

Finding Your Voice Registration Form

(Please print or type)

Please return as soon as possible. We only have 42 spots available and they will be filled in the order we receive **completed** registration packets.

Camper's Name: Last: _____ First: _____

Birthdate: _____ School/Grade: _____

Home Address: _____

City: _____ Zip: _____

T-Shirt Size: _____

1st Parent/Guardian's Name: _____

Relationship: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ E-mail: _____

2nd Parent/Guardian's Name (if applicable): _____

Relationship: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ E-mail: _____

Parent Authorization and Permission to Treat- MUST BE SIGNED FOR CHILD TO ATTEND CAMP: I hereby give permission to the medical personnel selected by the camp director to provide routine health care: to administer medications, to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for the person named above.

Parent/Guardian Signature: _____ Date: _____

Finding Your Voice
Pick-Up Authorization

To maintain the safety of your child, we must know if someone other than the named persons on the registration form will be picking up your child from camp. If so, please fill out this form to indicate who will be picking up your camper. We trust that you understand that this precaution is for the safety of the campers. Thank you for your time and consideration.

Campers' Name _____

I, _____, **give permission for my child to**
(Printed parent's/guardian's name)

released from camp to the following adult(s):

Name _____ Relation: _____
(As it appears on driver's license)

Name _____ Relation: _____
(As it appears on driver's license)

FOR CAMP USE ONLY AT CHECK-OUT

I am picking up the above named child from Clemson University's Outdoor Lab and assuming full responsibility for her.

Name _____ Signature: _____
(As it appears on driver's license)

Released by _____ Signature: _____

**Photography Consent/Model Release Form
For Minor Children (under 18)**

I, _____, parent or
(*print parent or guardian name*)
legal guardian of _____
(*child's name*)

Do hereby grant permission to the Clemson University Finding Your Voice Camp and its employees or representatives, to take and use: photographs, video and/or digital images of **my child** for use in promotional or educational materials pertinent to the Finding Your Voice program as follows:

- In printed publications or materials
- In electronic publications or presentations
- On the Clemson University website (www.clemson.edu)

I agree that my child's identity (*please initial one*): _____ may be revealed

_____ may not be revealed

in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and video shall be the property of Finding Your Voice and Clemson University.

Name of parent/ legal guardian
PLEASE PRINT

Signature of parent/ legal guardian

Date

Address

City, State, Zip

Clemson University

Acknowledgement of Responsibility Form for Minors – Finding Your Voice

I, _____ (print full name of parent or legal guardian) understand that the participation of my child, _____ (print full name of minor) in a Clemson University (hereafter “The University”) program to be housed on the Clemson University campus from _____ (date) to _____ (date) requires my agreement to certain conditions. In consideration of my child’s participation in such a program, I hereby understand, acknowledge and agree to the following terms and conditions:

- (1) I am the legal parent or guardian of the minor participant named above.
- (2) I understand that the University disclaims any legal or financial obligation for any participant’s personal property that may be lost or damaged in its buildings or on its grounds. Summer Programs participants are encouraged to carry appropriate insurance to cover such losses.
- (3) I am responsible for the condition the minor participant named above assigned residence space and shall reimburse the University for all damage to the space and damage to or loss of fixtures, furnishings, or properties furnished under the contract. No alterations may be made to the area or furnishings from your space.
- (4) I agree that my child will take every precaution to assure that communal areas including, but not limited to, baths, stairwells, elevators, lounges, kitchens) is not abused. I agree that I am responsible for reimbursing the University for any damage caused by my child to communal property. In halls or areas where the University has determined that there is abuse or destruction of University property and the responsible individual(s) cannot be identified, all summer programs participants assigned to the building in which the common space is located may be held responsible for paying a prorated portion of repair and/or replacement costs.
- (5) I understand that I am responsible for my child’s key. Keys are issued at check-in. Keys must be returned when occupancy is terminated. If a key is lost or not returned when occupancy is terminated, the lock will be re-cored and new keys will be made. The cost for these services is \$50 per key/key fob lost and will be charged to the participant. All keys are property of the University and bear the statement “State of S.C., Do Not Duplicate.” Those violating this provision, or who possess keys other than the one assigned to them are subject to eviction from University housing.
- (6) I agree that my child will abide by the University Housing Summer Programs residency rules and local, state and federal laws. I understand that my child will be immediately removed for possession or use of illegal substances, illegal possession or use of alcoholic beverages, destruction of property or disruptive behavior. Smoking is prohibited in all University housing facilities. I understand that the University may remove a summer programs participant for non-compliance with University Housing Summer Programs residency rules or local, state and/or federal law.
- (7) I agree to indemnify and hold Clemson University harmless for any loss, liability, damage or costs, including court costs and attorney fees, that may occur as a result of the minor participant’s negligent or intentional act or omission during the time he/she participates in a summer program on the Clemson University campus.

REQUIRED SIGNATURE

Participant Name _____

Parent or Legal Guardian Signature _____ Date: _____

TEAM VENTURES PROGRAM

**Clemson University Outdoor Lab
PRTM Department
263 Lehotsky Hall
Clemson, SC 29634-0737
(864) 646-7502
www.clemson.edu/outdoorlab**

PERMISSION STATEMENT AND RELEASE OF LIABILITY

I understand that my child's participation in the Team Ventures program at Clemson University Outdoor Lab is completely voluntary. I have familiarized myself with the activities in which my child will be participating. I recognize that certain hazards and dangers are inherent in Team Ventures. I acknowledge that, although Clemson University has taken safety measures to minimize the risk of injury to participants, Clemson University cannot insure or guarantee that the participants, premises and/or activities will be free of hazards, accidents and/or injuries. I understand that each participant must assume the risk of injury that could result from these activities. I release Clemson University and its staff from all liability for any injury to my child while participating in Team Ventures. I affirm that my child's health is good, and that he/she is not under a physician's care for any condition that might endanger his/her health or that of other participants. I further recognize and have instructed my child in the importance of knowing and abiding by the program's rules, regulations and procedures for his/her safety and that of other participants.

Participant's Name _____ Date _____

PARENT/GUARDIAN INFORMATION

Name _____

Address, City, Town, State, Zip _____

Home Phone _____ Business Phone _____

EMERGENCY CONTACT

Name _____ Phone #(s) _____

Parent or Guardian's Signature _____

MEDICAL INFORMATION

Please list below any medications being taken by your child:

My child is allergic to: _____

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Outdoor Laboratory staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature _____ Date _____

TEAM VENTURES ACTIVITIES

All activities are “challenge by choice” which means you may choose not to participate in a particular activity.

Group Initiatives:

This course is a series of problem solving initiatives in which you will be challenged to reach beyond what you perceive to be your limits. These activities may include, but are not limited to, playing tag, using a hula hoop, tossing tennis balls, walking on a log, swinging from a rope, holding plastic pipes, climbing over a wall or log, being 2’ off the ground on a cable, being blindfolded, losing personal space, etc. All activities must be accomplished by working together as a team. You are not in this alone. A facilitator is with you at all times.

High Ropes:

This course consists of a series of initiatives that range in height from ground level to 28’ above the ground. Each participant will be schooled in how to use all safety equipment (harnesses, helmets, and static belay lines) and follow all the safety procedures before going on the course. Participants then make their way from element to element throughout the course and end with a zipline ride. At least two facilitators will be working with you (one on the course and one on the ground) during this activity.

Climbing Tower:

This is another option for Team Ventures participants. The 55’ climbing surface (strategically placed “rocks”) is built on the side of a 100’ forest fire observation tower. As in High Ropes, participants are schooled in the use of all safety equipment (harnesses and helmets) and procedures (commands) before beginning their climb. Participants are belayed (attached by a rope) to a facilitator as they climb and descend.