WITH PHYSICAL FITNESS AND IN LIGHT OF THE VARIOUS RELEASES MADE HEREIN.

CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

1. On behalf of myself and my child, I understand that one of the risks of participating in any sport, including the UVA Wise Campus Rec Summer Camp, is the risk of injury, including but not limited to serious permanent injury, paralysis, and death.

To minimize the risk of injury to my child and other camp participants, I agree to instruct my child to obey all safety rules and any other rules, regulations or restrictions set forth by any of the individuals associated with the camp. I further agree to instruct my child to fully report and/or disclose any problems related to his/her health or physical condition to the UVA Wise Campus Rec professional staff members as soon as the problem arises or becomes noticeable.

2. By signing below, I certify the following:

- I am authorized to execute this document and make decisions on behalf of my child as his/her parent or legal guardian.
- That my child is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation in the camp;
- That my child is not currently being treated for or recovering from an orthopedic or other injury that would prevent his or her safe participation in the summer camp;
- That my child has no history of fainting or any other problems whatsoever related to strenuous exercise; and
- That my child is in good health and that, to the best of my knowledge, there is no reason he or she cannot or should not participate in the kind of physical activity involved with camp participation.

Parent/Guardian Signature _____

Date _____

CONSENTS:

1. By my signature below, and in the event any accident, illness, injury or other medical condition arises in connection with my child's participation in the UVA Wise Campus Rec Summer Camp, I hereby authorize the camp, including any of its employees, staff or agents to obtain medical treatment for my child (children),

_____, as the same may be deemed reasonably necessary by any such parties.

2. By my signature below, I hereby consent to have my child be photographed or video- or audio-taped during camp activities, and I agree that the images so obtained may be used for educational, marketing and public relations purposes by the UVA Wise Campus Rec Department.

Parent/Guardian Signature _____

Date _____

CAVS REC SUMMER CAMP

REGISTRATION FORM

RELEASE:

For good and valuable consideration, including my child's participation in the UVA Wise Campus Rec Summer Camp, the receipt and sufficiency of which are hereby acknowledged, and as evidenced by my signature below, I hereby, on behalf of myself, my child, and any of our heirs, successors, executors, administrators, assigns or survivors:

1. Agree that I am and shall be responsible for any and all costs associated with any injury or loss (including all actual costs and expenses associated with accompanying medical attention) that may be sustained by my child as a result of his/her participation in the camp, whether such injury is the direct or indirect result of such participation. I further certify that I have, or a member of my family has, health insurance, which provides adequate coverage for any injuries, illnesses or other medical conditions my child may sustain in connection with participating in camp. Further, I acknowledge that I may be required to provide various equipment for my child to use in connection with his/her camp participation, and that I am solely responsible for the effectiveness, upkeep, maintenance, and safety of any such equipment.
2. Forever release, indemnify and hold harmless the Commonwealth of Virginia, the University of Virginia's College at Wise, the UVA Wise Campus Rec Department, and any and all of their employees, agents, independent contractors and other affiliates, from and against any and all claims for any damages, loss, injury, disability, or death arising from or in any way in connection with my child's participation in the UVA Wise Campus Rec Summer Camp, unless any such claim is the direct result of the gross negligence or willful misconduct of any such parties.
3. Certify that I have read all of the terms and provisions of this form, and that I understand the various obligations I am assuming and rights I am waiving. This waiver is intended to be as broad and inclusive as permitted by law. It shall be governed by the laws of the Commonwealth of Virginia. To the extent that any part of this waiver or agreements is deemed unenforceable for any such reason, the rest of the terms and provisions hereof are intended to remain in full force and effect.

Parent/Guardian Signature _____

Date _____