

Dear Parents:

It is necessary to completely fill out the following **four forms** and submit them with a \$25.00 deposit online through the portal below in order to reserve a spot for your child (or children) in the SIUE SUMMER WRITING CAMP. Our camp has space for no more than 120 students and tends to fill early with repeat campers, so the sooner we receive your deposit, the better. If camp is full when your deposit arrives, the money will be returned to you. Otherwise, it is non-refundable. This year's camps will meet as always Monday through Friday from 9:00 until 3:30. The dates for this year's camp sessions are as follows:

Session I – June 10 through June 21

Session II – July 08 through July 19

Form #1 is an info sheet. We need to be able to place your child in the proper group, to have access to information for contacting parents and others you are making responsible for your child's welfare before and after camp, and important daily health info (for example, an allergy to peanuts or bee stings), and which session you prefer, June or July.

Form #2 is a summer activities health information and consent form. Fill this out as completely as possible.

Form #3 is a liability release form. **Please, please note that not only does one parent need to sign this form, but also another adult (the other parent is fine, a neighbor, your best friend, the lady who works at the desk next to yours) MUST sign where it says "Signature of witness."**

Form #4 explains Camp Code of Conduct and Discipline Procedures. It needs to be signed by both camper and her/his guardian.

Once you have completed these three forms, send them along with either \$20.00 for each child you wish to register or with the full amount of \$240.00 per child to:

Adam Cleary, Director
SIUE Summer Writing Camp
Box 1431
Southern Illinois University Edwardsville
Edwardsville, Illinois 62026

All registration and payments should be made online; we no longer accept check or money orders.

Thanks, and we look forward to a most excellent camp!

Adam Cleary

Registration Form

Camper's name _____

(last, first, middle)

Parents' names _____

Address _____

Home Phone: _____ Cell: _____

Work: _____

Camper's Date of Birth: _____

Camper's grade in school (which he or she will enter in the Fall) _____

Check Session desired:

- June 10 – June 21 _____
- July 08– July 19 _____

Is there any information about your child which the camp staff should be aware of (for example handicapping conditions, diseases, allergies, activity restrictions)? Write on the back of the form if this space is not adequate.

Please list the names of people (other than parents) to whom you give permission to pick your child up from camp.

If your camper is old enough to drive, with enough time (2 weeks or more) I can arrange to get him or her a hangtag to park in the Green lot, for an additional \$20.00. In contrast, Visitor Parking is \$1.00 an hour. If interested, please provide the following information:

Make, model, year and color of car

License plate number (and state)

**SUMMER ACTIVITIES FOR YOUTH HEALTH
INFORMATION AND CONSENT FORM**

To be completed by the participant's **PARENTS**. Please return with camp application.

1. Camp or Program: _____ Dates: _____

2. Participant's Name: _____
(last, first, middle)

3. Home Address / Phone: _____
(street/route) (city or town) (state) (zip) (phone)

4. Parent's Names:
Mother (or Guardian): _____
(last, first, middle)

Father (or Guardian): _____
(last, first, middle)

5. Work Address / Phone
Mother (or Guardian): _____
(employer) (street/route)

(city or town) (state) (zip) (phone)

Father (or Guardian) _____
(employer) (street or route)

(city or town) (state) (zip) (phone)

6. Please list a close relative or friend who may be contacted if you are unavailable in case of an emergency:

7. Is there any information regarding your child of which the camp staff and faculty should be aware? Please check and explain.

Handicapping conditions _____

Diseases _____

Allergies _____

Activity restriction _____

Necessary regular medications _____

Other _____

8. Physician to be contacted in case of emergency:

Name _____ Phone: Address _____

Your signature indicates parental approval of the student's attendance at and participation in all camp activities except as noted by you in number 7 above. _____

(Signature of parent or guardian)

(date)

— Consent of Treatment —

I hereby authorize the Southern Illinois University Edwardsville to provide or obtain emergency medical care for _____, a minor. I understand that I will be responsible for any charges incurred for such care.

Signature: _____ Phone: _____

(parent or guardian if student is under 18 years of age)

Relationship to Minor: _____

Distribution: Program Director / Program Staff

**RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, & COVENANT NOT TO SUE AGREEMENT
(BINDING LEGAL DOCUMENT -- READ CAREFULLY BEFORE SIGNING)**

I hereby acknowledge that participation by my child in **SIUE Summer Writing Camp** (camp program title), a voluntary educational, athletic, social, and/or recreational camp program sponsored and administered by Southern Illinois University Edwardsville's Department of **English** from _____, 201 , to _____, 201 , involves an inherent risk of and exposure to property damage and bodily or personal injury to my child, or to others. Dangers related to such activities may include but are not limited to: hypothermia, broken bones, strains, sprains, cuts, abrasions, bruises, drowning, concussion, heart attack, heat exhaustion, injuries associated with travel, and death. I acknowledge that I am aware that there are risks, hazards, and dangers inherent in such activities and in the training, preparation for, and travel to and from such activities. I further acknowledge that it is my sole responsibility to allow my child to participate only in those activities for which my child has the prerequisite skills, qualifications, preparations, and training. I acknowledge that the Board of Trustees of Southern Illinois University, a body politic and corporate of the State of Illinois, on behalf of Southern Illinois University Edwardsville and its members individually, and its officers, agents, and employees, hereinafter "Releasees", do not warrant or guarantee in any respect the competency or mental or physical condition of any third-party affiliated with the camp program, including any third-party leaders, instructors, volunteers, vehicle drivers, or individual participant in any educational, athletic, social, and/or recreational camp program or activity. I further acknowledge that Releasees make no warranty as to the condition, safety, or suitability of any equipment, vehicle, property, or premises for any purpose. I acknowledge that I am solely responsible, through insurance or otherwise, including the Camper Accident/Medical Benefit Coverage, if applicable in this camp program, for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in the above-noted voluntary camp program. I hereby assume on behalf of my child any and all such risk. For the sole consideration of Releasees arranging for and allowing my child's participation in the above referenced voluntary camp program, and in connection therewith, making available for my child's use while participating in such program, certain equipment, facilities, grounds, or personnel of Releasees, I hereby waive liability, release, hold harmless, covenant not to sue, and forever discharge Releasees from any and all liability, claims, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my child's participation in the above-referenced voluntary camp program. I understand and agree that Releasees do not have medical personnel available at the locations of the camp program; that Releasees are granted permission to authorize emergency medical treatment for my child; that such action by Releasees shall be subject to the terms of this Agreement; and that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I understand that acceptance of this signed *Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement* by Releasees shall not constitute a waiver, in whole or in part, of sovereign immunity by Releasees; that it shall be effective during the entire period of my child's participation in the above referenced voluntary camp program; that it binds me, members of my family, my spouse, and my child's heirs, executors, administrators, and assigns; that it shall be construed in accordance with a the laws of Illinois; and that if any of its terms or provisions are held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby.

I have read, understand, and have freely and voluntarily signed this *Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement*.

This the _____ day of _____, 201

Signature of parent or guardian

Name and age of child (print)

Date

Signature of witness

(Must be 18 years or older)

Updated: November 2010

**Southern Illinois University Edwardsville
Summer Camp/Program Disciplinary Procedures**

Each participant has a reasonable expectation to enjoy a positive camp/program experience. Therefore, the misbehavior of one participant, or a group of participants, should not be permitted to impact negatively on the camp/program experience of others. Most camp/programs are short in duration, so prompt action is required when problems occur. Parents and participants should be aware of the disciplinary policy.

First Offense: participants failing to adhere to camp/programs rules, or exhibiting behavior clearly intended to annoy or endanger other participants, will be privately and formally warned by a camp/program staff and informed that subsequent misbehavior will result in formal counseling by the Camp/Program Director.

Second Offense: Subsequent misconduct will result in counseling by the Camp/Program Director and a warning that further misconduct will result in removal from camp/program. At this point, the Camp/Program Director will contact the parent or guardian to advise him/her of the situation and the possible need for picking the child up from camp if there is further misconduct.

Third Offense: Any further inappropriate behavior will result in counseling by the Campus Sponsor of the camp/program and expulsion from camp/program.

NOTE: SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE EXPECTS EACH PARTICIPANT TO HAVE A SUCCESSFUL CAMP/PROGRAM EXPERIENCE. ANY OF THE STEPS OUTLINED ABOVE MAY BE OMITTED OR REPEATED AT THE DISCRETION OF CAMP/PROGRAM STAFF. PARTICIPANTS DISMISSED FROM CAMP/PROGRAM FOR DISCIPLINARY REASONS WILL NOT RECEIVE A REFUND OF ANY FEES PAID TO ATTEND CAMP/PROGRAM.

It should be understood this procedure is intended to provide a reasonable and consistent method for dealing with the type of behavior that can be disruptive to a camp/program, but is not so egregious as to warrant immediate dismissal from camp/program. It in no way precludes immediate dismissal from camp/program for more serious disciplinary problems or violations of campus or camp/program regulations. A serious disciplinary problem is defined as one in which the camp/program staff determines that a child is engaging in inappropriate behavior that includes, but is not limited to the following: actions which put the participant, other participants, or camp/program staff member's safety in jeopardy; inflicting physical or emotional harm on self or others, vandalism or destruction of University property; theft of University property or the property of another participant; consistently disrupting the program; possession of alcohol, drugs, or weapons; fighting; sexual harassment; sexual misconduct, or behavior that is serious enough to warrant a third offense.

Parent and Participant Pledge:

I/we understand the disciplinary procedures described above. I/we understand failure to demonstrate proper conduct during camp/program may result in early dismissal from camp/program without any refund of fees paid to attend. We pledge to abide by all camp/program rules and to exercise good behavior and proper respect for others.

PARTICIPANT SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

Camp/Program: SIUE 2019 Writing Day Camp Dates: _____