

Appalachian State University
Medical/Indemnity/Code of Conduct Agreement
2016 Camps

In order to attend this camp, this form must be *signed by a parent/guardian* and *signed by the participant*. Your child will not be allowed to participate in a camp at Appalachian State University without this form being completed, signed and turned in at registration. The Code of Conduct is on the second page of this form.

Camp Attending: _____

Participant Name: _____ **Date of Birth:** _____

Address of parent or guardian: _____
Address City State Zip

School Name: _____

EMERGENCY INFORMATION

Person to notify in case of emergency: _____
Name Relationship

Emergency Phone: Day (____) _____ Night (____) _____ Cell (____) _____

Medical Information: Date of last Tetanus Immunization _____ Any allergies to medicine? Yes ___ No ___

If so, list _____

Any current or past health conditions physicians/trainers should be aware of _____

Family Health Insurance Policy Number _____ Health Carrier Name _____

Address of Health Carrier _____
Street City State Zip

I hereby authorize any actions, which may be advised/ recommended by a trainer, physician or other health care provider attending my child during the camp. I acknowledge and understand that my child may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with this camp. I agree to indemnify and hold harmless Appalachian, its officers, employees and agents from and against any claims for personal illness or injury (including death) that my child may sustain during camp and to and from camp, regardless of cause, including negligence on the part of any person identified above. I give Appalachian permission to use any photographic or video image of my child for promotional use. No names of children will be used in any of that published material. I have read and understand the code of conduct on the back of this form (second page), and I further understand that my child's failure to adhere to the rules, regulations, and code of conduct may result in immediate dismissal from camp with no refund. I will be responsible for providing transportation home in such an event.

Parent or Guardian Phone: Day (____) _____ Night (____) _____ Cell (____) _____

Day (____) _____ Night (____) _____ Cell (____) _____

Parent or Guardian (circle relationship): _____
Print Name

Signature Date

(Optional) Watauga Medical Center recommends (does not require) that this form be notarized to expedite medical treatment of your son or daughter by health care providers

State of _____ County of _____ I, _____, a Notary Public of said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official seal this the _____ day of _____, 20____.

Notary Public _____ My commission expires: _____

(Optional) NOTARIAL SEAL:

DO NOT MAIL!

IN ORDER TO PARTICIPATE, THIS FORM MUST BE COMPLETED, SIGNED, AND TURNED IN AT REGISTRATION!

Appalachian State University
2016 Summer Camps Code of Conduct

Camp Attending: _____

I agree to conduct myself in a manner that will be a credit to me, my community, my team, and family.

I will:

- 1) Understand and obey all rules and regulations issued by the camp director and the university.
- 2) Demonstrate cooperation and respect to camp/conference staff and participants and Appalachian State University employees, students, and visitors.
- 3) Show respect for the rights, privacy, and property of others. This includes refraining from harassment – unwelcome or unsolicited speech or conduct – of all persons on campus regardless of their race, religion, color, creed, sex, national origin, sexual orientation, or disability.
- 4) Recognize that hazing – the intentional commission of an act, by an individual or a group, of physically abusing or harassing another person or creating a situation which produces physical harm, or discomfort, severe emotional stress, embarrassment, or ridicule of another person – and bullying of any kind is strictly prohibited.
- 5) Not possess or use any alcohol, tobacco, or drugs during the camp (unless prescribed by a physician).
- 6) Comply with the schedule of all camp/conference functions, including events, meals, quiet hours, and curfews.
- 7) Take responsibility for my personal property, room key (paying for if lost), and meal/access card, agree to secure my room at all times, and will pay for any damages to property while attending camp.
- 8) Understand that all facilities and residence halls not used by my camp/conference are strictly off limits, and that I am not allowed to leave campus of Appalachian State University without permission and supervision.
- 9) Take responsibility for my safety by traveling in pairs and/or groups both on and off campus.
- 10) Support my team members and take responsibility for my team's actions.
- 11) I understand that if I do not follow the rules, regulations, and code of conduct for this camp, I may be dismissed from camp with no refund.

The name of the school or team I represent is (if applicable): _____

CAMPER MUST SIGN BELOW IN ORDER TO PARTICIPATE IN THIS CAMP

I understand that as a participant of this camp I must abide by the camp/university rules and regulations and the code of conduct developed for this camp. I also understand that if I fail to adhere to the rules, regulations, and code of conduct it may result in my immediate dismissal from camp, with no refund, and my parents/guardians will be responsible for providing transportation home once I have notified them of my dismissal from the camp.

Participant _____

Signature

Date