INDIANA ACADEMY SUMMER CAMPS

IMPORTANT INFORMATION DOCUMENTS AND FORMS
Dear Camper,

We are very excited you will be joining us for our Summer Camps! This packet of information will provide you with what to expect during your time with us. Don’t forget to complete the forms at the end of this packet and return them prior to the start of your camp.

We can’t wait to see you this summer!

Sincerely,

Melissa Bucur

Melissa Bucur
Assistant Director of Outreach Programs
The Indiana Academy for Science, Mathematics, and Humanities
Academy House
Ball State University
Muncie, Indiana 47306
mgbucur@bsu.edu
800-316-3163 x 2
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Check-In & Check-Out

Campers participating in a weeklong day camp will experience 15 hours of hands-on, exciting discovery and learning! Check-in for each camp will begin 15 minutes prior to the camp start time. For morning camps, please check-in at 8:45 a.m. Campers attending an afternoon camp should check-in at 12:45 p.m.

The location that campers check-in at each morning will be the same location campers will gather at the end of the day to be picked up. Specific drop-off and pick-up locations for each camp can be found in the confirmation packet mailed to you. Parents and guardians will need to come to this location for pick-up, as we do not permit campers to enter the parking lot without their parent or guardian. Camps run for three hours each day.

Lunch

If attending both a morning and an afternoon camp on the same day, please bring a packed lunch that will not need refrigeration.

Facilitators

The facilitators for our camps are very excited to meet you this summer! Our facilitators are members of the Indiana Academy faculty or subject experts from the Muncie community. Each facilitator creates a unique camp in their area of interest, designing lesson plans, crafting activities, and deciding just what will make their camp the best it can be.

Dress

We ask that all campers adhere to our basic dress code and dress appropriately for their chosen camps. It would be wise to wear closed-toe shoes. Clothes must cover all undergarments and be of a length that covers the chest, stomach, and lower back at all times. Shorts and skirts should be at least mid-thigh when the camper is standing. Tube tops and spaghetti straps are not permitted. Also refrain from wearing anything displaying statements or symbols that promote sexual activity, drugs, alcohol, pornography, gang activity, profanity, or anything deemed insensitive to race, sexual orientation, cultural differences, religion, ethnicity or gender.

Medication / Dietary Needs / Behavioral Needs

All medication must be given to the facilitator. Please clearly label all medications and provide clear instructions. Providing information about a student’s medical, dietary, or behavioral special needs during registration allows us to best prepare for any situation that might arise during the duration of the camp. We appreciate your communication on this matter.

Required Forms

- Day Camp Liability Form (Pages 6-7)
- Forms A, B, C, D, and E (Beginning on page 8)
Payment
Immediate payment for your camp registrations will assure your spot within our camp offering. All payments must be received three weeks prior to the start of camp. Payment will not be accepted at check-in. If payment is not received on time, the camper’s spot may be forfeited to an individual on an existing waiting list.

Cancellations
Cancellations can no longer be refunded three weeks prior to the program date. Cancellations made before this time frame are subject to a cancellation fee of 15%. Credit card refunds may be subject to an additional 5% cancellation fee.
CAMPUS MAP

Parking

- Stadium: Permit required 24 hour parking, overflow for all lots.
- Restricted: Permit required 7 a.m. to 7 p.m., 3:30 a.m. to 7 p.m., (parking only) Monday-Friday.
- General Faculty and Staff: Permit required 7 a.m. to 6 p.m., Monday-Friday.
- Commuter: Permit required 3:30 a.m. to 5 p.m., Monday-Friday.
- Commmuter Restricted: Permit required 3:30 a.m. to 5 p.m., Monday-Friday.
- Residence Hall: Permit required 24 hours, Sunday 7 p.m.-Friday 5 p.m.

Any lot not on this map will be governed by lot signs. Lot designations are subject to change without notice. Check lot entrances for signs.

Speed limit for all Ball State lots and drives is 20 miles per hour.
<table>
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<th>Hotel Name</th>
<th>Address</th>
<th>City, State</th>
<th>Phone</th>
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<tr>
<td>Fairfield Inn</td>
<td>4011 W. Bethel Avenue</td>
<td>Muncie, IN 47304</td>
<td>(765) 282-6666</td>
</tr>
<tr>
<td>Baymont Inn</td>
<td>3400 N. Chadam Lane</td>
<td>Muncie, IN 47304</td>
<td>(765) 284-4200</td>
</tr>
<tr>
<td>Best Western</td>
<td>3011 W. Bethel Avenue</td>
<td>Muncie, IN 47304</td>
<td>(765) 282-0600</td>
</tr>
<tr>
<td>Days Inn</td>
<td>3509 N. Everbrook Lane</td>
<td>Muncie, IN 47304</td>
<td>(765) 288-2311</td>
</tr>
<tr>
<td>Lee’s Inn</td>
<td>3302 N. Everbrook Lane</td>
<td>Muncie, IN 47304</td>
<td>(765) 282-7557</td>
</tr>
<tr>
<td>Pittenger Hotel, BSU</td>
<td>2000 University Avenue</td>
<td>Muncie, IN 47306</td>
<td>(765) 285-1555</td>
</tr>
<tr>
<td>Holiday Inn Express</td>
<td>4201 W. Bethel Avenue</td>
<td>Muncie, IN 47304</td>
<td>(765) 289-4678</td>
</tr>
<tr>
<td>Super 8 Motels of America</td>
<td>3601 W. Foxridge Lane</td>
<td>Muncie, IN 47304</td>
<td>(765) 286-4333</td>
</tr>
<tr>
<td>Hampton Inn &amp; Suites</td>
<td>4220 W. Bethel Avenue</td>
<td>Muncie, IN 47304</td>
<td>(765) 288-8500</td>
</tr>
</tbody>
</table>
Ball State University/Indiana Academy
Agreement and Release of Liability
Indiana Academy Summer Camp

This is a legally binding Agreement and Release made by the undersigned student and the student’s parent, guardian or custodian, with Ball State University/Indiana Academy for participation in the Indiana Academy Summer Camp programs.

I. Rules and Regulations

By participating in the Indiana Academy Summer Camp(s), the student and the student’s parent, guardian or custodian expressly acknowledge and agree that:

1. The student is responsible for his or her own actions and behavior.
2. The student is responsible for following all Ball State University/Indiana Academy policies. If the student breaks or violates a policy, his or her parent/guardian will be contacted and the student will have to vacate the campus facilities. It is the student’s responsibility to inquire if the student is unsure about a policy. In this regard, the student expressly acknowledges that such policies have been provided and explained to the student.
3. The student will be respectful of the classroom and facilities used during the camp.
4. The Academy does not tolerate the possession, use or distribution of alcohol, marijuana, LSD or other drug, which is illegal under state or federal law, or any other controlled substance for which the student does not possess a valid prescription from a licensed physician.
5. Academy students and visiting students under 18 years of age are not allowed to buy, possess, distribute, or use any kind of tobacco product.
6. Yelling, slamming doors, running or any other activity that is not conducive to studying is prohibited in the classroom facilities. In this regard, Ball State University/the Indiana Academy reserve the sole discretion to determine what conduct or activity is not conducive to the Indiana Academy Summer Camp(s) and associated activities.
7. It is understood that if the student violates any of the above rules while visiting the Indiana Academy and is asked to leave, the student may be denied the opportunity to attend future Academy programs or functions.
8. The student and the student’s parent, guardian or custodian has read and signed this document. The student and the student’s parent, guardian or custodian understands that if this document is not signed and submitted, the student will not be permitted to participate in the Indiana Academy Summer Camp(s).

II. Indemnification and Hold Harmless

The student and the student’s parent, guardian or custodian recognizes that Ball State University/Indiana Academy is not the insurer of the student’s health or safety, and has no duty to control third parties. The student and the student’s parent, guardian or custodian fully accept and understand that there are potential dangers and risks to which the student may be exposed by visiting Ball State University and the Indiana Academy for daytime classes.

The student and the student’s parent, guardian or custodian therefore agrees to assume all of the potential risks and dangers, whether or not foreseeable, in any way associated with his/her participation in this Indiana Academy Summer Camp(s) (including without limitation any and all medical expenses incurred resulting from any illness or injury to the participating student) and associated activities. In consideration of, and in return for the services, facilities, and other assistance provided to the student by Ball State University in this Indiana Academy Summer Camp(s) and related activities, the student and the student’s parent, guardian or custodian hereby release and agree to hold harmless Ball State University/Indiana Academy (and its board of trustees, officers, employees, servants and agents) from any and all liabilities, claims, and actions that may arise from injury or harm to the student or to any third-party, from the student’s death or that of any third party proximately caused by the student, or from damage to the student’s or any third-party’s property in connection with this Indiana Academy Summer
Camp(s) or associated activities. The student and the student’s parent, guardian or custodian understand that this Agreement and Release covers liability, claims, and actions caused entirely or in part by any acts or failure to act of Ball State University/Indiana Academy (or its board of trustees, officers, employees, or agents), including but not limited to the alleged or actual negligence, mistake, or failure to supervise by Ball State University/Indiana Academy.

The student and the student’s parent, guardian or custodian agree and understand that this Agreement and Release means I am giving up, among other things, the right to sue Ball State University/Indiana Academy, its board of trustees, officers, employees, servants or agents for injuries, damages, or losses that the student or the student’s parent, guardian or custodian may incur. The student and the student’s parent, guardian or custodian also understand that this Agreement and Release binds the student and the student’s parent, guardian or custodian, any non-custodial parent, heirs, executors, administrators, and assigns.

The student and the student’s parent, guardian or custodian acknowledge that they have read this entire Agreement and Release, that they fully understand it, and that they agree to be legally bound by it. They also agree that this represents the entire agreement and that there are no other oral or written promises or representations which in any way modify its terms.

THIS IS AN AGREEMENT AND RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

____________________  __________________
(student signature)  (date)

____________________  __________________
(parent/guardian/custodian signature)  (date)

Melissa Bucur
Assistant Director of Outreach Programs
The Indiana Academy for Science, Mathematics, and Humanities
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Muncie, IN 47306
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Fax: 765-285-3248
e-mail: mgbucur@bsu.edu
INFORMATION AND AUTHORIZATION FOR MEDICAL CARE

Program/Camp Name: ________________________________________________ (hereafter “Program”)

Date(s): __________________________________________ Time(s): __________________________

Location: __________________________________________________________________________

Child’s Name: _________________________________________________________________ (hereafter “Child”)

Date of Birth: __________________________ Gender ______ M _____ F ______

As a parent or guardian I understand that the information requested on this form is intended to help inform program staff of any pre-existing medical conditions my Child may have. If my Child has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended.

Ball State University requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment for your Child. You are accountable for providing an accurate medical history. Final determination about whether Child should participate is the responsibility of you and your physician. If your Child has any medical issue that is not requested below, but which you think is important, please include that information. It is recommended that you consult with a physician prior to your Child’s participation in this Program. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to your Child’s participation in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

I understand that Ball State University does not provide any health insurance for my Child while he/she is participating in the Program.

PART 1. GENERAL INFORMATION

Parent/Legal Guardian Name _______________________________________________________________________

Street Address __________________ City __________ State _______ Zip __________

Home Phone __________________ Work Phone __________ Cell Phone __________

Please list two emergency contacts:

Emergency Contact #1 Name __________________ Home Phone # __________________ Work Phone # __________ Cell Phone # __________________ Relation __________________

Emergency Contact #2 Name __________________ Home Phone # __________________ Work Phone # __________ Cell Phone # __________________ Relation __________________

PART 2. MEDICAL INFORMATION

Physician’s Name __________________ Phone Number __________________

Date of most recent tetanus toxoid immunization __________________

Please sign and return by June 1, 2018
Do you have health/accident insurance? (circle one):  YES  NO
If yes, please indicate policy number, name and address of insurance company.

Policy # __________________________ Company Name/Address ______________________________________

PLEASE ENCLOSE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM.

For the following, circle appropriate response and explain as appropriate:

Does your Child have any limiting medical conditions that you or your doctor feel would limit camp participation?  YES  NO
If yes, identify and explain:

Is your Child currently taking medication that may interfere with ability to safely participate in the Program?  YES  NO
If yes, please indicate the medication and the condition being treated:

Does your Child have a history of allergies or reactions to medications, insect stings, or plants?  YES  NO
If yes, please explain:

Does your Child have a history of food allergies?  YES  NO
If yes, please explain:

Does your Child have a history of, or currently suffer from a medical condition which we need to be aware of?  YES  NO
If yes, please explain:

PART 3: AUTHORIZATION FOR MEDICAL CARE

By my signature below I grant Ball State University permission to seek medical care for my Child in the event of illness or medical emergency and to release the medical information as needed on this form in pursuit of that medical care. I will assume the financial responsibility for such medical care.

As a parent, or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to my Child and/or others during this Program. By signing my name I represent and warrant that I have provided all materials and important information to Ball State University pertaining to my Child’s medical, mental and physical condition and that it is accurate and complete. I agree to notify Ball State University of any changes in my Child’s mental, physical or medical condition prior to my Child’s participation in the scheduled Program. By revealing or disclosing the above medical information I acknowledge that it will not be used by Ball State University personnel or employees to determine my Child’s ability to participate safely in activities. I understand that, if my Child chooses to participate in activities, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and my Child.

Parent/Guardian Name: ________________________________________________________________

Parent/Guardian Signature: ____________________________________________________________

Date: ____________________________________________

Please sign and return by June 1, 2018
AUTHORIZATION FOR SELF-ADMINISTRATION OF REQUIRED MEDICATION

Program/Camp Name: ____________________________ (hereafter “Program”)

Date(s): ________________________________ Time(s): ________________________________

Location: ________________________________________________________________

Child’s Name: ______________________________________ (hereafter “Child”)

Date of Birth: ___________________________ Gender M _____ F _____

This form must be completed fully in order for your child to self-administer required medication. A new medication administration form must be completed for each Program attended by your child, for each medication, and each time there is a change in dosage or time of administration of a medication.

Self-medication requires licensed health care authorization and signature on this form as well as the parent/guardian signature.

All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to the Program under the condition that the participant can self-manage care and delivery of medication with written authorization to do so by a licensed health care provider. Prescription medication must be in its original container labeled by the pharmacist or prescriber. Label must include the name, address and phone number for pharmacist or prescriber. Containers must hold only the amount required for the time the participant will be attending the Program.

PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Medication Name: ___________________________ Dose: ___________________________

Condition for which medication is being administered: __________________________

Specific directions (e.g. on empty stomach/with water, etc.): ______________________

Time/frequency of administration: ____________________________________________

If PRN, frequency: __________________________________________________________

If PRN, for what symptoms: __________________________________________________

Relevant side effects: ________________________________________________________

Medication shall be administered from (date): _______________ to _______________

Special storage requirements: _________________________________________________

Is the participant capable of self-managed care? YES NO
I hereby affirm that this Child has been instructed in the proper self-administration of the prescribed medication(s).

**Prescriber’s Signature:**

**Date:**

I authorize and recommend self-administration by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the Program Staff, Ball State University, its Board of Trustees, Administration, Faculty, Staff, Students, Volunteers, and all other officers, directors, employees and agents against any claims that may arise relating to my child’s self-administration of prescribed medication.

_I have legal authority to consent to medical treatment for my Child named above, including the self-administration of medication at the above referenced Program._

**Parent/Guardian Name:**

**Parent/Guardian Signature:**

**Date:**
CONSENT FOR OVER-THE-COUNTER MEDICATIONS

Program/Camp Name: ____________________________________________ (hereafter “Program”)

Date(s): ___________________________ Time(s): ___________________________

Location: __________________________________________________________________________________

Child’s Name: ________________________________________________________ (hereafter “Child”)

Date of Birth: ___________________________ Gender M _____ F _____

Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the participant’s parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during his/her program participation.

Note: Unless we have parental authorization, we cannot administer ANY medications.

I hereby authorize that the following medications may be given to my Child if the need arises. You may dispense only those checked.

____ Ointments for minor wound care, first aid as directed (antiseptic, anti-itch, anti-sting, antibiotic, 
sunburn)

____ Tylenol/acetaminophen as directed

____ Ibuprofen as directed

____ Throat lozenges and or spray as directed for sore throat

____ Micatin or anti-fungus treatment as directed for athlete’s foot

____ Kaopectate or Imodium for diarrhea as directed

____ Milk of Magnesia, Pepto Bismol or Mylanta for upset stomach or nausea as directed

____ Rolaids or Tums for acid reflux, heartburn or indigestion as directed

____ Benadryl for swelling, hives, allergic reaction, as directed

____ Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions

____ Visine or other eye drops for minor eye irritation

____ Medicated lip ointment for dry, chapped lips, lip blisters or canker sores as directed

____ Swimmer’s ear drops as directed

____ Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites

____ Medicated powder for skin irritation as directed

Please sign and return by June 1, 2018

Continues >
______ Robitussin or other cough syrup as directed
______ Calamine lotion for bug bites and poison ivy
______ Sunscreen
______ Insect repellent
______ Other (list any other approved over-the-counter drugs):
__________________________________________________________________________________

Program staff reserves the right to use generic equivalents when available for the name brand over-the-counter medications listed above.

I understand that such administration will not be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the student’s parents. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless the Program Staff, Ball State University, its Board of Trustees, Administration, Faculty, Staff, Students, Volunteers, and all other officers, directors, employees and agents against any claims that may arise relating to my child being administered the above indicated over-the-counter medications.

I have legal authority to consent to medical treatment for my child named above, including the administration of the medications listed above at the above referenced program.

Parent/Guardian Name: _______________________________________________________________

Parent/Guardian Signature: __________________________________________________________

Date: ________________________________
MEDIA, PHOTO, VIDEO, AND LIABILITY RELEASE

Program/Camp Name: ____________________________________________________ (hereafter “Program”)

Date(s): ___________________________________  Time(s): __________________________

Location: __________________________________________________________________________________

Child’s Name: ____________________________________________________________ (hereafter “Child”)

Date of Birth: ___________________________  Gender  M _____  F _____

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.
THIS IS A LEGALLY BINDING DOCUMENT.

In consideration for my Child’s participation in the above captioned event, I, the undersigned parent/guardian of the Child named above, hereby grant to Ball State University, its Board of Trustees, Administration, Faculty, Staff, Students, and all other officers, directors, employees and agents (“University”) the right to reproduce, use, exhibit, display, broadcast, distribute, exploit, modify, adapt, and create derivative works of photographs, videotaped images or video/audio recordings of my child (“Materials”) by incorporating them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films, videos, electronic media, web sites, and/or other media, or commercial, informational, educational, advertising, or promotional materials or publications related thereto (“Works”). It is agreed that the Works will be used in connection with University business, the activities of the University, or for promoting, publicizing or explaining University activities or events.

Materials may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media.

I waive my right to inspect or approve any Works that may be created by the University using the Materials and waive any claim with respect to the eventual use to which Materials may be applied.

I understand and agree that the University is and shall be the exclusive owner of all right, title, and interest, including copyright, in the Works, and any commercial, informational, educational, advertising, or promotional materials containing the Materials. All electronic or non-electronic negatives, positives, and prints are owned by the University. I also understand that neither I nor my Child will receive compensation in connection with the use of my child’s image.

I, on behalf of my Child, furthermore release, indemnify and hold harmless Ball State University from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my child may suffer, for which my child may be liable to any other person, or that may or does arise out of the use of the Materials.

This RELEASE contains the entire agreement between the parties and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample time to read this document and I understand and agree to all of its terms and conditions. I acknowledge that I am signing this document freely and voluntarily. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Please sign and return by June 1, 2018  Continues >
SIGNATURE AND COMPLETE INFORMATION IS REQUIRED:

Parent/Guardian Name: _______________________________________________________

Parent/Guardian Signature: ___________________________________________________

Date: ________________________________

Address: _________________________________________________________________

City: _________________________________ State: ____________ Zip: ____________________

Home Phone #: ________________________ Cell Phone #: __________________________
Disciplinary Procedures:

Each program participant has a reasonable expectation to enjoy a positive program experience. Therefore, the misbehavior of one participant, or a group of participants, should not be permitted to impact negatively on the program experience of others. Most 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 program rules, or exhibiting behavior clearly intended to annoy or endanger other participants, will be formally warned by a Program Counselor and informed that subsequent misbehavior will result in formal counseling by the Program Director.

Second Offense: Subsequent misconduct will result in counseling by the Program Director and a warning that further misconduct will result in removal from Program. At this point, the 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 expulsion from Program.

NOTE: BALL STATE UNIVERSITY EXPECTS EACH PARTICIPANT TO HAVE A SUCCESSFUL PROGRAM EXPERIENCE. ANY OF THE STEPS OUTLINED ABOVE MAY BE OMITTED OR REPEATED AT THE DISCRETION OF PROGRAM STAFF. PARTICIPANTS DISMISSED FROM PROGRAM FOR DISCIPLINARY REASONS WILL NOT RECEIVE A REFUND OF ANY FEES PAID TO ATTEND 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 program, but is not so egregious as to warrant immediate dismissal from the program. It in no way precludes immediate dismissal from the program for more serious disciplinary problems or violations of campus or program regulations.

A serious disciplinary problem is defined as one in which the program staff determines that a participant is engaging in inappropriate behavior that includes, but is not limited to the following: actions which put the participant, other participants, or program staff member’s safety in jeopardy; physical, emotional, or electronic harassment/harm against self, program staff or fellow program participants; 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; or behavior that is serious enough to warrant a third offense.
By my signature below I understand the disciplinary procedures described above. I understand failure of my Child named above to demonstrate proper conduct during camp may result in early dismissal from the program without any refund of fees paid to attend. I pledge to have my Child abide by all program rules and to exercise good behavior and proper respect for others.

Parent/Guardian Name: __________________________________________________________

Parent/Guardian Signature: ______________________________________________________

Date: ________________________________