2025 U-HIGH SUMMER ACTIVITIES CAMPS REGISTRATION

Name _____ **Address**_____ **City**_____

Parent/Guardian Name _____ **Phone #**_____ **Zip Code**_____

***T-Shirt Size** (please circle) **Youth: S M L XL** **Adult Unisex: S M L XL XXL XXXL** **2025-2026 Grade**_____

Please "X" all camps this individual will be attending: X

Name	Grades	Dates	Times	Price	
Theater *Includes shirt Ian Guthrie iguthri@ilstu.edu	9-12	July 14-19 Camp will be held at U-High	9:00am-4:00pm	$100- single student $75 -sibling fee	
Speech and Debate Rebekah Hoffman rahoffm@ilstu.edu	9-12	July 28-31 July 29-31 Novice Camp/New Members Camp will be held at U-High	9:00am-3:00pm 9:00am-12:00pm	$50	
Band Jason Landes jrlande@ilstu.edu	9-12	July 28-Aug 1 (Band Pre-Camp) August 4-8 (Band Camp) Camp will be held at U-High	6:00pm-9:00pm 8:00am-8:00pm	$150	
Madrigals Daniel Provis djprovi@ilstu.edu	9-12	July 30 & 31 August 1 Camp will be held at U-High	12:00pm-4:00pm 9:00am-4:00pm	$70	

One form per camper and one check per family for all camps. Please make checks payable to University High School.
Forms may be mailed or dropped off at the U-High Main Office. Please send all family forms together with payment to:

U-High Sports Camps
601 W Gregory Street - Campus Box 7100
Normal, IL 61790-7100

BOARD OF TRUSTEES OF ILLINOIS STATE UNIVERSITY
ILLINOIS STATE UNIVERSITY LABORATORY SCHOOLS
CAMPS / CLINICS EMERGENCY HEALTH INFORMATION & PARENTAL AUTHORIZATION/WAIVER/RELEASE

PARTICIPANT'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ZIP CODE _____

GUARDIAN 1 NAME _____ GUARDIAN 1 DAY PHONE _____

GUARDIAN 1 EVENING PHONE _____ EMAIL ADDRESS _____

GUARDIAN 2 NAME _____ GUARDIAN 2 DAY PHONE _____

GUARDIAN 2 EVENING PHONE _____ EMAIL ADDRESS _____

EMERGENCY CONTACT'S NAME _____ RELATIONSHIP _____ PHONE _____

MEDICAL INSURANCE CO. _____ POLICY # _____

DATE OF MOST RECENT TETANUS IMMUNIZATION? _____ WEARS: GLASSES _____ CONTACTS _____

MEDICAL CONDITIONS (E.G. ALLERGIES, DIABETES, ASTHMA, EPILEPSY, DISABILITIES, ETC.) _____

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CURRENT MEDICATIONS _____

IN CONSIDERATION OF THE CAMP/CLINIC GRANTING THE AFOREMENTIONED INDIVIDUAL PERMISSION TO PARTICIPATE IN THE CAMP/CLINIC HOSTED AT ILLINOIS STATE UNIVERSITY, I HEREBY RECOGNIZE AND ACKNOWLEDGE THAT THERE ARE CERTAIN RISKS OF PHYSICAL INJURY TO PARTICIPANTS IN THE CAMP/CLINIC ACTIVITIES, AND I HEREBY ASSUME ALL RISKS OF CAMP/CLINIC ACTIVITY (INCLUDING PROPERTY LOSS OR DAMAGE AND DEATH) THAT MAY RESULT FROM ANY ACTIVITY (INCLUDING, BUT NOT LIMITED TO ATHLETIC, RESIDENCE HALL AND/OR DINING HALL ACTIVITIES) WHILE MY SON/DAUGHTER IS ENROLLED AS A PARTICIPANT. AS PARENT/GUARDIAN, I DO HEREBY RELEASE, INDEMNIFY, DEFEND, AND HOLD HARMLESS THE STATE OF ILLINOIS, THE BOARD OF TRUSTEES OF ILLINOIS STATE UNIVERSITY, AND ITS OFFICERS, EMPLOYEES, AGENTS, AND ASSIGNS, FROM ANY AND ALL LIABILITY, INCLUDING CLAIMS AND SUITS AT LAW OR IN EQUITY, FOR INJURY, FATAL OR OTHERWISE, AND PROPERTY LOSS OR DAMAGE WHICH MAY RESULT FROM THE PARTICIPANT TAKING PART IN SPORTS CAMP/CLINIC ACTIVITIES.

THE CAMPS/CLINIC PROGRAM HAS ADOPTED THE FOLLOWING PROCEDURES FOR CARING FOR YOUR SON/DAUGHTER IN THE EVENT THAT HE/SHE BECOMES SICK OR INJURED WHILE ATTENDING THE AFOREMENTIONED CAMP/CLINIC: 1) A REPRESENTATIVE FROM THE CAMP/CLINIC WILL CALL THE HOME TELEPHONE NUMBER LISTED .IF THERE IS NO ANSWER, 2) A REPRESENTATIVE WILL CALL THE MOTHER'S, FATHER'S, AND/OR GUARDIAN'S DAY AND EVENING PHONE NUMBERS AS LISTED. IF THERE IS NO ANSWER, 3) A REPRESENTATIVE WILL CALL THE EMERGENCY CONTACT AND THE PHYSICIAN LISTED. 4) IF NONE OF THE ABOVE ANSWER, A REPRESENTATIVE WILL CALL AN AMBULANCE, IF NECESSARY, TO TRANSPORT YOUR SON/DAUGHTER TO AN APPROPRIATE MEDICAL FACILITY. 5) CAMP/CLINIC REPRESENTATIVES WILL CONTINUE TO CALL ALL LISTED NUMBERS UNTIL ONE IS REACHED. A MESSAGE MAY ALSO BE LEFT ON AN ANSWERING MACHINE. 6) BASED UPON THE MEDICAL JUDGMENT OF THE ATTENDING PHYSICIAN, YOUR SON/DAUGHTER MAY BE ADMITTED TO A LOCAL MEDICAL FACILITY. BY SIGNING BELOW, YOU ARE GIVING PERMISSION FOR REPRESENTATIVE(S) OF CAMPS/ CLINIC PROGRAM TO FOLLOW THESE PROCEDURES IF YOUR SON/DAUGHTER BECOMES SICK OR INJURED WHILE ATTENDING THE AFOREMENTIONED CAMP/CLINIC.

IN THE EVENT OF AN INJURY, ILLNESS, AND/OR ACCIDENT INVOLVING MY SON/DAUGHTER, I HEREBY GIVE MY CONSENT FOR MEDICAL TREATMENT AND PERMISSION TO APPROPRIATE MEDICAL PERSONNEL TO SUPERVISE ON-SITE FIRST AID, TO THE APPROPRIATE CAMP/CLINIC PERSONNEL TO PROPERLY TRANSPORT MY SON/DAUGHTER TO AN APPROPRIATE MEDICAL FACILITY FOR CARE, AND TO A LICENSED PHYSICIAN TO HOSPITALIZE AND SECURE PROPER TREATMENT (INCLUDING INJECTIONS, DIAGNOSTIC PROCEDURES, ANESTHESIA, SURGERY, AND/OR OTHER REASONABLE AND NECESSARY PROCEDURES) FOR MY SON/DAUGHTER. I AGREE TO ASSUME ANY AND ALL COSTS RELATED TO SUCH TREATMENT. I HEREBY AUTHORIZE ISU TO BILL MY HEALTH INSURANCE COMPANY TO PAY BENEFITS FOR THE COSTS OF SUCH TREATMENT. I ALSO AUTHORIZE THE DISCLOSURE OF MEDICAL INFORMATION TO MY INSURANCE COMPANY FOR THE PURPOSE OF ANY CLAIM. I UNDERSTAND THAT EACH PARTICIPANT MUST PROVIDE HIS/HER OWN MEDICAL INSURANCE IN ORDER TO PARTICIPATE IN THE AFOREMENTIONED CAMP / CLINIC.

I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY AND ALL MEDICAL AND/OR OTHER CHARGES RELATED TO THE AFOREMENTIONED PARTICIPANT'S ATTENDANCE AND PARTICIPATION IN THE CAMPS/CLINICS PROGRAM. I ALSO UNDERSTAND THAT REGISTRATION IS NOT CONSIDERED COMPLETE UNTIL THIS COMPLETED AND SIGNED FORM IS ON FILE.

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PARENT / GUARDIAN SIGN DATE