CAMP COLLEGE 2015

Greetings!

Thank you for your interest in the Illinois Association for College Admission Counseling's 2015 CAMP COLLEGE program!

These waiver forms must be completed and submitted in order for your application to be considered complete.

You may scan and upload these completed forms directly into your online application, or you may fill them out and mail paper copies to:

April Ponte – Camp College
UIUC Undergraduate Admissions
901 West Illinois Street
Urbana, IL 61801

Remember, your application is NOT complete until you submit these waiver documents. The application AND these forms must be submitted by Friday, April 17th, for you to be considered for participation in Camp College.

If you have any questions please contact us at iacaccampcollege@gmail.com!

Sincerely,
The Camp College Team

CAMP COLLEGE 2015

IACAC
Illinois Association for College Admission Counseling

Student Participation and Permission Form

Please read and sign where indicated below.

1. **Parent or Legal Guardian Consent**

I agree to allow my son/daughter, _____, to participate in the 2015 Camp College Program.

I am aware that if my son/daughter needs to be removed from the program due to misbehavior, I will be responsible for his/her transportation home from Camp College. I understand that s/he will be involved in activities that will introduce him/her to the college experience. This may include, but is not limited to, attending classes and workshops, eating in the dining halls, staying overnight in residence halls and participating in social activities.

2. **Transportation**
In the event transportation is provided by a bus company with which IACAC Camp College has contracted to provide such services, I understand and agree that the bus company is not an agent of IACAC Camp College, but an independent contractor, and thus IACAC Camp College will not be held liable for any loss or damage caused by the bus company.

3. **Loss of Personally-Owned Property**
My son/daughter shall be solely responsible for any and all damages or loss by theft or otherwise of personal property whether such property belongs to the student or to others.

4. **Code of Conduct**
Camp College has adopted a Student Code of Conduct in accordance with the Education Law and appropriate federal and state legislation. Campers are expected to comply with all federal, state and municipal laws.

5. **Signature Statement**
I have read this permission form including the statements relative to Student Travel, Loss of Personally-Owned Property and established Standards of Conduct, and I hereby grant permission for participation of my son/daughter, _____, in the 2015 Camp College Program.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____

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Participation Agreement, Release and Acknowledgement of Risk

Please read and sign where indicated below.

In consideration of Camp College, and individually, the Illinois Association for College Admission Counseling (IACAC), University of Illinois at Springfield, Illinois College, Milliken University, Illinois State University, and their trustees, agents, officers, volunteers, participants, employees and all other persons acting in any capacity on their behalf (hereinafter collectively referred to as Camp College), I hereby agree to release and discharge Camp College on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I expressly agree and promise to accept and assume all of the risks existing in the activities of the Camp College program. My participation in these activities is purely voluntary, and I elect to participate in spite of any risks.

2. I further agree to hold harmless Camp College, their office, directors, agents, instructors, and associates from all manner of third party actions or claims and agree to reimburse any claims against Camp College and their officers, directors, agents, employees, instructors, and associates arising by reason of my participation this program.

3. Should Camp College or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

4. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the cost of such injury myself. I further certify that I have no medical or physical conditions that could interfere with my safety in the activities of Camp College or its program, or else I am willing to assume and bear the cost of all risks that may be created, directly or indirectly, by such a condition.

5. By signing this document, I acknowledge that if anyone is hurt or if property is damaged during my participation in the activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Camp College on the basis of any claim from which I have released them herein.

6. I hereby grant Camp College permission to use, reproduce, or distribute any photographs, digital images, films, videotapes, and/or sound recordings of me during my participation in the Camp College Program for use in materials that may be created.

Name of Participant: _____

Signature of Participant: _____

Address: _____
Street City State Zip Code

Parent/Guardian Signature: _____ Date: _____

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Student Medical Emergency Authorization Form

The following information **must** be received before a student can be admitted to Camp College. Camp College and the hosting colleges do not provide health and accident insurance for Camp College participants. It is recommended that parents check their current insurance policies. Any medication that is required must be in its original container and must be accompanied by a note from the doctor or copy of prescription indicating the need for it and the dosage of the prescription for our files. The label is not adequate.

Student's name: _____

Emergency Contact Name: _____

Relationship to Student: _____

Emergency Contact Home Phone Number: _____

Emergency Contact Cell Phone Number: _____

INSURANCE POLICY INFORMATION
(For use strictly in the event of a medical/dental emergency)

Insurance Company Name: _____

Policy Holder's Name: _____

Policy Number: _____ Group Number: _____

AUTHORIZATION FOR EMERGENCY MEDICAL/DENTAL CARE – COMPLETE AND SIGN:

I give my son/daughter, _____, permission to participate in Camp College. I agree that any injuries incurred will be covered under my own insurance coverage.

I understand that in the event of an emergency, all efforts to contact me or my emergency contact numbers will be attempted by the Camp College staff. In order to meet legal requirements, I hereby authorize representatives of Camp College to give consent for any and all necessary emergency medical/dental care for my son/daughter, named above, while said individual is participating in the program.

Signature of Parent/Guardian: _____ Date: _____

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IACAC Illinois Association for College Admission Counseling

Medical and Allergy Information Form

Student Name: _____

Parent/Guardian Name: _____

Home #: _____ Parent Cell #: _____

Primary Care Physician: _____

Primary Care Physician Office Number: _____

1. Please check one of the following:

☐ My son/daughter is NOT currently taking any medications

☐ My son/daughter is currently taking the following medication(s):
(Doctor's confirmation of prescription MUST be included for prescription medication the student will be taking during the Camp College program.)

Name of Medication Dosage (i.e. 2 times/day) Refrigeration Required?

_____ _____ _____
_____ _____ _____

2. Please check off any of the following about the medical history of your child that will help us be prepared for his/her individual needs.

If your child does not have any known medical conditions, please initial here: _____.

My child has a history of the following conditions and will bring the appropriate medication to Camp College:

☐ Asthma

☐ Allergies (including food, insects, medication, animals, etc.) – please list or add an additional sheet, if necessary:

_____

_____

☐ Other medical conditions (such as diabetes, heart conditions, epilepsy, migraines) – please list and describe here:

Please list if there are any limitations to activities due to any of the above medical conditions:

Signature of Parent/Guardian: _____ Date: _____

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Student Code of Conduct

Each student who chooses to participate in Camp College must adhere to the Camp College Code of Conduct. In an effort to ensure that each camper and staff member can take full advantage of the Camp College experience, all Camp College participants (student, chaperones and mentors) will:

Wear nametag to all activities
Attend all activities planned by Camp College staff
Remain on campus at all times unless otherwise instructed by Camp College staff
Report to his or her residence hall room at the assigned time
Remain in the assigned residence hall room until the next morning before breakfast
Use positive and proper language and refrain from using foul and offensive language
Conduct oneself in a respectful manner and refrain from engaging in disruptive behavior
Respect the college campuses and refrain from damaging campus property
Respect each staff member, chaperone and student
Refrain from using alcohol, tobacco and other drugs
Wear appropriate Camp College attire
Restrict use of cell phone to designated free time
Refrain from wearing hats and sunglasses indoors and in mentor groups.
Be willing to learn new things, stay open-minded and HAVE FUN

*In addition, males and females are not allowed on the same floor or suite in the residence halls. Each student must remain on his or her own residence hall floor at all times. Any violation of these rules can result in immediate dismissal from the program at return travel expense of the family.

I hereby agree to adhere to the policies set forth by the Camp College staff. I acknowledge that if these rules are not followed, the parent/guardian will be contacted and asked to arrange transportation for the student's return home. In the unlikely event of damage to college property by a student, the parent/guardian will incur the expense.

Student Name (Please Print): _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____