



UNIVERSITY OF ALASKA SOUTHEAST

4300 University Drive, Juneau, AK 99801
• (907) 796-6443 • Fax (907) 796-6387

Summer Conference Services

Summer Youth Camp Registration Form

Name of Camp/Event: _____

Sponsoring organization: _____

Group Coordinator: _____ Title: _____

Phone (Office): _____ Cell/Alt Phone: _____ Fax: _____

Email: _____ Conference Dates: _____ -- _____

Number of attendees: _____ (Male: _____ Female: _____) Minimum Age: _____ Maximum Age: _____

Because all summer conference housing reservations for those under the age of 18 will be charged the Youth Camp Administration (YCA) fee of \$5.00 per camper per day (up to 30 attendees), live-in chaperones will be provided to the group by the university Summer Conferencing staff. Groups with more than 30 attendees will need to provide an additional live-in adult chaperone (over the age of 21) for every 10 youth over the age of 12, or for every 8 youth under the age of 12.

How many live-in chaperones will provided by the sponsoring organization? _____ Please list name, age, and gender of each live-in chaperone that will be provided by the sponsoring organization.

Name	Age	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____

The UAS Summer Conference Services staff will work with the sponsoring organization and the Group Coordinator to facilitate evening and weekend events, recreational activities, and other programming that complement the intended purpose of the camp and that are conducive to the youth population being served. Please describe the general purpose and focus of this youth camp event:

Please describe some examples of the types of activities you would like to see offered to your campers:

Please describe any physical accommodation or accessibility needs that you anticipate of any of your campers:

What time each evening would you like the Camp Advisors to enforce curfew, which is the time they will be asked to stay in their rooms for the remainder of the night?

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Please disclose any other information or special considerations that would be pertinent to supervision and activity programming for your summer youth camp while staying in UAS Summer Conference Housing:

The preferences listed on this registration form will be accommodated to the best of the staff's abilities. Camp Advisor staff and Summer Conference Services staff will work closely with the Group Coordinator to make sure that the needs of the group are met, to address any conflict or conduct issues of the campers, and to provide any necessary interventions, referrals, or crisis response management.

All camp attendees must have appropriate waiver of liability forms signed by legal guardians and copies of each must be on file with the UAS Office of Residence Life and Summer Conferencing prior to their participation in any university-organized activities.

Significant changes to these preferences or to this agreement should be directed to Christopher Washko, Residence Life Manager, at (907) 796-6389. General accommodation, reservation, and payment inquiries should be addressed to Ms. Kenner Barnes, Summer Conferencing Guest Services Coordinator, at (907) 796-6385.

24-hour assistance within the housing complex can be reached by calling (907) 209-6539.

The signatures below indicate a full comprehension of the above terms of this camp registration.

Youth Camp Group Coordinator: _____ Date: _____

Kenner Barnes, Guest Services Coord: _____ Date: _____

Sophie Stradley, Camp Advisor: _____ Date: _____

Joshua Galbraith, Camp Advisor: _____ Date: _____

Hayley Graff, Camp Advisor: _____ Date: _____

Christopher Washko, Director _____ Date: _____