

Summer Camps & Conferences
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SOUTHEAST MISSOURI
STATE UNIVERSITY · 1873

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REGISTRATION MEDICAL/ LIABILITY RELEASE FORM: Camp Staff /Chaperones/Other

INSTRUCTIONS: COMPLETE THE REGISTRATION FORM IN ITS ENTIRETY. ALL REQUESTED INFORMATION IS APPLICABLE. TYPE OR PRINT LEGIBLY IN DARK INK.

(PLEASE READ CAREFULLY BEFORE SIGNING)

Today's Date: ____/____/____

Name: _____
 First Middle Last (indicate name used)

Address: _____
 Street City State Zip Code

Phone #: Primary: (____) _____ Secondary: (____) _____ Email: _____

Birth Date: ____/____/____ Sex: (M/F) ____

Name of Camp Attending: _____ Dates of Camp: _____

School/Team /Organization with whom you are attending (*if applicable*): _____

MEDICAL INFORMATION: In the event of an accident or special health needs, it will be necessary for us to have the requested information. Please make certain that you have provided through and accurate medical information.

Medications you take for current medical conditions (asthma, allergies, etc.) _____

Medications you take occasionally (headaches, etc.) _____

Do you plan to bring these or any other medications to camp with you? YES NO

Special Diet? _____

Allergies: Food? _____ Drugs? _____

Insect Stings/Bites? _____ Other? _____

Person to Notify in **Event of Emergency**: _____ Relationship to You: _____

Phone Number of Contact Person: Primary: (____) _____ Secondary: (____) _____

Family Physician: _____ Phone: (____) _____

Medical Insurance Co.: _____ Plan or Group #: _____

Insured ID or Member #: _____ Ins. Co. Phone #: (____) _____

It is recommended that you attach a photocopy of your family medical insurance card.

IMPORTANT...SEE ADDITIONAL PAGES FOR MANDATORY RELEASE & UNIVERSITY RULES/ EXPECTATIONS



UNIVERSITY CAMP RULES & EXPECTATIONS:

1. All medications are to be listed on the Registration/Medical/Liability Release form. All medications must be in original bottle and/or container. Campers are not to share any medications, including over-the-counter medications.
2. Campers are not permitted to remain in the residence halls or other facilities without adult supervision.
3. At no time should campers walk or explore campus without adult supervision.
4. Drugs, alcohol, any form of tobacco, firearms, knives, or any kind of weapon, or fireworks are NOT allowed on University property.
5. Campers are expected to be appropriately clothed when outside their individual room and in common areas of the residence hall(s).
6. No fighting is allowed.
7. Everyone must attend all scheduled events for the camp.
8. Campers MUST be in the residence hall by the designated curfew established by the camp host. Curfew is for your security and for your mental and physical well-being.
9. No form of amplified sound, group activities, or large group gatherings are permitted on the sleeping floors of the residence halls after 11:00 p.m. and before 7:00 a.m. unless arranged prior to the date and time in which they are to occur with Camps and Conference or the Residence Life staff.
10. All campers, chaperones, and camp staff are expected to assist with maintaining a clean, safe campus environment. Please place trash in provided receptacles, report spills, damages, needed repairs, or potential hazards to the University staff located in the facility as soon as possible, properly secure individual possessions and sleeping rooms, and abide by all University and camp rules and policies to ensure the safety of all persons and property.
11. If you reside in a residence hall, you will be issued a key/key card. A lost key fee will be assessed to the camp host by the University if all keys are not returned at check out. The camp host reserves the right to in turn assess the lost key fee to you individually.
12. Additionally, the University will be assessing the condition and general repair of each sleeping room, common area, classroom or activity space of a residence hall(s) and other University facilities utilized as part of this camp prior to check-in and during check-out of each camp. Any needed extra cleaning or repairs that can be attributed to the intentional damage, misuse or maltreatment of a University facility on behalf of an individual or group will be assessed to the camp host by the University. The camp host reserves the right to in turn assess the damage/repair charges to you individually or as part of the overall camp attendees.
13. Chaperones and camp staff who are residing in the residence halls are expected to enforce curfew, quiet hours, and security procedures and to be present in the halls whenever the campers associated with the camp are in the facility.
14. Do NOT prop doors, open doors or otherwise grant access to a facility to those who are not part of your group or camp.
15. Campers, guests or visitors are not allowed to bring pets on campus, except for those used to assist individuals with disabilities.
16. The University reserves the following rights:
 - a. To enter any room or facility for the purpose of inspection, repair or emergency.
 - b. To reassign residents in order to accomplish necessary repairs or accommodate University operations.
 - c. To revoke the privilege of campus access, including residency in or utilization by persons whose conduct, solely in the opinion of the University, becomes harmful or potentially harmful, to the University community.
17. Campers, chaperones, staff and others affiliated with the camp are expected to abide by any additional rules established by the individual camp they are registered to attend.

RELEASE OF LIABILITY:

I, _____, acknowledge that I voluntarily and willingly permit my participation in
(Print Name)

_____ during the periods of _____ on the campus of Southeast Missouri State University
(Print Camp Name) (Dates of Camp)

or at facilities arranged by the University.

I understand participation in the camp is completely voluntary and agree that the camp is provided through Southeast Missouri State University to enhance my child's education and that **NO INSURANCE COVERAGE MAY EXIST THROUGH SOUTHEAST MISSOURI STATE UNIVERSITY TO COVER ANY CLAIMS THAT MAY ARISE OUT OF MY CHILD'S PARTICIPATION IN THE CAMP.**

RISK AND RESPONSIBILITY: Although reasonable precautions are taken to provide proper organization, instruction, and equipment for my participation in the Summer Camps at Southeast Missouri State University, there can be no guarantee of absolute safety against injury and accident. There are elements of risk in any sport or program involving physical exertion and risks taken; individually and/or collectively during activities, and in the use of any equipment in connection with the activities. I understand that I may be involved in activities, including but not limited to, arts and crafts, baseball, basketball, soccer, swimming, team-building initiatives, tennis, games, and/or other physical undertakings. I acknowledge that participation by me in any activities is voluntary and that I may decline to participate in any activities.

MEDICAL: I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activities. I have appropriate insurance or, in its absence, I agree to pay all costs of medical services and medical transport as may be incurred on my behalf.

IMPORTANT...SEE ADDITIONAL PAGES FOR MANDATORY RELEASE & SIGNATURE:



TRANSPORTATION: I understand and agree that on some occasions, I must arrange my own transportation related to/during the camp and/or on some occasions Southeast Missouri State University may arrange transportation for me. I further understand that my decision to accept transportation from Southeast Missouri State University is completely voluntary and accepted at my own risk that I am not required to accept such transportation, and that such transportation will not be covered by any Southeast Missouri State University insurance. If I arrange my own alternate transportation, I understand that I must provide my own automobile collision and liability insurance, at my expense if I choose to drive. Further, I understand and agree that whatever alternate mode of transportation I may choose will not be covered by any insurance from Southeast Missouri State University.

PHOTOGRAPHY: In consideration of my engagement as a video tape/photography subject, upon the terms herein after stated, I hereby grant Southeast Missouri State University, its legal representatives and assigns, those for whom Southeast Missouri State University is acting, and those acting with its authority and permission, the absolute right and permission to copyright and use, re-use and distribute visual and aural representations of me or in which I may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, in conjunction with my own or a fictitious name, for any purpose whatsoever. I hereby waive any right that I may have to inspect or approve the finished product(s) or printed matter that may be used in connection therewith.

Permission Granted

Permission Denied

ACKNOWLEDGEMENT: In consideration of my participation in the activities, I do hereby for myself, my respective administrators, executors, heirs, spouse, dependents, successors, and assigns, knowingly and intentionally release, forever discharge and covenant not to sue Southeast Missouri State University and its regents, officers, agents, employees and volunteers from and against any claims, demands, expenses, actions and causes of action of every name, type, and nature I or we now have or may ever have arising out of my participation in the camp activities.

REQUIRED SIGNATURE:

The signature provided confirms I have read and fully completed the Medical Information, the University Camp Rules & Expectations, and the Release of Liability (or had someone read them to me) and freely and voluntarily agree to the terms and conditions of this Release in order to participate in any and all camp activities unless specified above. I acknowledge the information I have given is correct to the best of my knowledge. Furthermore, I give permission for the camp host and Southeast Missouri State University staff to provide and authorize any medical treatment necessary.

SIGNATURE OF STAFF/CHAPERONE/OTHER: _____ DATE: _____

PRINTED NAME Of STAFF/CHAPERONE/OTHER: _____