

# Stuff 2-Do Camp Application · Wells Branch MUD

3000 Shoreline Dr. • Austin, Texas 78728 • 512-251-9814

**PROGRAM:** \_\_\_\_ **Startlings (5-7)** \_\_\_\_ **Juniors (8-10)**

*Appropriate program is determined by child's age as of June 9, 2008*

**T-Shirt Size:** Child \_\_ S (6-8) \_\_ M (8-12) \_\_ L (14-16) Adult: \_\_ M \_\_ L (please select adult size only if necessary)

1. Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Date of Birth: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Medical/Physical Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

Special Diet/Restrictions: \_\_\_\_\_

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2. Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Date of Birth: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Medical/Physical Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

Special Diet/Restrictions: \_\_\_\_\_

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3. Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Date of Birth: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Medical/Physical Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

Special Diet/Restrictions: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: \_\_\_\_\_ Father/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell #: \_\_\_\_\_

Additional persons to whom participants may be released, including in an emergency if parent/guardian cannot be reached:

1. \_\_\_\_\_  
(First & Last Name) (Relationship to child) (Telephone #)

2. \_\_\_\_\_  
(First & Last Name) (Relationship to child) (Telephone #)

3. \_\_\_\_\_  
(First & Last Name) (Relationship to child) (Telephone #)

**OVER**

Sign-out--My child(ren) is a (write in child's name accordingly): \_\_\_\_\_ Car rider \_\_\_\_\_ Bike rider \_\_\_\_\_ Walker

- All participants will be released according to the above. All car riders must be signed in/out by an adult (IDs may be checked). If a participant is a walker or bike rider, he/she will be signed in/out by staff.
- Armada Swim Team Participants in the Juniors may walk to and from the Willow Bend Pool with written parental permission. If someone is picking up your child(ren) for swim practice, they MUST be on the pickup list.
- Children will NOT be taken to swim lessons. Keep this in mind when registering for swim lessons.

### MEDICAL INFORMATION

In case of emergency, I authorize the staff of Wells Branch MUD to secure the services of the nearest physician and medical facilities, if I and/or my family doctor cannot be reached.

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### WELLS BRANCH MUD POLICY

This program is on a first come--first served basis and all registration for the program must be done at the MUD office by the parent/guardian. If the program is canceled, all fees will be refunded. If you cancel your registration more than 2 weeks prior to the session start date, any fees paid for that session will be refunded in full. ***If you cancel less than 2 weeks prior to the session start date, there will be NO REFUND and your spot will be filled.*** For each session that you enroll your child(ren), you are required to pay a \$10 deposit for each session attending at the time of registration. All remaining fees will be due by: June 1 & July 1. If all fees are not totally paid by the due date, there will be a ***\$5 late fee per child per session; if not paid within two days of the due date your spot(s) will be filled.*** For participants left after the regular closing time of 6 p.m., an additional fee of ***\$5 per 5 minute interval and anything thereof up to 6:15 p.m. and then the fee increases to \$20 per 5 minute interval and anything thereof.*** If a parent does not arrive by 6:15 p.m., staff will begin calling the emergency call list.

### Parents must initial each line:

- \_\_\_ I agree to pay the session fees by the due date or I will pay a \$5 late fee per session per child; and I understand that my spot(s) for the unpaid session dates will be filled after two days of the due date if not paid in full.
- \_\_\_ I agree to cancel in writing no less than two weeks prior to the session start date or I will forfeit all fees for that session and my spot(s) will be filled by another participant on the wait list.
- \_\_\_ I agree to pay the late fees as stated above if my child is left at the program after 6 p.m., whichever time is appropriate for the selected camp program.
- \_\_\_ I understand that my child will be swimming on a daily basis in all programs and that sunscreen and proper attire are required.
- \_\_\_ I have read the brochure information and the code of conduct and agree to all terms stated in both.

I hereby apply for use of the District's recreational facilities and for participation in a Stuff 2-Do Program. I understand that the District does not, by the provision of these recreational facilities and programming, assume any responsibility or liability to me or, if this application is on behalf of my minor children, to my children, and I/we undertake such activities at my/our own risk. In consideration of being allowed to participate in this class or recreational activity, I assume all responsibility for and release and discharge the District, its agents, officers, officials, employees, contractors and representatives, whether paid or volunteer, from all claims, demands, actions, judgments and executions which I ever had, or now have, or may have in the future or which my heirs, executors, administrators or assigns may have or claim to have against the District, its agents, officers, officials, employees and representatives for all personal injuries and property damage known or unknown, caused by or arising out of this class or activity.

I further waive any claim for damages for or arising out of the above activity. I understand and acknowledge that I/we are engaging in this activity at our own request and risk and are not entitled to any compensation, benefit or insurance coverage from the District, nor will I/we claim any from the District. I/we further acknowledge that I/we are familiar with the activity and are physically able to perform it. If this application is on behalf of my minor children, I hereby represent that I am the legal guardian of said children, and in my capacity as such, assume full responsibility for them in accordance with the terms of this release. I have read this application and release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Wells Branch Municipal Utility District wishes to make reasonable accommodations so that persons with disabilities can participate in classes/activities. If you have special needs or will require special assistance please let us know.

**\*\*\*\*\*NOTE: Tax Form will NOT be sent, please save your receipts.\*\*\*\*\***