



# Kids on Campus

Welcome to the 2009 summer season.

We hope to make your summer exciting, challenging and successful!

## Important Information:

Your registration is not complete without returning this packet. Please keep the information on [this](#) page for your reference.

Email fax or mail packet to: Rochester Institute of Technology/Kids on Campus  
Attention: Cheryl McLean  
20 Lomb Memorial Drive,  
Rochester, NY 14623-5604  
[cheryl.mclean@rit.edu](mailto:cheryl.mclean@rit.edu)  
Phone: 585-475-4789  
Fax: 585-475-4775

**Please Note: Workshop confirmation letters will be sent in June.**

## Arrival and Departure Information

Park in **Parking Lot S**. Walk North on William & Mortimer Reynolds Drive to the northeast entrance of **Building 70**, Golisano College (across from Building 17). Signs will direct you to Kids on Campus. Refer to the RIT Campus Map. After parent sign-in, students will be directed to their workshop. After the first day, students may be dropped off and picked up at the northeast entrance to Building 70. Students sign-in and sign-out daily with their instructor.

Instructors leave for their labs at 9:05 AM each day. Please arrive promptly. Students in grades 5-9 will not be allowed to be dropped off and travel to their classes independently. **This is important.** If it is necessary for you to be late, please call 329-1815 to make special arrangements. Call 329-1815 (cell) or 475-5987 (office) at 8:45 AM to report absences.

Students return to Building 70 at 3 PM (4:30-5 PM for extended day students). Students in Grades 5-9 need to be met by a parent, legal guardian or an individual designated in writing. Written arrangements for early departure must be approved by your child's workshop instructor.

## Daily Schedule:

9 AM	Arrival, northeast end of Building 70
9-11 AM	Workshop
11-12	Swim/Recreation
12-1 PM	Lunch
1-3 PM	Workshop
3 PM	Departure, northeast end of Building 70
3-5 PM	Extended Day Activities
4:30 – 5 PM (for extended day)	Departure, northeast end of Building 70

**Questions or concerns? Please contact Program Director Susan Kurtz at 585-475-5987**



## Part 1: Health Record

Child's Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ School Year (2009) \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent 1 \_\_\_\_\_ Day/Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Parent 2 \_\_\_\_\_ Day/Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Emergency Contact Information (When parents can't be reached):

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

**Health History, Please Check all that Apply:** Asthma \_\_\_ Diabetes \_\_\_ Hearing Loss \_\_\_ Vision Loss \_\_\_

Allergies: Hay fever \_\_\_ Penicillin \_\_\_ Poison Ivy \_\_\_ Insect Stings \_\_\_

Food Allergies \_\_\_\_\_ Other Allergies \_\_\_\_\_

"My child performs well in school and there are no behavioral concerns that could impact on his/her ability to participate in a rigorous academic program, swimming and recreation."

Signature \_\_\_\_\_ Date \_\_\_\_\_

Current Medications \_\_\_\_\_ Need \_\_\_\_\_

Does your child regularly participate in sports and recreational activities? If not, why not?

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Insurance carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

## Part 2: Complete only if attending Extended Day

Parent 1 \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent 2 \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of person(s) picking up your child \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of person(s) picking up your child \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of person(s) picking up your child \_\_\_\_\_ Cell Phone \_\_\_\_\_

Information we should know: \_\_\_\_\_

Please note: Pick-up Promptly at 5 PM Parent Signature \_\_\_\_\_



## ROCHESTER INSTITUTE OF TECHNOLOGY RELEASE AGREEMENT

As the parent and/or legal guardian of \_\_\_\_\_ (the "Participant"), I give permission for him/her to participate in the Kids on Campus Program at Rochester Institute of Technology. As a precondition to the Participant's involvement in Kids on Campus activities, I have read the following Release Agreement (the "Agreement") and agree to its terms.

1. Assumption of Risk. I understand that participation in Kids on Campus entails inherent risks, including, but not limited to, the risks described in the Kids on Campus Activity Detail Form on the following page of this Release Agreement. I have been given the chance to ask questions concerning this Activity Detail Form and all such questions have been answered to my satisfaction. Having read this form, both the Participant and I am fully aware of the risks and hazards associated with participating in Kids on Campus, and hereby consent to the Participant's involvement in the Program. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that I and/or the Participant sustain arising from the Participant's involvement in Kids on Campus, unless caused by the gross negligence or willful misconduct of RIT, its officers, trustees, agents, employees or volunteers (the "Releasees").

2. Liability Release. In consideration for RIT allowing the Participant to participate in Kids on Campus, I and the Participant agree not to sue the Releasees and release the Releasees from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever which I and/or the Participant may have arising out of any loss, damage, or injury, including death, that may be sustained by me and/or the Participant, or to any property belonging to me or the Participant, arising during the Kids on Campus activities or while upon the premises where the Kids on Campus Program is being conducted, excepting those claims arising from the gross negligence or willful misconduct of the Releasees.

3. Indemnification. I agree to indemnify and hold harmless the Releasees from and against any loss, liability, damage or costs, including court costs and attorneys' fees, that Releasees may incur arising from the Participant's involvement in the activity, excepting those claims arising from the gross negligence or willful misconduct of the Releasees.

4. Warranty of Physical Fitness. Both the Participant and I warrant that the Participant is physically fit and in a condition that will allow him/her to participate fully in Kids on Campus activities. We understand the Releasees have not made, nor will make, any investigation into the Participant's physical fitness or ability of the Participant to participate in Kids on Campus, and Releasees are relying on my warranty concerning Participant's physical condition. I maintain medical insurance that covers the Participant for accidents and illnesses while participating in this Activity. I assume full responsibility for payment of medical expenses not covered by this insurance incurred as a result of the Participant's involvement in Kids on Campus activities.

5. Emergency Medical Treatment. I grant the Releasees permission to authorize emergency medical treatment for the Participant, as they deem appropriate, and agree that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

It is my express intent that this Agreement shall bind me, the Participant, the members of my family and spouse (if any), my estate, heirs, administrators, assigns or personal representatives. I agree that this Agreement and any claim arising from participation in Kids on Campus shall be construed in accordance with the laws of the State of New York, without regard to its conflict of laws provision. The courts in Monroe County shall be the forum for any lawsuits arising from the Activity or incident to this Agreement. The terms of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal or unenforceable, the validity of the remaining portions shall not be affected thereby.

In signing this Agreement, I acknowledge that I have read both sides of this Release Agreement form, understand it, and agree to be bound by its terms. I further acknowledge that I am the parent or legal guardian of the Participant and that I sign this Release Agreement voluntarily.

Name of Parent or Guardian (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Participant (printed) \_\_\_\_\_



## Kid on Campus Activity Detail Form

**Date(s) of Activity: July 6 – July 31, 2009**

**Location of Activity: RIT Campus**

**Type of Activity: Recreation**

Students enrolled in Kids on Campus are involved in recreational activities that may incur high levels of rigorous physical activity. The level of participation is at all times completely up to the participant's choice, however, there is a risk, which must be assumed by every participant that he /she may suffer physical injury or death.

Every participant must have health/accident insurance coverage. Any health or medical condition that may affect your ability to engage in recreation must be disclosed prior to participation. The information will be kept confidential. Use the Health Record Form to record health and medical conditions, and medical insurance carrier, and policy number.

I am cognizant of the inherent dangers of participation and the risks associated with the program.

Name of Parent or Guardian (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Participant (printed) \_\_\_\_\_

## Publicity Release Form

I, the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, a minor under the age of eighteen years hereby agree, on behalf of myself and the participant, beginning on July 6, 2009 and ending on July 31, 2009, agree that photographs, still or action, video or film may be taken of the student individually or with others, by or on behalf of RIT, and agree that all rights therein shall irrevocably exclusively, unconditionally and perpetually belong to RIT and that such rights are freely assignable by RIT.

I further agree on behalf of myself and the student, that, without any compensation or notification to or approval by the student, the Pictures may be used, reproduced or thereby disseminated or published by or on behalf of RIT, directly or indirectly for any purpose, including but not limited to advertising and/or promotional purposes, in any manner and at any time RIT desires.

I represent that I am the parent/guardian of the student and fully authorized to enter into this Publicity Release on behalf of the student.

Name of Parent or Guardian (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Participant (printed) \_\_\_\_\_