Dear Parents:

It is necessary to completely fill out the following three forms and send them along with a $20.00 deposit to the address listed below in order to reserve a spot for your child (or children) in the SIUE SUMMER WRITING CAMP. Our camp has space for no more than 150 students total between two sessions and tends to fill early with repeat campers, so the sooner we receive your deposit, the better. If camp is full when your deposit arrives, the money will be returned to you. Otherwise, it is non-refundable.

This year’s camps will meet as always Monday through Friday from 9:00 until 3:30.

The dates for this year’s camp sessions are as follows:

- Session I – June 12 through June 23
- Session II – July 10 through July 21

**Form #1 is an info sheet.** We need to be able to place your child in the proper group, to have access to information for contacting parents and others you are making responsible for your child’s welfare before and after camp, and important daily health info (for example, an allergy to peanuts or bee stings), and which session you prefer, June or July.

**Form #2 is a summer activities health information and consent form.** Fill this out as completely as possible.

**Form #3 is a liability release form.** Please, please note that not only does one parent need to sign this form, but also another adult (the other parent is fine, a neighbor, your best friend, the lady who works at the desk next to yours) MUST sign where it says “Signature of witness.”

Once you have completed these three forms, send them along with either $20.00 for each child you wish to register or with the full amount of $240.00 per child to:

- Adam Cleary, Director SIUE
- Summer Writing Camp Box
- 1431
- Southern Illinois University Edwardsville
- Edwardsville, Illinois 62026

We can only accept checks or money orders, and they should be made out to SIUE Summer Writing Camp.

Thanks,

A.C.
Registration Form

Camper’s name__________________________________________________________
(last, first, middle)

Parents’ names__________________________________________________________

Address____________________________________________________________________

__________________________________________________________

Home Phone __________ Cell __________ Work __________

Emergency contact name, relationship and phone number ______________________

__________________________________________________________

Camper’s date of birth ________________

Camper’s grade in school (which he or she will enter in the Fall) ________________

Check Session desired:  June 12 – June 23 _____ July 10 – July 21____

Is there any information about your child which the camp staff should be aware of (for example handicapping conditions, diseases, allergies, activity restrictions)? Write on the back of the form if this space is not adequate.

Please list the names of people (other than parents) to whom you give permission to pick your child up from camp.

If your camper is old enough to drive, with enough time (2 weeks or more) I can arrange to get him or her a hangtag to park in the Green lot, for an additional $20.00. In contrast, Visitor Parking is $1.00 an hour. If interested, please provide the following information:

Make, model, year and color of car

License plate number (and state)
**SUMMER ACTIVITIES FOR YOUTH**

**HEALTH INFORMATION AND CONSENT FORM**

To be completed by the participant's **PARENTS.** Please return with camp application.

1. Camp or Program: ____________________________ Dates: __________________________

2. Participant’s Name: ____________________________

3. Home Address / Phone: ____________________________

- (street/route) (city or town) (state) (zip) (phone)

4. Parent's Names:
   - Mother (or Guardian): ____________________________
     - (last, first, middle)
   - Father (or Guardian): ____________________________
     - (last, first, middle)

5. Work Address / Phone
   - Mother (or Guardian): ____________________________
     - (employer) (street/route)
     - (city or town) (state) (zip) (phone)
   - Father (or Guardian): ____________________________
     - (employer) (street or route)
     - (city or town) (state) (zip) (phone)

6. Please list a close relative or friend who may be contacted if you are unavailable in case of an emergency:

7. Is there any information regarding your child of which the camp staff and faculty should be aware? Please check and explain.
   - _Handicapping conditions_ ____________________________
   - _Diseases_ ____________________________
   - _Allergies_ ____________________________
   - _Activity restriction_ ____________________________
   - _Necessary regular medications_ ____________________________
   - _Other_ ____________________________

8. Physician to be contacted in case of emergency:
   - Name: ____________________________ Phone: ____________________________
   - Address: ____________________________

Your signature indicates parental approval of the student's attendance at and participation in all camp activities except as noted by you in number 7 above.

(Signature of parent or guardian) ____________________________ (date) ____________________________

— Consent of Treatment —

I hereby authorize the Southern Illinois University Edwardsville to provide or obtain emergency medical care for ____________________________, a minor. I understand that I will be responsible for any charges incurred for such care.

Signature: ____________________________ Phone: ____________________________

(parent or guardian if student is under 18 years of age)

Relationship to Minor: ____________________________

Distribution: Program Director / Program Staff
RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, & COVENANT NOT TO SUDE AGREEMENT

(BINDING LEGAL DOCUMENT -- READ CAREFULLY BEFORE SIGNING)

I hereby acknowledge that participation by my child in __________________________ (camp program title), a voluntary educational, athletic, social, and/or recreational camp program sponsored and administered by Southern Illinois University Edwardsville’s Department of __________________________ from ___________ 201_, to ___________ 201_, involves an inherent risk of and exposure to property damage and bodily or personal injury to my child, or to others. Dangers related to such activities may include but are not limited to: hypothermia, broken bones, strains, sprains, cuts, abrasions, bruises, drowning, concussion, heart attack, heat exhaustion, injuries associated with travel, and death.

I acknowledge that I am aware that there are risks, hazards, and dangers inherent in such activities and in the training, preparation for, and travel to and from such activities. I further acknowledge that it is my sole responsibility to allow my child to participate only in those activities for which my child has the prerequisite skills, qualifications, preparations, and training. I acknowledge that the Board of Trustees of Southern Illinois University, a body politic and corporate of the State of Illinois, on behalf of Southern Illinois University Edwardsville and its members individually, and its officers, agents, and employees, hereinafter “Releasees”, do not warrant or guarantee in any respect the competency or mental or physical condition of any third-party affiliated with the camp program, including any third-party leaders, instructors, volunteers, vehicle drivers, or individual participant in any educational, athletic, social, and/or recreational camp program or activity. I further acknowledge that Releasees make no warranty as to the condition, safety, or suitability of any equipment, vehicle, property, or premises for any purpose. I acknowledge that I am solely responsible, through insurance or otherwise, including the Camper Accident/Medical Benefit Coverage, if applicable in this camp program, for any hospital or other costs arising out of any bodily injury or property damage sustained through my child’s participation in the above-noted voluntary camp program. I hereby assume on behalf of my child any and all such risk. For the sole consideration of Releasees arranging for and allowing my child’s participation in the above referenced voluntary camp program, and in connection therewith, making available for my child’s use while participating in such program, certain equipment, facilities, grounds, or personnel of Releasees, I hereby waive liability, release, hold harmless, covenant not to sue, and forever discharge Releasees from any and all liability, claims, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my child’s participation in the above-referenced voluntary camp program. I understand and agree that Releasees do not have medical personnel available at the locations of the camp program; that Releasees are granted permission to authorize emergency medical treatment for my child; that such action by Releasees shall be subject to the terms of this Agreement; and that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I understand that acceptance of this signed Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement by Releasees shall not constitute a waiver, in whole or in part, of sovereign immunity by Releasees; that it shall be effective during the entire period of my child’s participation in the above referenced voluntary camp program; that it binds me, members of my family, my spouse, and my child’s heirs, executors, administrators, and assigns; that it shall be construed in accordance with the laws of Illinois; and that if any of its terms or provisions are held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby.

I have read, understand, and have freely and voluntarily signed this Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement.

This the ___________ day of ___________, 201_.

Signature of parent or guardian  Name and age of child (print)  Date

Signature of witness
(Must be 18 years or older)  Updated: November 2010