

2024 Tiger's Den Camper Registration

Please complete the following document for each camper that you will be registering for 2024 Tiger's Den and email to tigersden@lsu.edu – if you have any questions please email and someone will be in contact with you within 2 business days of your email.

First Name:		Last Name:	
Date of Birth:	Age:	Gender:	
Please place a check mark in the boxes note that only the LSU Students qualify UREC Member and LSU Faculty/Staff Ro	for the LSU Student ra	te, UREC Members and LSU Facu	
Date and Theme	LSU Student \$175	UREC Member & LSU F/S \$200	Non- LSU \$225
Week 1: May 27– May 31			
Summer Bonanza			
Week 2: June 3– June 7			
Reach New Heights			
Week 3: June 10 – June 14			
Geaux Wild			
Week 4: June 17 – June 21			
Splash & Dash			
Week 5: June 24 – June 28			
Be Like Mike			
Week 6: July 1 – July 3 (3-day week)	(\$100)	(\$120)	(\$140)
Red, White, & Blue			
Week 7: July 8 – July 12			
Outdoor Explorers			
Week 8: July 15 – July 19			
Under the Sea			
Week 9: July 22 – July 26			
Geaux for Gold			
Week 10: July 29 – Aug 2			
Fall Fest			
		Tota	
	List Wee	eks Here	



Parent Information

Parent/Guardian Section Parent/Guardian Name:	1:			
Relationship to Camper:	Work Phone: Preferred Day Time	e Contact	Cell Phone:	
Address:	City:	e Contact.	Zip Code:	
Apartment Number:	State:		Email Address:	
Please check the following tha	t apply to you:			
LSU Student	LSU Faculty/Staff	LSU UREC Member	LSU ID Number:	
Parent/Guardian Section Parent/Guardian Name:	2:			
Relationship to Camper:	Work Phone: Preferred Day Time	e Contact	Cell Phone:	
Address:	City:	. contact.	Zip Code:	
Apartment Number:	State:		Email Address:	
Please check the following tha	t apply to you:			
LSU Student	LSU Faculty/Staff	LSU UREC Member	LSU ID Number	
Demographic Information				
Has this camper attended Tiger's Den before?		Yes	No	
If yes, please list the years they attended:				
Howdid you hear about registration for 2024 Tiger's Den? (please check all that apply)				
LSU UREC Website		Returning Camper		
Referred by a friend or co-wor	ker	Social Media		
UREC Email		On-Campus Media		

Other:



T-Shirt Order Form

LSU UREC will provide each camper with a Tiger's Den camp t-shirt as part of their registration cost. One t-shirt will be provided regardless of the number of session(s) for which they are registered for. To receive your desired t-shirt size, registration must be completed no later than April 30, 2024. If received after this date, we will do our best to accommodate the chosen size. Additional t-shirts can also be purchase for \$10.

Please select your camper's desired size:

Pleaseindicatethenumberofadditionalshirts:

Youth Extra Small: Youth Medium: Adult Small: Adult Large:

Youth Small: Youth Large: Adult Medium: Adult Extra Large:

**T-shirts are only required to be worn on Field Trip days.



2024 Tiger's Den Emergency Medical Plan

The information on this form is required of campers; it is gathered to assist us in identifying appropriate care. In the event of an emergency, this form will be provided to the appropriate emergency personnel. Any changes to this form should be provided to the camp director upon participant's arrival in camp (or earlier). Provide complete information on the front and back of the form so that the camp can be aware of your camper's needs. (all information should be that of the camper's not the parent/guardian's unless explicitly asked for)

Camper's Information: First Name:	Last Name:	MI:	Date of Birth:	Age:	
Preferred Name:					
Address:	City:		Zip Code:		
Apartment Number:	State:				
Emergency Contact: (other than the two primary p In the case of emergency, iller				ct the following:	
Contact 1 Full Name:		Relationship	to Camper:		
Work Phone:	Cell Phone:		Preferred Day Time	e Contact:	
Contact 2 Full Name:		Relationship	to Camper:		
Work Phone:	Cell Phone:		Preferred Day Time	e Contact:	
Insurance Information:					
Is the participant covered by fa	mily medical/hospital insura	nce? Ye	es No		
If so, indicate carrier of plan na	me:	Group Numb	per:		
Name of Insured:		Relationship	Relationship to Participant:		
Family Physician:					
Name of Family Physician:		Phone Numb	per:		
Street: Use this space to provide any a health of which the camp shou		•	State: Zip havior and physical, emotic	•	



Allergies

(list all known allergies- describe reaction and management of the reaction)

Medication Allergies:

Food Allergies:

Other Alleriges:

(stings, hay fever, asthma, etc...)

Does you child require administration of any prescribed medication in the event of an allergic reaction? (If yes, please fill out the *Medical Authorization Form* accordingly)

Yes

No

Does your child require the administration of any prescribed medication in the event of any other type of emergency? (If yes, fill out

Yes

No

Medications Being Taken

Please list **all** medications (including over-the-counter or non-prescription drugs) taken routinely. It is your responsibility to notify camp staff is there are changes in the prescribed medications your child is taking. At no time will any University Recreation employee administer medication to your child, unless authorized for emergency purposes according to the Emergency Medical Plan.

If your child requires any medication during UREC's Tiger's Den Camp, you will be responsible for administration of those medication. Additionally, no medications will be maintained on site by LSU UREC or its employees unless authorized according to the Medical Authorization Form.

My child takes **no** medications on a routine basis Or my child takes medication as follows:

the *Medical Authorization Form* accordingly)

Medication #1:

Dosage:

Specific times taken each day:

Reason for taking:

Medication #2: Reason for taking: Dosage:

Specific times taken each day:

Attach additional pages for more medications.

Immunization

To participate in the UREC Tiger's Den program, all children must be immunicated according to the guidelines set by the Department of Health and Hospitals.

Is your child currently immunized according to the Department of Health

Yes

No

and Hopitals guidelines for your child's age?

Which of the following has your child been previously diagnosed with?

Measles

Chicken Pox

Mumps



Permission to Provide Necessary Treatment or Emergency Care:

In the event of a medical emergency requiring more than basic first aid, I understand that all attempts to contact me will be made. I also understand that in order to obtain the quickest medical treatment for my child, LSU University Recreation will activate EMS and , if necessary, transport my child to the nearest emergency facility.

Parent/Guardian Authorizations: This Emergency Medical Plan is correct and completed as far as I know, and the person herein described has permission to engage in all activities except as noted.

Print Name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date

Summer 2024 UREC Tiger's Den-Medical Authorization Form

Medicine must be in its original container.

Child's Name:

Medication Name:

Circumstance in which medication would need to be administered:

Dosage Amount:

What symptoms/anticipated reaction that would require administration of this medication?

Special instructions for administering "as needed" medication:

Dear Parents/Guardians,

You have identified that your child may require specific prescribed medication in the event of an emergency medical situation. By signing this form you authorize LSU University Recreation to administer the medication as indicated above.

Child's Name:

Medication Name:

Parent/Legal Guardian Name Parent/Legal Guardian Signature Date

Administration Documentation: (Official Staff use only in section below)

Phone Contact

Time and Date Date Given Time Given Dosage Staff Signature



Summer 2024 URECTiger's Den-Participation Agreement

I understand and agree that there is a risk of serious injury to me while utilizing University Recreation facilities, equipment, and programs and recognize every activity has a certain degree of risk, some more than others. By participating, I knowingly and voluntarily assume any and all risk of injuries, regardless of severity, which from time to time may occur as a result of my participation in athletic and other activities through LSU University Recreation.

I hereby certify I have adequate health insurance to cover any injury or damages that I may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages myself.

I further certify that I am in good health and have no mental or physical condition or symptoms that could interfere with my safety or the safety of others while participating in any activity using any equipment or facilities of LSU University Recreation. I understand and agree that I alone am responsible to determine whether I am physically and mentally fit to participate, perform, or utilize the activities, programs, equipment or facilities available at Louisiana State University, and that I am not relying on any advice from LSU University Recreation in this regard. To the extent I have any questions or need any information about my physical or mental condition or limitations, I agree to seek professional advice from a qualified physician.

Further, I hereby RELEASE AND HOLD HARMLESS, the State of Louisiana, the Board of Supervisors of Louisiana State University and Agricultural & Mechanical College, and its respective members, officers, employees, student workers, student interns, volunteers, agents, representatives, institutions, and/or departments from any and all liability, claims, damages, costs, expenses, personal injuries, illnesses, death or loss of personal property resulting, in whole or in part, from my participation in, or use of, any facility, equipment, and/or programs of Louisiana State University. In case of an emergency, this consent also authorizes the release of this form and all medical and accident report forms to emergency personal, doctors, hospitals, insurance companies, my employers, other person or entities deemed appropriate by Louisiana State University

Legal Name of Child Participating in UREC Tiger's Den	
Print Name of Parent/Legal Guardian	Phone Number
Signature of Parent/Legal Guardian	Date



Summer 2024 URECTiger's Den-Minor Photo Release

By indicating "I Agree" in the check box below, I consent for the camper named below to be the subject of any photography, audio, or video recordings, which may take place while you are participating in programming and/or open recreation activities. Such photography and recordings may be used for LSU publications, web-casts, telecasts, advertising, and for any other additional promotional or marketing purpose as Louisiana State University may see fit.

You hereby waive all rights or claims you may have to any financial compensation or payment of royalties in connection with any publications, webcasts, broadcasts, or exhibition of these materials. When/if the individual's likeness or image is used in a publication, there will be no identifying information provided.

I agree to the above statements.	
Please do not include in photographs and recordings	
Camper's Name	
Print Name of Parent/Legal Guardian	Phone Number
Signature of Parent/Legal Guardian	Date



Summer 2024URECTiger's Den-Rock Climbing Participation Agreement

I understand and agree that there is a risk of serious injury to me while utilizing University Recreation facilities, equipment, and programs and recognize every activity has a certain degree of risk, some more than others. By participating, I knowingly and voluntarily assume any and all risk of injuries, regardless of severity, which from time to time may occur as a result of my participation in athletic and other activities through LSU University Recreation.

I hereby certify I have adequate health insurance to cover any injury or damages that I may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damage myself.

I further certify that I am in good health and have no mental or physical condition or symptoms that could interfere with my safety or the safety of others while participating in any activity using any equipment or facilities of LSU University Recreation. I understand and agree that I alone am responsible to determine whether I am physically and mentally fit to participate, perform, or utilize the activities, programs, equipment or facilities available at Louisiana State University, and that I am not relying on any advice from LSU University Recreation in this regard. To the extent I have any questions or need any information about my physical or mental condition or limitations, I agree to seek professional advice from a qualified physician.

Further, I hereby RELEASE AND HOLD HARMLESS, the State of Louisiana, the Board of Supervisors of Louisiana State University and Agricultural & Mechanical College, and its respective members, officers, employees, student workers, student interns, volunteers, agents, representatives, institutions, and/or departments from any and all liability, claims, damages, costs, expenses, personal injuries, illnesses, death or loss of personal property resulting, in whole or in part, from my participation in, or use of, any facility, equipment, and/or programs of Louisiana State University.

I will wear proper protective equipment and I agree to abide by all rules of the sport as mandated by LSU University Recreation.

I, the undersigned, am at least eighteen (18) years of age or have a parent/legal guardian's signature, will not use an auto-belay system if weighing less than 90 pounds, am physically fit, have read this participation agreement, and understand its terms and conditions. I agree not to climb onto the top of the structure and stay directly under the rope or belay system I am using. Any certifications, including belay certifications, are good only at the LSU's Baton Rouge campus, Student Recreation Center, and are not transferable to any other person.

Any questions concerning equipment to be used should be directed to Climbing Wall Staff prior to engaging in this activity. The wall is not designed for rappelling from the top of the tower. Doing so may result in serious physical injury to the participant and/or bystanders.

Camper's Name	Weight of Camper		
Print Name of Parent/Legal Guardian	Phone Number		
Signature of Parent/Legal Guardian	Date		



Yes

No

Summer 2024 Tiger's Den-Aquatics Acknowledgement

My Child is permitted to participate in aquatic activities

My child is a proficient swimmer	Yes	No	
Please indicate below your child's swimming ability and comfort in an aquatics environment. Include specific details of swim lessons completed or any other noteworthy aquatics experience.			
All campers must pass a swim test, which constitutes of a 25 yard conviction without the aid of any flotation devices, under the supervision of lifeg decision on whether a camper has passed the swim test will be determaquatics staff on duty.	uards, counselors, and	d aquatics staff. The fina	al
Swim tests are administered every time campers swim. If a camper do the pool only if they are wearing a personal flotation device (PFD), wh		•	
By signing below, I indicate I have read and understand the UREC Tiger'	s Den swim test policy	outlined above.	
Parent/Guardian Signature	Da	te:	
Legal Name of Camper			
Figer's Den campers are eligible to regiser for group swim lessons at a during normal camp hours and do not require a parent or guardian to		se lessons take place	
Nould you like more information regarding Tiger's Den swim lesson?	Yes	No	



Summer 2024 Tiger's Den Camp – Individuals Authorized for Pick-Up

The only individuals who may pick up a child from camp are those listed for authorized release. Staff will not release a child to anyone not listed on this form without additional written instructions from the parent/legal guardian. In order to keep your child safe at all times, ALL parents, guardians, or friends (approved to pick up children at the end of the camp day) MUST present their driver's license or picture ID in order to pick up the child. We will not release a child to a parent or other authorized person without an ID as listed on the form.

Please indicate on the lines below all individuals authorized for pick-up including primary parents/guardians, babysitters, grandparents, etc.

Legal Name (As it appears on Driver's License)		Phone Number	
	_		
	_		
	<u> </u>		
	_		
	_		
	_		
	_		
	_		
By signing below, I indicate I have read and understar	nd the UREC	Tiger's Den pick-up policy outlined	above.
Parent/Guardian Signature:			Date:
legal Name of Camper			