



Little Yellowjackets Summer Camps

Registration Form

Camper's Name _____ Age _____ Gender _____

Check the 5-day camp sessions you wish to enroll your camper in: \$200/week

Session #	Session 2	Session 3	Session 5	Session 6	Session 7	Session 8
Dates	June 16–20	June 23–27	July 7-11	July 14-18	July 21-25	July 28-Aug 1
I Want In!						

Check the 3-day camp sessions you wish to enroll your camper in: \$100/week

Session #	Session 1	Session 4
Dates	June 11- 13 (Wed-Fri)	June 30-2 (Mon-Wed)
I Want In!		

Additional offerings per session (not included in registration cost): Early Care: \$15/week and Late Care: \$15/week

Session #	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8
Early Care								
Late Care								

Early-Bird Registration: Register and pay the full amount for three (3) or more 5-day camps by Friday, March 28th, 2025 and receive \$25 off for the first three (3) camps. (maximum of \$75 discount)

UW-Superior Student and Faculty/Staff Discount: All current students, faculty/staff receive 5% off the total final cost.

Note: if you wish to pay by credit/debit card (check here) _____ and we will contact you for your information

OFFICE USE ONLY

____ 5 Day Camp - \$200/week

3 Day Camp - \$100/week ____

____ 5 Day Camp (Early-bird) - \$175/week

____ Early Care - \$15/week

Late Care - \$15/week ____

UWS Stu/Fac/Staff Discount – 5% ____

Total Amount Owed: \$ _____

Cash _____ Check # _____ Credit/Debit _____ Date Received _____ Received By _____



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Field Trip Permission Slip

I hereby give permission for my child to participate in all field trips planned for the week while he/she attends the Little Yellowjackets Summer Camps through Campus Recreation Department. I understand the children will be traveling by van and foot to businesses in the Twin Ports area and across campus to other indoor or outdoor areas located around the UWS campus.

The following is a list of example trips that campers may attend:

- Wessman Arena
- Barker's Island
- Adventure Zone
- Edgewater Hotel & Waterpark
- UMD Planetarium
- Lake Superior Zoo
- Great Lakes Aquarium
- Campus Buildings
- Pattison State Park
- Humane Society
- Village Lanes Bowling
- Amnicon State Park
- Duluth Children's Museum
- City Buildings

Media Release:

Parent/Guardian Signature: _____

Date: _____

_____ University of Wisconsin Superior may **not** use photograph, video and audio recordings, likeness, artwork, profile and/or story of my child in this and future publications, web pages and other promotional materials produced, used by and representing University of Wisconsin Superior.

LIABILITY WAIVER & ASSUMPTION OF RISK

I, _____ (print name), desire to participate in activities, programs, classes, events, field trips and/or tests conducted, directed, supervised or sponsored by the Board of Regents of the University of Wisconsin System, operating as the University of Wisconsin–Superior Campus Recreation Department (hereinafter referred to as UW-Superior), located at the Marcovich Wellness Center. These activities will primarily occur at the following locations: Thering Fieldhouse, Mortorelli Gymnasium, racquetball courts, NBC Climbing Wall cardio/weight rooms, dance studio, etc.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS OR ALTER THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT Jeff Kahler AT TELEPHONE NUMBER 715-394-8473 or via email at jkahler@uwsuper.edu.

Assumption of Risks:

I understand that physical activity related to the Marcovich Wellness Center and all areas within the Center, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involved *risks include slipping, tripping and falling, insect bites, overexposure to sun, hazardous weather and interaction with or use of tools, equipment and/or machines. Others include, unusual exertions of strength, pushing, pulling, sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal organ injuries, musculoskeletal injuries, eye injuries, back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.* I understand that UW-SUPERIOR has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by UW-SUPERIOR.

I KNOW, UNDERSTAND, AND APPRECIATE THE RISKS THAT ARE INHERENT IN THE ABOVE-LISTED MARCOVICH WELLNESS CENTER ACTIVITIES. I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS.

Participant Signature: _____ **Date:** _____
(If under 18 years of age, a parent or guardian must also sign and date in space below)

Hold Harmless, Indemnity and Release:

In consideration of UW-SUPERIOR'S permission for me to voluntarily participate in the activities at the Marcovich Wellness Center, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release UW-SUPERIOR, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the activities at the Marcovich Wellness Center. This release includes claims based on the negligence of UW-SUPERIOR, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence.

I UNDERSTAND THAT BY AGREEING TO THIS CLAUSE I AM RELEASING CLAIMS AND GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE.

Participant Signature: _____ **Date:** _____
(If under 18 years of age, a parent or guardian must also sign and date in space below)