Cub Camp, formerly known as Kids on Campus, is a summer academic enrichment program for children currently enrolled in grades PK–8. Cub Camp will meet on the campus of Shawnee State University, June 22 – 25, 2020.

**Pre-K Cub Camp** is for kids who have completed preschool by June 22, 2020 and will be attending Kindergarten this fall. They must be five years of age by September 30, 2020. Pre-K Cub Camp is taught by an experienced Pre-K teacher and offers a variety of activities for students; including themes in art, music, manners, leadership, reading, math, and much more. This camp is sure to be a hit for all! Students who register will not select individual sessions. The teacher will stay with these students for the entire day, and their group will have lunch separate from the older Cub Camp members. Half Day or Full Day is available. The full day is 9:00 am - 3:00 pm and the half day is 9:00 am -12:00 pm.

It’s easy to register! Children that who completed grades 1-8 choose up to three courses that match your child’s interests and grade level. Choose one alternate class in case your favorite is closed or canceled. Classes will be offered in three sessions (9:30a.m.–11:00a.m., 12:00p.m.–1:30p.m., 1:30p.m.–3:00p.m.), with the exception of the Pre-K or Kindergarten Cub Camp. **Register your child for the grade level they are in currently.** This is the grade they must have completed by June 22, 2020.

Each morning will begin with a welcome assembly at 9:00 am. Registration is from 8:30 a.m. - 9:00 am. Registration and welcome will take place at the Vern Riffe Center for the Arts. Pick up will be from 3:00-3:30 p.m. in the VRCFA.
Student Registration Form

Registration is complete when the student registration and emergency medical forms are received and payment is accepted.

Please email the completed form to ahall@shawnee.edu or call 740.351.3252 to register by phone.

Student Name: _______________________________________________________________________________________________

Home Number: ________________________________ Cell Number: ________________________________

Grade completed prior to June 22, 2020: __________________________ School District: __________________________

Date of Birth: __________________________________________

Home Street Address: __________________________________________________________________________________________

City:_____________________________________________________ State: ____________________________ Zip: ____________

Email Address: ________________________________________________________________________________________________

Course 1 Title: _____________________________________________ Course 2 Title: ______________________________________

Course 3 Title: _____________________________________________ Alternate Class: ______________________________________

T-Shirt Size:

☐ Youth Small  ☐ Youth Medium  ☐ Youth Large  ☐ Youth Extra Large

☐ Adult Small  ☐ Adult Medium  ☐ Adult Large  ☐ Adult Extra Large

T-Shirt Size:

Cub Camp Registration

Please fill out the following section according to the date you are registering.

Early Registration (Fee paid in full by March 31).

☐ Pre-K or Kindergarten Cub Camp Full Day = $150.00

☐ Pre-K or Kindergarten Cub Camp Half Day = $75.00

☐ Number of Courses Registered: ________________ x $50.00 = $ ______ Subtotal = $ ________________

Registration (Fee paid in full April 1 – May 31).

☐ Pre-K or Kindergarten Cub Camp Full Day = $180.00

☐ Pre-K or Kindergarten Cub Camp Half Day = $90.00

☐ Number of Courses Registered: ________________ x $60.00 = $ ______ Subtotal = $ ________________

Late Registration (Fee paid in full June 1 – June 12).

☐ Pre-K or Kindergarten Cub Camp Full Day = $225.00

☐ Pre-K or Kindergarten Cub Camp Half Day = $125.00

☐ Number of Courses Registered: ________________ x $75.00 = $ ______ Subtotal = $ ________________

Additional Services

Lunch ($30 total, per student): ☐ Yes  ☐ No  Subtotal = $ ________________

Total: $________________________
Emergency Medical & Release Form

Child’s Name: ________________________________________________________________________________________________

Child’s date of birth:____________________________________________________________________________________________

Mother or Legal Guardian: __________________________________  Contact Number:_____________________________________

Father or Legal Guardian:____________________________________  Contact Number: ____________________________________

Child’s Physician: __________________________________________  Contact Number: ____________________________________

Doctor’s Hospital Affiliation: _________________________________ Address: ___________________________________________

Child’s Dentist: ___________________________________________  Contact Number: ____________________________________

My child has the following medical condition(s):

☐ Convulsive Disorder  ☐ Diabetes  ☐ Allergies (i.e. stings, food allergies) __________________________  ☐ Other____________________

Please describe symptoms and precautions of any medical conditions and list any allergies that your child may have: __________________

________________________________________

Current Medication: ___________________________________________________________________________________________

Medical Insurance Company: _____________________________ Name of Policy Holder: ________________________________

Emergency Contacts:

Name: __________________________________________________ Phone: ____________________________________________

Name: __________________________________________________ Phone: ____________________________________________

Name: __________________________________________________ Phone: ____________________________________________

Important:

The following people have my permission to pick up my child from Cub Camp:

Name: __________________________________________________ Phone: ____________________________________________

Name: __________________________________________________ Phone: ____________________________________________

Name: __________________________________________________ Phone: ____________________________________________

The undersigned, as parent or guardian of the child named above, desires that my child participates in Cub Camp. By execution of this Release, I agree that all requirements, directions and standards set by staff, use of any equipment or supplies under the supervision of the staff, shall be deemed to have been accomplished for the benefit of the child. I grant permission that any pictures taken containing my child may be used for future promotional purposes. In the consideration of Shawnee State University’s efforts on my child’s behalf, I do hereby voluntarily assume all risk of accident, injury, damage and/or loss of my child’s property that may arise out of my child’s participation in Cub Camp, hereby intending to release and discharge Shawnee State University, its board of Trustees, officers, employees and agents associated or connected with the program from every claim, liability or damage of any kind caused by negligence of Shawnee State University, its board of Trustees, officers, employees or agents involved or otherwise that may result for my child’s participation in Cub Camp. By my signature I acknowledge that the child named is a minor under the age of 18. Although a minor, my child is aware of the risks involved in participating in the program. I assure Shawnee State University that I have carefully counseled my child on the risk of participating. I authorize Shawnee State University that I have adequate health insurance or personal funds to provide payment for all costs of medical necessary for my child. I agree to indemnify and hold harmless Shawnee State University for any costs associated with such care.

Required Signature: ______________________________________________________________________ Date: ________________
Parental Consent & Release

Student Name: ________________________________________________________________________________________________

The undersigned, as parent or guardian of the child named above, consents that my child participate in Shawnee State University’s program Cub Camp. I acknowledge that the child named is a minor under that age of 18.

I acknowledge that the program includes indoor and outdoor activities of the nature that may expose the child to hazards or risks that may result in illness, personal injury or death. I understand and appreciate that nature of such hazards and risks.

Although a minor, my child is aware of the risks involved in participating in the program. I assure Shawnee State University that I have carefully counseled my child on the risk of participating. Further, I assure Shawnee State University that there are no physical or other reasons that preclude my child from participating in the program.

I agree that all the requirements, directions and standards set by program staff, use of any equipment or supplies under the supervision of the staff, shall be deemed to have been accomplished for the benefit of my child.

I hereby release and discharge Shawnee State University, its board of Trustees, officers, employees and agents associated or connected with the program from every claim, liability or damage of any kind that may result from my child’s participation in the program.

Printed Name: ________________________________________________________________________________________________

Signature: ___________________________________________________________________________________________________ Date: ______________________