

# Camper Information Form

Please Complete all 4 pages (Health, Discipline, & Permission Form)

and return 3 weeks before camp.

Please make and keep a copy of this form for your records.

Camper's Name \_\_\_\_\_ Camper's Age (at camp time) \_\_\_\_\_  
Street Address \_\_\_\_\_ Birthdate \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Sex \_\_\_\_\_ M \_\_\_\_\_ F  
County \_\_\_\_\_ e-mail address \_\_\_\_\_  
School Attending \_\_\_\_\_ Grade (completed) \_\_\_\_\_ Race (\*) \_\_\_\_\_  
Name of Parent/Guardian \_\_\_\_\_ T-Shirt Size: YM YL AS AM AL AXL  
Home Phone \_\_\_\_\_ (Circle One)  
Mother's Day Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_  
Father's Day Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_  
Neighbor/Relative who may be reached if Parent/Guardian is not available:  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Is this your first year at Summer Camp? \_\_\_\_\_ Yes \_\_\_\_\_ No. If no, number of previous years? \_\_\_\_\_  
One Preferred Roommate (not guaranteed & must be within 1 year of age) \_\_\_\_\_  
How did you hear about camp? \_\_\_\_\_  
(previous camper, friend, relative, internet search, magazine (which), newspaper (which), camp fair (where), extension office, other (please tell us))

(\*) Necessary to comply with affirmative action Civil Rights Standards

## Code of Conduct

While participating in Youth Learning Institute Camp, I understand I will not have in my possession or use: any tobacco products, any illegal drugs, any alcoholic products, any weapons (knives or guns), or any explosive products.

Furthermore, I will not: steal or destroy camp or other camper's property, get into any fights, be involved in any sexual activities, break camp curfew, use bad language or show disrespect for my counselors, other adults, or other campers.

Violation of these rules may constitute immediate action and possible dismissal from the camp. Transportation home will be the responsibility of the parent or guardian.

I have read the discipline review policy on the back of this form and agree to follow these rules while at camp.

Camper's Signature \_\_\_\_\_

## Permission Form

### *Release and Permission to Participate*

As a parent/guardian, I fully recognize and understand that there are certain injury risks associated in being in a natural environment such as camp and that there is a risk of being injured in such activities as horseback riding, swimming, other water activities, challenge course, and other outdoor activities. I recognize the risks involved and give permission for the camper named herein to participate in all camp activities (except those specifically listed by the parent or guardian). In consideration of the privilege of camp attendance, it is expressly agreed that all use of services and facilities shall be undertaken at the participant's sole risk and that the camp or Clemson University shall not be liable for any claims, demands, injuries, damages, or causes of action whatsoever to any camper arising out of or connected with the use of any of the services and facilities of the camps. Further, the camp, camp staff, agents, owners or Clemson University will not be liable for loss of personal property of the camper. I agree with the Youth Learning Institute Camper Discipline Review Policy (on back) which I have read and will support its enforcement.

IN CASE OF MEDICAL EMERGENCY, I understand that first-aid will be available at camp, that the camper will be closely supervised, and that if serious injury or illness develops, medical and/or hospital care will be given. I further understand that I will be notified in case of serious injury or illness; however, if it is impossible to contact me, I give my permission to the physician selected by the camp to hospitalize, to secure proper treatment, and to order injection, anesthesia or surgery for my child named above.

I do hereby consent and agree to allow Clemson University the use of my child's image or likeness in photographs, videos, or audio for educational purposes or promotional purposes, including posting on the Internet. I agree that the use herein may be without compensation to me or my child.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Camp Health Form

(to be completed by Parent or Guardian)

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

**HEALTH HISTORY:** (Check any condition a staff member should know about)

Heart Condition	___	Bed Wetting	___	Rheumatic Fever	___
Diabetic	___	Eye Infection	___	Sleep Walking	___
Allergic to Bee Stings	___	Convulsions	___	Homesickness	___
Allergic to any drugs	___	Poison Ivy	___	Contact Lenses	___
Headaches	___	Ear Infection	___	Other	___

Explain any items marked above: \_\_\_\_\_

Is the camper taking any medication? \_\_\_ No \_\_\_ Yes

If yes, name of Medication : \_\_\_\_\_  
\_\_\_\_\_ (send only what will be needed at camp)

Directions for use of Medication (Please write on a 3x5 card and put in zip lock bag of medications)

Are there any physical restrictions? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Other health information that the camp staff may need? \_\_\_\_\_

**IMPORTANT:** Please notify the camp if this camper is exposed to any communicable diseases during the three (3) weeks prior to camp.

## IMMUNIZATION HISTORY

D.P.T. Series \_\_\_\_\_ Booster (date) \_\_\_\_\_

Polio \_\_\_\_\_ Booster (date) \_\_\_\_\_

Measles \_\_\_\_\_ Booster (date) \_\_\_\_\_

Other \_\_\_\_\_ Booster (date) \_\_\_\_\_

Date of last Tetanus Immunization \_\_\_\_\_

Copy of Immunization History may be used and stapled with this form.

## IN CASE OF EMERGENCY, NOTIFY:

Name \_\_\_\_\_ Address \_\_\_\_\_

Relation \_\_\_\_\_

Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Practicing Hospital \_\_\_\_\_

Phone (Hospital) \_\_\_\_\_

This statement must be completed in order to attend camp.

# Medical Statement

(To be filled out by "Licensed Medical Personnel"\*)

*\*INTERPRETATION: "Licensed Medical Personnel" includes those licensed physicians, certified or certification-eligible nurse practitioners, or other medical personnel who are certified by the state to conduct health examinations.*

Dear Licensed Medical Personnel:

The State of South Carolina and the American Camping Association requires that a child attending a resident camp be examined by licensed medical personnel within 24 months prior to the date of camp activity (such activities may include horseback riding, swimming, other water activities, challenge courses, and other outdoor activities). Your support in helping this child is very much appreciated.

Clemson University, Youth Learning Institute

I examined \_\_\_\_\_ on \_\_\_\_\_  
and it is my opinion that he/she is physically able to engage in camp activities, except as follows:

\_\_\_\_\_ and with these precautions: \_\_\_\_\_

Examiner \_\_\_\_\_ Office Phone \_\_\_\_\_  
Address \_\_\_\_\_ Hospital Phone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## ***Insurance Coverage Information***

- Camp Insurance coverage is in effect while camper is in camp and while in route to and from camp.
- Insurance provides up to the following maximums:
  - \$ 3,000 Medical and surgical treatment
  - \$ 500 Dental expense (natural teeth only)
  - \$ 1,000 Medical and Hospital expense for illness (if occurring on or during insured days)
  - \$ 3,500 Medical expenses for specified disease
  - \$ 3,000 For losses within 100 days of accident which result in loss of life
  - \$ 7,500 Loss of both hands or both feet
  - \$ 2,500 Loss of one hand, one eye, or one foot

This policy does not cover the following: eyeglass replacement, suicide, aviation accidents, preexisting conditions, participation in snow sports, tubing, tobogganing, and bobsledding. If camper returns home sick or injured without seeing a doctor while at camp, camper must see a doctor within 24 hours for insurance to pay.

Medical costs that exceed the policy amounts will be the responsibility of the parent/guardian.

## Youth Learning Institute Camping Discipline Policy

1. In the event a participant at a Youth Learning Institute Camping program is accused of committing an offense that warrants that individual's dismissal from the program, that individual shall be required to appear before an Incident Review Board. The Resident Director, or if he is not available, the person in charge of the program, shall appoint a Review Board, which shall consist of at least three adults involved with the camp program. In addition, the Review Board shall have at least one youth representative from the camp program. The Resident Director, or the person in charge of the program if he is not available, shall serve as chairman of the Review Board and may be considered as one of the adults required for the Board.
2. When a youth Learning Institute Camper is summoned to appear before the Review Board, the chairman of the event shall ensure that the Camper has an adult appointed at least 30 minutes before the hearing to serve as their advisory and counselor for the hearing.
3. Campers accused of the following offenses will be required to appear before the Review Board:
  - Possession or use of illegal drugs or alcoholic beverages
  - Theft, misuse, or abuse of public or private property
  - Sexual misconduct
  - Unauthorized possession of weapons, ammunition, or fireworks
  - Unauthorized absence from the premises of the event
4. If the accused camper is found in violation of any of the above items, the camper's parents/guardians shall be notified, and the camper shall be sent home immediately, at their parents/guardians expense.
5. Campers accused of any of the following may be required to appear before the Review Board, if the Resident Director, or person in charge of the program, determines that the seriousness of the offense warrants dismissal:
  - Breaking curfew, or disturbing the peace
  - Unexcused absence from the activities of the week, or from the group assigned
  - Unauthorized use of vehicles during the program
  - Use of tobacco during the program
  - Willful disobedience and/or inappropriate language
6. If the accused Camper is found in violation of any of the above items, and in the determination of the Review Board, the offense warrants dismissal from the program, the parents/guardians shall be notified and the Camper shall be sent home immediately at the parents/guardians expense.

I have read the above rules and the Youth Learning Institute Camping Discipline Policy. I hereby agree to abide by all rules listed above and in the Youth Learning Institute Camping Discipline Policy. I understand if this contract is broken by me, I may be sent home early and will be responsible for paying all costs associated with leaving early.

Signature of Camper \_\_\_\_\_ Date \_\_\_\_\_

Please make sure this form is completed and mailed back  
**3 weeks** before camp starts.