



Sports Camp Newsletter

Dear Parents,

The seventh week of camp was INCREDIBLE!!! Sports Camp participated in its first “Sports Camp Cup”. It was a competition of various sports such as basketball, football, soccer, baseball, kickball and so much more. On Tuesday, we had a fieldtrip to Indian Hammocks Park where we had a laser tag battlefield set up for us. On Thursday, we cooled off from the heat in the theater, where we watched Sandlot 3. On Friday, we enjoyed watching the magical world of Circus Of The Kids that even some of our own Sports Camp campers participated in. It was amazing seeing them on the flying trapeze, and accomplishing amazing stunts. Sad to say but we are coming to our last week of camp. I can’t wait to see you all next week.

Here are some upcoming events...

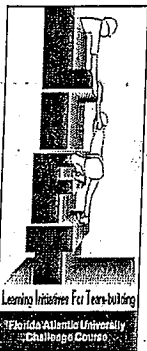
Tuesday: Fieldtrip to FAU Rope Course. (Please don’t forget to turn in your permission form by Monday)

Wednesday: 2nd Session Habimah Show.

Thursday: 2nd session Hobby Hour Show

Friday: Camper/Staff talent show. Last Day of Camp!

Richard R Perez
Sports Camp Supervisor



FAU L.I.F.T.

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Phone: 561-297-3615 Fax: 561-297-3617

Registration and Medical Information

Authorization for Emergency Medical Care

You will need to complete this form to participate in the FAU LIFT program. The information is confidential and will be used strictly for the purpose of this program, unless disclosure is required by law.

Name: _____	Company/Organization: _____
Address: _____	City, State, Zip: _____
Age: _____ Gender: <u>M</u> / <u>F</u> Height: _____ Weight: _____ Smoker? <u>YES</u> <u>NO</u>	
Do you carry Health Insurance? <u>NO</u> <u>YES</u> →	Name of Insurance Company: _____

Activities may be physically or mentally strenuous. Provide the following information about your physical condition:

Is there any reason why you should not fully participate? (include pregnancy and how many months)

NO YES → Why? _____

Date of last physical exam: _____ Name of physician: _____

Person to be notified in case of injury or illness: _____ Phone: _____

List any medications to which you are allergic: _____

List any other allergies (food, insect bites, poison ivy, bee stings, etc.): _____

If you are allergic to bee stings, do you carry your own medicine? NO YES → Medication: _____

List any illness or condition for which you are now undergoing treatment. _____

If you have had any of the following, state the year of occurrence and the location of your body in which it occurred.

Hernia: _____	Fracture: _____
Dislocation: _____	Sprain or Strain: _____
Stroke: _____	Heart Disease: _____

I am aware of my past and present health and fitness in relationship to strenuous activity. I will participate in activities to the level I deem appropriate for myself based on my health. I affirm that my health is good and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in the FAU LIFT activities.

However, should an accident or emergency occur that renders me unable to communicate, I hereby give permission to the physician selected by present course staff members to hospitalize and/or secure proper treatment for me, except as noted below. I agree to hold only myself liable for these noted exceptions.

Activities forbidden for health reasons:

Exceptions to treatment / hospitalization:

Other relevant information (allergies, conditions, injuries):

Date

Printed Name of Participant

Participant Signature

Name of Parent or Guardian if under 18

Parent or Guardian Signature if under 18

Acknowledgement of Risk and Release of Liability Form

AGREEMENT BETWEEN FLORIDA ATLANTIC UNIVERSITY, FOR AND ON BEHALF OF THE BOARD OF TRUSTEES, AND:

Name: _____

If Under 18, Name of Parent or Guardian: _____

Address: _____

Phone: _____ Date: _____

I, the above named person, being above eighteen (18), or the legal parent/guardian of the above named person who is under age 18, in consideration of the services of Florida Atlantic University (FAU) hereby acknowledge and agree as follows:

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK

I understand and acknowledge that LIFT (Learning Initiatives For Team-building), more generically known as *challenge ropes course activities*, bears certain risks which could result in injury, death, or damage to my property. They are designed to be safe, with each activity being explained by staff and safety systems being used whenever and wherever appropriate. Some activities will take place at heights up to 40 feet. I will have choices regarding my participation and I will not be required to participate against my wishes. I understand that I will be encouraged to participate as part of the team building effort, and I also understand that I can withdraw from any activity at any time without penalty or repercussions of any nature. The program will provide a challenging setting in which I will be able to expand my limits, while still supporting my personal boundaries through making my own choices as to the level that I participate ("Challenge by Choice"). By signing below I acknowledge that I have fully satisfied myself as to the nature of the activities that I will be participating in, the risks associated with each such activity, and the concept of "Challenge by Choice." I understand, acknowledge and hereby voluntarily accept and voluntarily assume all responsibility and risk arising from my participation in this activity, except for gross negligent acts or gross omissions by FAU, its agents, employees and contractors.

I have read this section, and initial to show that I understand and agree: _____

RELEASE OF LIABILITY

I, the undersigned, assume and understand that there are inherent risks of bodily injury or damage to property that accompany my participation in the FAU LIFT activities. I, on behalf of myself and my heirs, and anyone claiming on my behalf, agree to release, hold harmless and indemnify the State of Florida, the Florida Board of Trustees, Florida Atlantic University, and their respective officers, employees, contractors, and agents from and against any and all liability, including but not limited to costs, attorney fees and expenses of any kind or nature whatsoever for any loss of life, injury or damage or loss to property which may be sustained by myself or others, in any way arising out of or as a result of my voluntary participation in the LIFT challenge ropes course program at the Boca Raton Campus of Florida Atlantic University, or wherever else they should deliver the program, including without limitation those acts or omissions which are negligent, and from and against any orders or judgments which may be entered pursuant thereto. Nothing in this agreement shall be deemed to affect the rights, privileges and immunities afforded the State of Florida, the Board of Trustees, and Florida Atlantic University by law.

I have read this section, and initial to show that I understand and agree: _____

ENTIRE AGREEMENT

This agreement is governed by the laws of the State of Florida. I understand that this is the entire agreement between myself and FAU, for and on behalf of the Board of Trustees, their agents, and contractors and that it cannot be modified or changed in any way by the representations or statements of any employee or agent of FAU or by me.

I have read this section, and initial to show that I understand and agree: _____

My signature below indicates that I have read this entire document, understand it completely & voluntarily agree to be bound by its terms.

Signature of Participant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____
(if Participant is under age 18)