

CENTRAL STATE UNIVERSITY EXTENSION



Discovery Day Camp Application *A Seed to Bloom Program*

CSU Dayton
Application Deadline:
July 1, 2019

Child's First Name: _____ Middle Initial: _____ Last Name: _____
(Please Print)

Parent's Name (s): _____
(Please Print)

Address: _____ City / Zipcode: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail Address: _____

Age as of 1/1/2019: _____ Fall 2019 School Grade: _____ Gender: Male Female

Special Dietary Needs, Allergies, etc.: _____

Health considerations /special needs or requirements? Yes No If yes, please explain (i.e. food allergy, diabetes, etc.):

T-Shirt Size: S M L XL 2X 3X Youth Size Adult Size

In case of emergency or accident, notify:

1) Name: _____ Relationship: _____ Phone #: _____

2) Name: _____ Relationship: _____ Phone#: _____

If you need to restrict who picks up your child, you must submit a "Restricted Release Form," included in your packet; please return with your completed packet or be certain to bring with you at check-in on **August 6, 2019**. We understand parents may need to restrict who picks up your child(ren). Your child(ren) will not be released to anyone other than you unless you complete and submit this form.

Please Note: There will be no nurse on at Discovery Day Camp; staff are first aid trained. Any required medication needs to be administered before your child arrives. If your child needs medication during camp hours (9:00am - 4:00pm), a parent or legal guardian, or their designated representative would need to administer the needed medication.

In the event of an emergency 911 will be called in addition to the phone number listed above on this form.

Ethnicity (check one): Hispanic Non Hispanic

Race (check all that apply): White Black American Indian/Alaskan Native Hawaiian/Pacific Islander Asian

Residence: Farm Town/Rural (Less than 10,000) Town (10,000 - 50,000) Suburb (More than 50,000) City (More than 50,000)

School District: _____ School Name: _____

Central State University, as a multi-national and culturally diverse University, is committed to providing an inclusive place of learning and employment. It is the University's policy to prohibit discrimination and provide equal opportunity to all employees, students and visitors, without regard to their race, sex (including identity/expression), sexual orientation, color, religion, ancestry, national origin, disability, genetic status, or veteran or military status.

Standards of Behavior for Minor Participants Participating in Activities and Programs with Minor Participants and Acknowledgement of Responsibility & Release Form

Minors participating in activities and programs with minor participants sponsored by Central State University Extension are required to conduct themselves according to the following standards of behavior (SOB):

- Adhere to program rules, dress code, policies, and rules of the facility being used.
- Be responsible for own behavior and uphold high standards for the group and accept consequences for inappropriate behavior
- Support and abide by the group's designated leader
- Practice good citizenship, leadership and self-control
- Follow the direction of activity and direction of program staff and/or leaders
- Accept personal responsibility for behavior including any financial damage caused by inappropriate behavior
- Demonstrate positive sportsmanship and attitudes at all times which is becoming of a leader
- Show respect to others, be courteous and respectful
- Use appropriate language at all times
- I will uphold and support the responsible and lawful use of social media. In so doing, I will not create or post social media content that is abusive, threatening, defamatory, obscene, harassing, or creates a hostile environment.

The following behaviors and actions are not permitted at Central State University in activities or programs with minor participants:

- Unsportsmanlike conduct, unethical, immoral conduct
- Improper language, e.g., profanity
- Possession or consumption of alcohol and illegal drugs, including the use of tobacco by a minor
- Possession or use of harmful objects with the intent to harm or intimidate others, e.g., weapons, fireworks
- Boys in girls' rooms/restrooms and vice versa
- Destruction of property
- Violation of established curfew, when applicable
- Disrespect of adults, other participants, volunteers, staff and/or those in leadership positions
- Belittling others/putting others down and being disrespectful of individuals' differences
- Aggressive physical behavior, e.g., fighting
- Taking property that belongs to others
- Other conduct determined to be inappropriate for youth development by the event chair or designated Central State faculty/staff

Violations of the standards of behavior will be handled as follows:

1. Consequences for violating any part of the standards of behavior include, but are not limited to: removal from participation in the event in which the SOB has been violated (at the individual's expense) and sanctions on participating in future 4-H events.
2. The parents will be notified of the incident and actions taken. When necessary, arrangements will be made to remove the minor from the activity or program.
3. The minor can/may be barred from participating in future Central State activities and programs with minor participants.
4. When warranted (e.g., violation of law) the situation may be turned over to the appropriate law enforcement authority.

I, _____, (name of minor, print), as a participant in an activity or program with minor participants, at Discovery Day Camp, have read these standards of behavior and agree to accept and follow them. I also accept the consequences for my actions if I choose not to follow the standards of behavior.

Minor signature _____ Date _____

I, we, _____, (parent/guardian, print) have read the standards of behavior and support my minor's participation in the activity/program.

ACKNOWLEDGEMENT OF RESPONSIBILITY AND RELEASE

I understand that there is some inherent risk involved in any youth activities. I am aware of the risks and I, acting on behalf of my child, myself, our respective heirs, representatives, executors, administrators and assigns do hereby release, indemnify, and hold harmless Central State University, its Board of Trustees, CSUE, the Ohio 4-H Program, the camping facility/site, and or any of its officers, agents, representatives, or employees from any and all liability, damage, or claim of any nature that arises out of or related to my child's participation in this program any its activities.

I understand and acknowledge that there are certain hazards and risks associated with my child's participation in 4-H educational activities. I understand and accept such risks, and thus waive all claims, demands and

Standards of Behavior for Minor Participants Participating in Activities and Programs with Minor Participants and Acknowledgement of Responsibility & Release Form

(con't)

causes of action against the State of Ohio, Central State University, the County and their respective trustees, members, officers, employees, agents and volunteers acting on their behalf. I understand that I am solely responsible for any costs arising out of any injury or property damage sustained through my child's participation in 4-H educational programs.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent to my child's participation and agree to the terms contained in this Acknowledgement of Responsibility and Release.

I, (printed name) _____, am the parent or legal guardian of the 4-H youth participant. I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Standards of Behavior and Acknowledgement of Responsibility and Release.

Parent/Guardian signature _____ Date _____

CENTRAL STATE UNIVERSITY EXTENSION

Ohio 4-H Health Statement

ALL SIDES of this form MUST be completed for each participant. Minors must have the form completed and signed by a parent/guardian. This information will be kept confidential and used only for the welfare of the participant. PRINT neatly using blue or black ink.

**Attach
Picture
(for I.D.
purposes only)**

Participant/Member Information:

Name: _____			
(Last)	(First)	(Middle)	
Address: _____			
(Street)	(City)	(State)	(Zip)
Home Phone: _____		County: _____	
Date of Birth: _____		Male/ Female	Age (today): _____

Emergency Contact Information:

Parent/Guardian Name: _____	Parent/Guardian Cell Phone: _____
Other Contact: _____	Other Cell Phone: _____
Other Contact: _____	Other Cell Phone: _____
Physician: _____	Physician Phone: _____
Dentist: _____	Dentist Phone: _____

Health History:

<p>Communicable Diseases: Provide the date (approximate is acceptable) at which participant has had or was exposed to:</p> <p>Chicken Pox _____ Measles _____ Whooping Cough _____</p> <p>Tuberculosis _____ Mumps _____ Other Communicable Diseases _____</p>
<p>Immunization/Vaccine Record:</p> <p><input type="checkbox"/> To the best of knowledge, the participant is up-to-date on all immunizations which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Rubella/Mumps (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.</p> <p><input type="checkbox"/> The participant has received a Tetanus Booster. Date of last booster: _____</p>
<p>Insurance Company _____ Policy# _____</p>

Medical Instructions: Medications/Allergies, Current/Past Medical Conditions:

Current Medications (Prescribed and Over-The-Counter, Current or Past Medical Treatment):
(please list additional medications or needs on a separate sheet)

Name of Medication:	Dosage:	Frequency/Instructions:

Over -----

CENTRAL STATE UNIVERSITY EXTENSION

Ohio 4-H Health Statement (con't)

Last Name _____ First Name _____

Check below if the participant is subject to any of the following conditions:

- Asthma Controlled? Yes / No Bronchitis Cramps Fainting Heart Trouble Seizures Sore Throat
 Athlete's Foot Constipation Diarrhea Frequent Colds Home Sickness Sinusitis Other? _____
 Convulsions Ear Infections Headaches Kidney Trouble

Allergies:

If none, please write NONE here: _____

Food allergies: _____

Medication allergies: _____

Serious Ivy, Oak or Sumac Poisoning: What is the prescribed treatment? _____

Serious bee or insect sting reactions: What is the prescribed treatment? _____

NOTE: If participant's allergy may require use of an "EPI-PEN", then the participant must provide the "Epi-Pen(s)" and discuss possible administration with health care professional upon arrival to camp.

Accommodations for Camp:

Please tell us about the accommodations your child may need at 4-H camp:

My child does NOT require any special accommodations.

Description of any past or current physical, mental, or psychological conditions requiring medication, treatment, or, special restrictions or considerations while at camp: _____

Description of any camp activities from which my child should be exempted for health reasons: _____

I understand that my child, _____ will be a participant in the Ohio 4-H program and I grant permission for him/her to participate in this program and associated activities with the exception of any restricted activities that I have listed below.

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand program participants will be supervised and acknowledge that the 4-H staff and volunteers, Central State University Extension (CSUE), Central State University, and the 4-H Facility / Activity Site are not responsible for any potential injury or illness resulting from my child's participation. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

I understand that program activities are may conducted outdoors and that wearing proper dress (e.g., rain gear, warm clothing) is an essential part of the camp safety rules and procedures. I am aware of and have discussed with my child the established safety rules and procedures.

In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

In consideration of the opportunity for my child to participate in this program, I, acting for my child, myself and our respective heirs, executors, administrators and assigns, agree to assume any and all risks associated with this activity and do hereby release, indemnify and hold harmless Central State University, its Board of Trustees, CSUE, the Ohio 4-H program, the 4-H Facility / Activity site, and their respective officers, agents, employees and volunteers from any and all liability, damage, and/or claim of any nature resulting from or arising out of my child's participation in this program and its activities.

Restricted activities and/or special notification instructions:

Parent/Guardian Printed Name

Parent/Guardian Signature

Date



Discovery Day Camp Restricted Release

If you need to restrict who picks up your child(ren), you must do so by completing this form, and returning it with the application packet. It must be submitted no later than at check-in **August 6, 2019**. We understand parents have a need to restrict who will pick up their child(ren). Your child(ren) will not be released to anyone other than you unless you complete and submit this form.

4-H Restricted Release Form

I, _____, hereby authorize only the person(s) listed
(Parent/Legal Guardian – please print)

below to pick up _____
(Child's Name – please print)

_____ *(Child's Name – please print)*

during Discovery Day Camp.

****Name(s) or person(s) authorized to pick up my child:**

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Photo I.D. is required to release your child(ren) to the above persons. *Please inform your contacts to bring a photo i.d.*

If my pick up plans change, I understand that I must call the Central State University Extension Office at **(937) 376-6652** to make different arrangements.

(Signature of Parent/Guardian)

(Date)



Discovery Day Camp Application

A Seed to Bloom Program

Travel Consent

This document is to certify that my child(ren), _____,
(Please Print)

is authorized to travel on all Discovery Day Camp – A Seed to Bloom Program sponsored trips in vehicles provided by the Central State University Cooperative Extension for the entire period in which my child(ren) is enrolled in the program.

I understand that the Discovery Day Camp - A Seed to Bloom Program, Central State University, and Central State University Cooperative Extension will not be responsible when my child(ren) chooses to ride in vehicles not officially provided by Central State University Extension's Discovery Day - A Seed to Bloom Program.

Print Parent Name

Parent Signature

Date



Today's Date ____ / ____ / 20 ____

CSU Student

Program Participant

Program Name CSU Dayton
Discovery Day
Camp

**Photographs, Videos and Recordings Consent Waiver, Indemnity,
Release, and Covenant not to Sue**

GENERAL PUBLICITY RELEASE

I, _____, GRANT DO NOT GRANT
PRINT FULL NAME

Central State University permission to use my name, likeness, image, voice, remarks, and/or appearance as embodied in any photographs, video recordings, audio recordings, digital images, illustrations, etc., taken or made on behalf of Central State University for educational and promotional purposes.

I hereby grant permission to Central State University and its representatives to take photographs or videos of me and to make recordings of my voice and the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings in any media now known or later developed for such purposes and Central State University deems fit. I agree that Central State University has full ownership of any such media, including the entire copyright, and may use the media for any purpose consistent with Central State University's mission.

I hereby waive any right to inspect or approve the use of the images or recordings. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials.

These uses include, but are not limited to, printed materials, electronic materials, Internet postings, advertisements, and all other educational or promotional material in any medium.

I hereby release, waive, forever discharge, and covenant not to sue Central State University, its governing board, officers, agents, employees, and any students acting on behalf of University from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy, rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I hereby acknowledge that this consent, waiver, indemnity, release and covenant not to sue is binding on me, my heirs, executors, administrators and assigns.

I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity, release, and covenant not to sue.

SIGNATURE

PRINT Full Name

Signature (if age 18 or older)

Date Signed

Signature of Parent/Guardian (if under age 18)

Date Signed

Please return this form to:
University Public Relations, Lionel H. Newsom Administration Building, Room 106, (937) 376-6198
publicrelations@centralstate.edu

