2017 Summer Scholars Forms or Information to Submit

- CU Camp/Program Health Examination Form
- Clemson University Parental Permission Form and Release of Liability for Youth Camps or Programs
- CU Housing Release of Liability Form for Individuals Under Age 18
- Photography Consent/Model Release Form for Minor Children
- Scholar Personal Vehicle Use and Parking *(if applicable)*
- Check-Out Form *(if applicable)*
- Letter of recommendation from a teacher, guidance counselor or school principal (only needed if GPA is below 3.3)

**High School Students** - Transcript showing GPA

**Middle School Students** - Most Recent Report Card

Summer Scholar’s Parents and Participants FYI

- Arrival and Departure Procedures
- What Every Parent Needs to Know
- Electronics Policy

Forms may be submitted via the following options:

Email: cusummerscholars@clemson.edu

Mail: Clemson Summer Scholars
2045 Barre Hall
Clemson, SC 29634

Clemson University Youth Camp/Program Health Examination Form
Clemson University Summer Scholars

Revised 1/1/17
Clemson University Camp/Program Health History
Form A

To Parent(s)/Guardian(s): Please follow the instructions below: Attach additional information if needed.

Participant Name: __________________________________________________________

Last Name: __________________________ First Name: __________________________ Middle Initial: ______

Dates will attend camp/program: from _______ to _______

Month/Day/Year Month/Day/Year

Birth Date: _______ Sex: _______ Age on arrival at camp/program: _______

Month/Day/Year

Participants Home Address: __________________________________________________

Street & Number City State Zip

Parent or Guardian with legal custody to be contacted in case of illness or injury:

Name: __________________________ Relationship: __________________________ Preferred Phone: (______)______

Email: __________________________

Home Address: __________________________________________________________

Street & Number City State Zip

Second parent/guardian or other emergency contact:

Name: __________________________ Relationship: __________________________ Preferred Phone: (______)______

Email: __________________________

Additional contact in event parent(s)/guardian(s) can not be reached:

Name: __________________________ Relationship: __________________________ Preferred Phone: (______)______

Email: __________________________

Allergies: □ No □ Know Allergies.

☐ This participant is Allergic to:

☐ To Foods (list) __________________________________________ Reaction: __________________________

☐ To Medications (list) __________________________________________ Reaction: __________________________

☐ To the environment (Insect Stings, Hay Fever, etc. -list) ____________________________________________________________________________

☐ Other (list) __________________________________________ Reaction: __________________________

☐ Diet, Nutrition: □ This participant eats a regular diet. □ This participant eats a regular vegetarian diet. □ This participant is Lactose intolerant. □ This participant is gluten intolerant: □ Other, please explain in space.

Restrictions:

☐ I have reviewed the program and activities of the program and feel the participant can participate without restrictions.

☐ I have reviewed the program and activities of the program and feel the participant can participate with the following restrictions or adaptations:

(Please describe below)

PARENT AUTHORIZATION & PERMISSION TO TREAT:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities, except as noted by me and the examining physician. I hereby give permission to the medical personnel selected by the program 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 program director to secure and administer treatment, including hospitalization, for the person named above.

Parent/Guardian Signature ______________________________________ Date __________ Relationship to participant: __________________________
Medication:  □ This participant takes NO medications on a routine basis  □ This participant takes medications as follows (attach additional pages if needed)

<table>
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<tr>
<th>Medication &amp; Dose given</th>
<th>Dosage</th>
<th>Times Taken each Day</th>
<th>Reason for Taking</th>
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Non-prescription medications may be stocked by the program and are used on an as needed basis to manage illness and injury. Please list any non-prescription medications that the participant should not be given.

Health History: Check "yes" or "no" for each statement. Explain "yes" answers below.

Has/does the participant:
1. Ever been hospitalized? □ Yes □ No 11. Wear glasses, contacts, or protective eyewear? □ Yes □ No
2. Ever had surgery? □ Yes □ No 12. Had fainting or dizziness? □ Yes □ No
3. Have recurrent/chronic illness? □ Yes □ No 13. Ever had back/joint problems? □ Yes □ No
4. Had recent infections disease? □ Yes □ No 14. Passed out/had chest pain during exercise? □ Yes □ No
5. Had recent injury? □ Yes □ No 15. Have problem with falling asleep/sleepwalking? □ Yes □ No
6. Have diabetes? □ Yes □ No 16. Had mononucleosis during the past 12 months? □ Yes □ No
7. Had seizures? □ Yes □ No 17. If female, have problems with periods/menstruation? □ Yes □ No
8. Had headaches? □ Yes □ No 18. Have problems with diarrhea/constipation? □ Yes □ No
9. Have history of bedwetting? □ Yes □ No 19. Had asthma/wheezing/shortness of breath? □ Yes □ No
10. Have any skin problems? □ Yes □ No 20. Travel outside the country in the past 9 months? □ Yes □ No

Please explain "yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel

Immunization History: Provide the month and year for each immunization. Copies of immunizations forms from health-care providers or state or local government are acceptable; please attach to this form.

<table>
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<tr>
<th>Immunization</th>
<th>Dose 1 Month/Year</th>
<th>Dose 2 Month/Year</th>
<th>Dose 3 Month/Year</th>
<th>Dose 4 Month/Year</th>
<th>Dose 5 Month/Year</th>
<th>Most Recent Dose Month/Year</th>
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<tr>
<td>Diphtheria, tetanus, pertussis (DTap) or (DtaP)</td>
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<td>Tetanus booster (dT) or (TdaP)</td>
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<td>Mumps, measles, rubella (MMR)</td>
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<td>Polio (IPV)</td>
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<td>Haemophilus influenza type B (HIB)</td>
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<td>Pneumococcal (PCV)</td>
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<tr>
<td>Hepatitis B</td>
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<tr>
<td>Hepatitis A</td>
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<td>Varicella (chicken pox)</td>
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<tr>
<td>Meningococcal meningitis (MCV4)</td>
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<tr>
<td>Tuberculosis (TB) test</td>
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<td>Date: □ Negative □ Positive</td>
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</tbody>
</table>

If your participant has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial: _____________________________ Date: _____________ Relationship to Participant: _____________________________

Revised 1/1/17
**Mental, Emotional, and Social Health:** Check "yes" or "no" for each statement.

Has the participant:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?
   - ☐ Yes  ☐ No

2. Ever been treated for emotional or behavioral difficulties or an eating disorder?
   - ☐ Yes  ☐ No

3. During the past 12 months, seen a professional to address mental/emotional health concerns?
   - ☐ Yes  ☐ No

4. Had a significant life event that continues to affect the participant’s life?
   - ☐ Yes  ☐ No

   (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp/program may contact you for additional information.

### Medical Insurance Information:
This participant is covered by (family medical/hospital) insurance: ☐ Yes  ☐ No

### Health Care Providers:

<table>
<thead>
<tr>
<th>Name of participant's primary doctor:</th>
<th>Phone: (____) __________________</th>
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<table>
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<tr>
<th>Name of dentist:</th>
<th>Phone: (____) __________________</th>
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</table>

I examined this individual on __________________. In my opinion, the applicant is able to participate in an active camp/program.

**Signature of Licensed Medical Personnel**

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Title</th>
<th>Address</th>
<th>Phone: (____) __________________</th>
</tr>
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</table>

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<tr>
<th>Street &amp; Number</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Revised 1/1/17
Clemson University Parental Permission Form and Release of Liability for Youth Camps or Programs

I, ________________________________, am the parent and/or legal guardian of ________________________________, a minor child under the age of 18 years. I would like to have my child participate in the following camp at Clemson University (University): ________________________________ which will take place on __________, 2017.

In consideration for my child being allowed to participate in this camp, I the undersigned, acknowledge, appreciate and agree that:

1. This camp affords my child the opportunity to participate in activities, including, but not limited to: academic activities in studio’s and laboratories; academic activities in streams and freshwater ponds; academic activities in barns and other nontraditional classrooms; academic activities with potentially hazardous chemicals, biological specimens, and laboratory equipment; exploring nature and the outdoors; walking/hiking; swimming; riding in vans and buses for transportation; and participating in specialist-led activities. There are inherent risks involved with these activities, including but not limited to: environmental hazards, exposure to plant and animal tissue, burns, slips and falls, dehydration, fatigue, insect bites, drowning, and being injured by the negligent acts or omissions of other participants. The physical risks of participating range from small scrapes and bruises to bites and stings, broken bones, sprains, neurological damage and, in extraordinary cases, even death. The properties on which the activities are conducted includes hilly, rocky and wooded terrain, creek beds, potential harmful plants and animals, which may bite or sting. Injuries may be a natural consequence of the undertaken as a result of the environmental hazards (including terrain and weather), a result of errors in judgment or failure to exercise reasonable care by instructors, staff or participants, or otherwise, and may occur in spite of the reasonable efforts of instructors and staff to prevent them. In all cases, those inherent risks, as well as other risks of injury or death to persons or damage to property, which are not inherent and whether or not described above, must be accepted by those who choose to participate. I choose to voluntarily allow my child to participate in this camp. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.

2. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child’s participation in this camp. I agree to pay for any medical costs that exceed the limits of my insurance coverage.

3. I understand that this camp is physically strenuous and I know of no medical reason why my child should not participate.

4. I understand that Clemson University and Summer Scholars do not assume responsibility for any items lost or stolen during the camp.

5. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child’s participation in this camp, whether caused by negligence of the University, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the University for any loss, liability, damage or costs, including court costs and attorney’s fees that may occur as a result of my or my child’s negligent or intentional act or omission while participating in this camp.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

______________________________________________ ____________
Signature of Parent and/or Legal Guardian Date
Clemson University
Acknowledgement of Responsibility and Indemnification Form for Minors – Summer Programs

I, __________________________ (print full name of parent or legal guardian) understand that the participation of my child or ward (hereafter the “participant”), __________________________ (print full name of minor) in a Clemson University summer program to be housed on the Clemson University campus from __________ (date) to __________ (date) requires my agreement to certain conditions. In consideration of the participant’s inclusion 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 participant named above.

(2) I agree to hold Clemson University, its board of trustees, officers, directors, administrators, employees, representatives, masters, servants, agents, volunteers, successors, and assigns (hereafter, the “University”) harmless in regards to any legal claim or financial obligation for any participant’s personal property that may have been lost, damaged, or stolen during the summer program. Further, I understand that all participants in the University’s summer programs are encouraged to carry appropriate insurance to cover such losses.

(3) I am responsible for the condition of the residence space assigned to the participant and shall reimburse the University for any and all damage to the space as well as any damage to or loss of fixtures, furnishings, or properties furnished under the contract. Further, I acknowledge that no alterations may be made to the residence space, its fixtures or furnishings.

(4) I agree that the participant will take every precaution to assure that communal areas including, but not limited to, baths, stairwells, elevators, lounges, and kitchens are not abused. I will reimburse the University for any damage caused by the participant to communal property, the participant’s residential space, or to any other University 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. In such event, I agree to pay the prorated repair and/or replacement costs on behalf of the participant.

5) I understand that I am responsible for any key issued to the participant. 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 recored and new keys will be made. The cost for these services is $75 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 the participant will abide by the University Housing Summer Programs residency rules and local, state and federal laws. I understand that the participant 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 the participant for non-compliance with University Housing Summer Programs residency rules or local, state and/or federal law.

(7) I hereby agree to indemnify and hold the University harmless from and against any and all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with participant’s inclusion in the University’s summer programs including by way of example, but not limited to, all attorneys’ fees, costs of court, and the costs and expenses of other professionals and disbursements up through and including any appeal.

REQUIRED SIGNATURE

Participant Name___________________________________________

Parent or Legal Guardian Name___________________________________________

Parent or Legal Guardian Signature___________________________________ Date: ________________
Photography Consent/Model Release Form
For Minor Children (under 18)

I, ____________________________________________________________, parent or legal guardian of _________________________________
(print parent or guardian name)

Do hereby grant permission to the CU Summer Scholars program 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 CU Summer Scholars 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 (check 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 Clemson University and CU Summer Scholars.

_______________________________
Name of parent/ legal guardian
PLEASE PRINT

_______________________________  ______________________
Signature of parent/ legal guardian  Date

_______________________________
Address

_______________________________
City, State, Zip
SCHOLAR PERSONAL VEHICLE USE AND PARKING

Summer Scholars

My child, _____________________, will be driving his/her personal vehicle to campus before check-in and from campus after check-out.

Parking permits are needed for the week of the program. Please request those from CU Summer Scholars staff upon arrival

I understand that my child will not have use of his/her personal vehicle throughout the week and will only be allowed to leave campus in his/her personal vehicle after check-out.

Parent Name __________________________________________

Signature __________________________  Date ________________
CHECK-OUT FORM
Summer Scholars

My child, ________________________________, has my permission to be signed out to the following individuals:

<table>
<thead>
<tr>
<th>Full Name (please print clearly)</th>
<th>Date &amp; Time OUT</th>
<th>Date &amp; Time IN</th>
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Please continue on back if necessary

Your child will be released only to the person(s) indicated above. Those individuals picking up your child will need to bring a photo ID to prove their identity.

Parent Name ________________________________________________

Signature __________________________________ Date ______________

Revised 1/1/17
ARRIVAL AND DEPARTURE

• Each student is expected to arrive on campus between 3:00 – 4:00 p.m. on Sunday. Please do not arrive before check in time on the first day of camp as staff will be preparing for camp and will be unable to supervise scholars. Registration information will be sent to all scholars prior to their arrival on campus.

• Students must depart campus between the hours of 8:00 – 10:00 a.m. on Saturday. Pickup will take place at student’s assigned dorm.

• Students staying for two or more sessions will remain on campus for the weekend between those sessions. Students will not be allowed to leave campus unsupervised, unless checked out by a parent (or someone on the approved check out form) and upon completion of a signed consent form.

• Airports that service the Greenville area are Greenville-Spartanburg International Airport (GSP), Charlotte, NC (CLT), Atlanta, GA (ATL) and Asheville, NC (AVL). The Summer Scholars program will provide van transportation to and from the Greenville/Spartanburg, SC airport during the designated arrival and departure times noted above. **There is a $200.00 charge for this service ($100 each way).** If students are unable to secure flights within the times noted above, you must contact program Administrative Assistant, Stephanie Henry at (864) 656-5535. All flight itineraries must be provided to Stephanie Henry no later than 3-weeks prior to arrival. These must be emailed to cusummerscholars@clemson.edu

• For students arriving at Greenville-Spartanburg airport: Go to the baggage claim area on the lower level. A Summer Scholar representative will be in the baggage claim area. He/she will be holding “Summer Scholars” sign. You will be shuttled to the Clemson University campus by a van certified driver. Because we combine shuttle services for multiple participants, those scholars arriving/departing utilizing the Summer Scholars airport shuttle services may be subject to a short wait time in the airport terminal before or after their flight.

• Students will be required to provide their own transportation from all airports, excluding Greenville-Spartanburg International Airport. Atchison Transportation Service is our recommended provider for airport transportation. They may be reached at [www.atchisontransport.com](http://www.atchisontransport.com) or by calling 864-595-1234.
Summer Scholars
What Every Parent Needs to Know

Location
The Summer Scholars Program takes place on Clemson University’s campus, in beautiful Upstate South Carolina.

How to Contact Director
For emergencies, call: 864-656-5535. Scholars are not allowed to use mobile phones during organized program activities so as to assist them in making the most of their campus experience. Should your scholar need to contact you during the week for special circumstances, the camp staff will assist them accordingly.

Facilities
Summer Scholars reside in a single-sex residence hall. The residence halls are air-conditioned. Refrigerators are not provided in individual dorm rooms. Scholars access their room by using a key. Each hall and/or outer door is card access protected, which each counselor will have access to. Scholars are asked to lock their door when leaving the room and when sleeping. Clemson University and Summer Scholars do not assume responsibility for any items lost or stolen. Scholars and parents/guardians will be asked to read and sign the “Housing Release of Liability” form before arriving. Scholars will enjoy most meals on campus at the Harcombe Dining Hall. During field trips, students enjoy boxed lunches from the dining hall or catered meals off campus. Students are encouraged to eat three meals a day, as they will be kept very busy. All special requests that address dietary concerns should be noted on the application.

Residence Hall Group Assignments
Residence hall groups are assigned according to sex and age. If you have someone with which you want to room, please make this request on the CU Youth Camp/Program Health Exam form, but please know roommates are not guaranteed.

Arrival and Departure
Arrival is 3:00-4:00PM on Sunday at the residence hall main lounge. Please do not arrive before check in time on the first day of camp as staff will be preparing for camp and will be unable to supervise scholars. Departure on Saturday will be from 8:00-10:00 A.M at the student’s assigned dorm.

Expectations of Scholars
The Summer Scholars program is recommended for responsible middle and high school students that want to learn more about life in a college setting. While we recognize that this age student is not a college freshman, we do expect students to exhibit self-control and portray excellent character. The scholar and parent/guardian will be required to read and sign the “Code of Conduct” and the “Discipline” policy forms (which outline behavior standards) before arriving on campus. Scholars who continue to display problem behavior will be asked to withdraw from the program without a refund. No student will be allowed to leave the campus without the permission of their parent/guardian and the Director of Summer Scholars. Visitation by parents and friends is discouraged. Scholars may drive a car to campus but will not be allowed use of their personal vehicle until end-of-camp departure.

Staff
The ratio of scholars to counselor staff is 10 to 1. Scholars receive a high amount of small group interaction and personal attention from camp staff and instructors. Counselors have been chosen for their dedication and their ability to work with young people. They are Clemson University undergraduate students and some were Summer Scholars themselves! They are chosen on the basis of a thorough interview process, reference check, academic record, maturity, energy and skill level. They undergo extensive pre-camp training before assignment as counselors. Counselors supervise scholars 24 hours a day, live in the residence halls and are dedicated to the program. They accompany the scholars to class, on field trips and to social events. Counselors are assigned residence hall groups during the evening and nighttime. They are responsible for ensuring that students are aware of and comply with the expectations set before them.
Health Care
All scholars must submit a “Medical Statement” form to be admitted to the program. This form verifies that a scholar has had a recent annual physical. Sports physicals will be accepted. Staff certified in First Aid and CPR will be present at camp 24 hours each day. The on-campus Redfern Health Center is available during weekday business hours, with Urgent Care in Clemson available through late evening. A full-service hospital is available within a 15-minute drive of campus. All medications must be given to the health officer upon arrival at camp. The health officer will be responsible for properly administering the medicine on a daily basis as directed by a physician or parent. All prescription and non-prescription medications are kept under lock and key. (Exceptions may be made for inhalers or Epi-pens.) The health officer will have commonly used non-prescription medications such as Ibuprofen and acetaminophen available. Please refrain from packing such medications if possible. All campers are screened upon arrival at camp for good health prior to admission. We ask that no camper come to camp ill or with any contagious condition. We reserve the right to send your camper home if they become ill, develop any contagious condition (such as pink eye, or head lice,) or if they are unable to participate in the major activities of camp. If your camper cannot remain at camp due to health reasons you will NOT receive a refund of camp fees. Each camp has limited medical insurance on every camper for accidents and illnesses that occur at camp. Pre-existing illness and eyeglass/contact replacement are not covered. Camp is not responsible for eyeglasses or contacts that are lost or broken at camp.

Program Activities
Summer counselors plan many evening activities for the scholars to participate in throughout the week. Activities may include: field Olympics, bowling, gymnasium activities, movie night, swimming in the Aquatics Center, karaoke, trivia night, etc. Scholars can expect light activity during these times and plenty of walking throughout the week (make sure to bring comfortable walking shoes).

Free time is also scheduled into the day and will include time at the dorm, Starbucks and ice cream runs, visits to the library, playing Frisbee on Bowman Field, etc. During free time, students may also have the opportunity to meet with representatives from the Office of Admissions and Clemson ROTC, and/or take a guided tour of the famed Death Valley football stadium. Free time activities are dependent on group interests and are subject to change depending on weather, staff availability or acts of third parties beyond our control.

An example of a typical weekday:
Wake-up
Breakfast 8:00 am - 8:45
Morning Class 9:00 - 11:30
Lunch 11:30 -
Afternoon Class 1:00 pm - 3:30
Free time 3:30 - 6:00
Dinner 6:00 -
Evening Recreational Activities 7:00 - 8:30 pm
(May include, outdoor sports, swimming, indoor games, Fike Rec and Student Union)

Field Trips
Scholars will leave campus for a variety of activities. Some courses plan field trips to local establishments that reinforce what they are learning in class. Social time field trips vary from year to year but have included trips to see a local baseball game (Greenville Drive – Boston Red Sox minor league), area parks, and other recreational and cultural attractions. The expenses for the trips are included in the cost of the program and students will only need money for personal expenses.

Weather & Physical Conditions
The weather in Clemson is very warm (sometimes very hot!) in the summer. Daily temperatures range between 80 – 90 degrees and humid. Nights can also be very humid with temperatures in the 70’s. Scholars should bring appropriate clothing for warm weather. Please pack a refillable water bottle!
Sending Mail to Your Scholar
Please feel free to write your child. Scholars, especially middle schoolers, enjoy getting mail and feel left out when others receive mail and their name is not called. It would be a good idea to write your child and mail it before they leave home on Friday or Saturday prior to check-in, so mail will reach the camp before he/she leaves that week.

The mailing address is:
(Scholar's Name)
Summer Scholars Program
2051 Barre Hall
Clemson, SC 29634-0133

What to Bring
Packing Advice - What should I bring? What should I leave home? Recommended items are listed below. Please pack light. You do not have to bring everything in your closet or room! We recommend that campers bring only one suitcase and one bedroll. If possible, mark clothes with your name, as we will not be responsible for lost clothing or other personal items. You should be prepared to carry or wheel your luggage, and should not bring more than you can carry. If you are flying to Greenville, be sure to check the Transportation Security Administration (TSA) guidelines. Since most airlines are charging for extra bags, you will have to pack wisely!

Linen
- Students need to bring their own linen
- Sheets/blanket or sleeping bag (extra long single bed sheets to fit the residence hall mattresses)
- Pillow
- Towels/washcloths

Clothing List
- 2 pairs of comfortable shoes (One should be tennis shoes! - We walk A LOT) **Please view program-specific packing list in case closed toed shoes or other forms of footwear are required for your child’s course.**
- Flip flops or sandals
- Undergarments
- Sleeping clothes/pajamas
- 1 long sleeve shirt
- 3 - 4 short sleeve tops or t-shirts
- One pair of pants/nice jeans **Please view program-specific packing list in case long pants are required for your child’s course**
- 3 pair of shorts/skirts
- Socks
- Modest swimsuit and beach towel (The Fike Recreation Center on campus has a pool!)

Non-clothing items
- Sunscreen and lip gloss/lip balm
- Personal Toiletries (if flying, be sure these are 3 oz. or less in clear plastic bag)
- Bug Spray/Lotion
- Notebook and pens/pencils for class
- Wallet/spending money
- Glasses/contact lenses (Be sure to bring contact solution too!)
- Sunglasses
- Watch
- Cell phone and charger
- Prescription medicine and absolutely necessary over the counter pills & supplies (Only bring medications and medical supplies listed on your medical form)
- Water Bottle
- Alarm clock
Optional Items
- Camera – small, inexpensive (Please do not bring expensive equipment!)
- Earplugs (If you are a light sleeper.)
- Paperback books for leisure reading
- Work out clothes
- Playing cards
- Personal fan for your room (while rooms are air conditioned, you might want a fan.)

Absolutely no fireworks, alcohol, tobacco products, or weapons are permitted!

Laundry
Washers and dryers are available in the residence hall. Students must provide detergent, dryer sheets, etc. There is a minimal cost to use the machines.

Mobile Phones
Although we do not forbid cell phones at camp, we do limit use. If a camper needs to bring his or her cell phone to camp, we will ask that they **refrain from using it during all organized program activities** unless required in the course. They will be allowed to use it during unstructured free time for “checking in” with parents or emergencies.

Electronics
Electronic devices of any kind (other than cameras) may be used only during unstructured free time, rest periods, and/or before bed. They may not leave the dorm unless required in the course. Students will have access to Clemson University’s WIFI throughout the week. **Please view program-specific packing list in case specific electronics are required for your child’s course.**

Additional money
Many students enjoy purchasing Clemson University souvenirs, buying pizza together before bedtime, etc. It is at your discretion on the exact amount to send with them, however, a good suggestion would be around $20-$30 (excluding souvenirs).

Sending Snacks
You are able to send nonperishable snacks for your scholars, however, they will solely be responsible for them and refrigeration is not guaranteed. Vending machines are available in the residence halls.

Homesickness
Parents can help their student adjust to camp by letting them know that they expect them to have fun, meet new friends, and learn many new things. Our staff works hard to help campers adjust to camp by making sure they are involved in teambuilding and fun activities. If an emergency situation arises at home, we ask that you contact the camp director.
MOBILE PHONES AND ELECTRONICS

The purpose of this communication is to provide some guidance regarding our policy on electronic devices at Summer Scholars programs. We understand that electronic devices are valuable tools. In fact, several of our courses teach computer programming and video game design. Exploring Architecture even requires the student to bring a laptop computer so they can complete computer design work, both during and outside of class time.

Summer Scholars is an opportunity for young people to “power down” and take, what is for many young people, a well-needed break from the world of electronic devices. Although we do not forbid electronic devices at camp, we do limit their use and must monitor their contents in order to:

- Promote socialization between students
- Reduce the stress associated with the damage to and loss of electronics
- Allow students to focus on and fully benefit from the residential program experience
- Make efforts to prevent students from being exposed to material that is inappropriate.

In addition to offering academic rigor, Summer Scholars allows participants to develop autonomy, independence and a stronger sense of self. It allows them to make new friends, take responsibility for themselves and their roommates: problem solve and mature. However, a young person’s ability to focus on development of these important skills is often hindered by parents being only a phone call away. Students will often call or text parents for advice instead of turning to their peers or counselors. Use of electronic devices also creates isolation from peers at the program, instead of allowing the student to focus on all of the enriching activities and important peer connections a residential program experience offers.

For these reasons, we recommend that students leave all expensive electronic devices at home. These devices have a way of getting lost or broken at summer programs. Summer Scholars does not take responsibility for their loss or damage, nor does our insurance policy cover their replacement.

Mobile Phones
Although we do not forbid students to bring mobile phones, we do limit and monitor their use throughout the program. If a student needs to bring his or her mobile phone to the program, we will ask that the student refrain from using it during all organized program activities unless required by the course. Students will be allowed to use a mobile phone during unstructured free time for “checking in” with parents, or for emergencies. If a student is unable to abide by this request we will ask them to refrain from using the mobile phone. Additional or excessive misuses will result in parental contact by the Director.

Other Electronic Devices
Electronic devices of any kind (other than cameras) may be used only during unstructured free time, rest periods, and/or before bed. They may not leave the residence hall unless required by the class. If you choose to allow your child to bring an electronic device (especially an expensive one), please discuss with your child the proper handling of such devices in a program setting: e.g., don’t leave the item on the floor next to your bed, or on the sink in the bathroom, inside a pile of clothes that ends up in the laundry, etc.

Personal Electronic devices: Computers, Smartphones, MP3’s, iPods, iPads, tablets, etc.
If your child will bring a device, please do the following:
• Monitor the age appropriateness of each and every movie and TV show your child may have on their device,
keeping in mind that your child might show the content to other children. Ask yourself what type of programming you would want someone else showing your own child. Please check your child’s device(s) before he/she comes to camp to make sure that it contains only appropriate content.

- Music should be appropriate for the program setting with other students present; i.e., no references to drugs, alcohol or sex, and no profane language.

**Portable Game Systems: Gameboy, PSP, Nintendo DS etc.**

If your child will bring a portable game system, please do the following:

- **Make sure that any games have received a rating of “E” for Everyone or “T” for Teen.** Discuss with your child which games he/she is planning to bring to camp, and make sure that everything that is not age appropriate removed from the case.
- For devices with video capabilities, ensure that all movies and TV shows are appropriate.

**Digital Cameras**

If your child has an inexpensive digital camera, he or she may bring it to the program. (Make sure you pack enough memory cards and batteries.) Please discuss proper use and handling of the camera. Make sure your child understands that **pictures should not be taken of other participants without their permission.**

For devices that offer **Internet capability**, Clemson University provides unfiltered Internet access via the Clemsonguest network. Access can be wireless or through Ethernet connection. Students will be asked to create an account and to agree to the use policy.

These policies are designed to create a welcoming and inclusive community at Summer Scholars. Please note that counselors will be monitoring the use of all electronic devices and may collect any device that does not adhere to these guidelines and return it to your child on closing day. Thank you for your understanding and your cooperation.

[NOTE: EVERY EFFORT IS MADE BY SUMMER SCHOLARS TO SEE THAT EACH SCHOLAR IS SUCCESSFUL IN OUR COURSES, OUR EMPLOYEES EXERCISE DISCRETION IN JUDGING THE SEVERITY OF DISCIPLINE ISSUES/MISBEHAVIOR AND IN APPLYING A RESPONSE BASED ON THE EMPLOYEE’S DISCRETIONARY JUDGEMENT. ANY STEPS OUTLINED ABOVE MAY BE SKIPPED OR REPEATED AT THE DISCRETION OF STAFF.]

**See you this summer!**