

# SOUTHEAST MISSOURI STATE UNIVERSITY

Summer Camps & Conferences  
One University Plaza MS 1200  
Cape Girardeau, MO 63701

(573) 651-2282 \* (573) 651-2893 (Fax) \* www.semo.edu/camps \* unischeduling@semo.edu



**Southeast**  
Missouri State University

## REGISTRATION/MEDICAL/LIABILITY RELEASE FORM: Less Than 18 Years of Age

**INSTRUCTIONS:** Complete the Registration Form in its entirety. All requested information is applicable. Type or Print legibly in Dark Ink. If participant is LESS THAN 18 years of age parent/guardian must sign.

(PLEASE READ CAREFULLY BEFORE SIGNING)

### CAMPER INFORMATION: (REQUIRED)

Camper Name: \_\_\_\_\_  
                                    First                                    Middle                                    Last                                    (indicate name used)

Address: \_\_\_\_\_  
                                    Street                                    City                                    State                                    Zip Code

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age Now: \_\_\_\_ Sex: (M/F) \_\_\_\_ Email: \_\_\_\_\_

Name of Camp Attending: \_\_\_\_\_ Dates of Camp: \_\_\_\_\_

School/Team /Organization with whom you are attending (if applicable): \_\_\_\_\_

### PARENT/LEGAL GUARDIAN INFORMATION: (Required)

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #s: Primary: (\_\_\_\_) \_\_\_\_\_ Secondary: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### MEDICAL INFORMATION: (REQUIRED)

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 thorough 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 UNIVERSITY RULES/ EXPECTATIONS & REQUIRED RELEASE**



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**SOUTHEAST MISSOURI STATE UNIVERSITY CAMP RULES & EXPECTATIONS: (REQUIRED)**

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 encouraged to walk or explore campus with adult supervision only.
3. Everyone must attend all scheduled events for the camp.
4. Campers are not permitted to remain in the residence halls or other facilities without adult supervision.
5. Campers **MUST** be in the residence hall by the designated curfew established by the camp host. Curfew is established for the safety, security, and mental and physical well-being of all individuals.
6. Campers are expected to be appropriately clothed when outside their individual room and in common areas of the residence hall(s).
7. 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.
8. 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 the responsible individual or group.
9. Additionally, the University will assess 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 an individual, a group or all camp attendees.
10. No bullying, including via social medias, or fighting is allowed.
11. Drugs, alcohol, any form of tobacco, firearms, knives, or any kind of weapon, or fireworks are **NOT** allowed on University property.
12. Amplified sound, group activities, or large group gatherings are not 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 the Camps and Conference or Residence Life staff.
13. Do **NOT** prop doors, open doors or otherwise grant access to a facility to those who are not part of your group or camp.
14. Campers, chaperones, volunteers, and other guests or visitors are not allowed to bring pets on campus, except for those used to assist individuals with disabilities.
15. Chaperones and camp staff who reside 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.
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 who do not follow the rules, policy, or direction of University staff.
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.

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**RELEASE OF PHOTOGRAPHS, VIDEO, AUDIO AND RELATED MEDIA FORMATS:**

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 my child or in which my child 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 his/her own or a fictitious name, for any purpose whatsoever. I hereby waive any right that I or my child may have to inspect or approve the finished product(s) or printed matter that may be used in connection therewith.

Permission Granted Without Restriction  
The University and its affiliates may use my child's image with or without attribution to his/her name.

Permission Granted With Restriction  
The University and its affiliates may use my child's image without attribution to his/her name.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

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**IMPORTANT...SEE ADDITIONAL PAGES FOR REQUIRED RELEASE OF LIABILITY**



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**RELEASE OF LIABILITY: (REQUIRED)**

I, \_\_\_\_\_, the Parent/Guardian of \_\_\_\_\_, acknowledge that I  
(Print Name) (Print Camper's Name)  
voluntarily and willingly permit my child to participate in \_\_\_\_\_ during the periods of \_\_\_\_\_  
(Print Camp Name) (Dates of Camp)

on the campus of Southeast Missouri State University 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 EXISTS 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 your child's 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, on behalf of myself and my child, understand that my child 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 my child in any activities is voluntary and that my child may decline to participate in any activities.

**MEDICAL:** I hereby authorize any medical treatment deemed necessary in the event of any injury to my child 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 behalf of my child.

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

**ACKNOWLEDGEMENT:** In consideration of my child's participation in the activities, I do hereby for myself, my child and our 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 child's 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 PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME \_\_\_\_\_