May 20, 2014

Dear Young Authors Camp Participant:

The 2014 Young Authors Camp is just weeks away and we hope you are as excited about coming to Murray State for the week, as we are about having you on campus. Check-in for your camp is scheduled for Monday, June 9 on the first floor of Faculty Hall (outside Room 106) from 8:00-8:30 a.m. The workshop starts at 8:30 a.m. and ends at 3:30 p.m. daily. Parents should drop-off and pick-up their child each day at the classroom.

Campers need to bring a sack lunch daily. Additionally, for safety reasons, campers should not wear flip flops to camp. Swimming activities will be in the afternoon, so please be sure to pack a swimsuit and towel daily, also.

Enclosed, please find the following items to complete and bring to check-in:

- Camper Consent and Release Form: Complete, sign, and turn in at check-in
- Parking Pass: Complete both the top and bottom of the pass. Turn the top part in at check-in and display the bottom part on your dashboard. Feel free to copy this if you need additional passes (for multiple vehicles). This pass will allow you temporary parking while your child is being dropped off and picked up.

If you have any questions, please feel free to contact me at (270) 809-3659 or jwinters@murraystate.edu. You may also access these forms on the camp website, www.murraystate.edu/yac. Thank you for registering for camp, and we look forward to seeing you soon!

Sincerely,

Janeen Winters
Coordinator, Special Programs

Enclosures
MSU Summer Youth Programs
Camper Consent and Release Form

This completed form must be signed by a parent or guardian and turned in at the registration table at camp check-in. Do NOT mail this form in. No camper will be able to complete the check-in process without this completed and signed form.

Section A: Emergency Contact Information
Camper’s Name: ___________________________ Camp Attending: ___________________________
Parent/Guardian: ______________________ Daytime Phone: ___________________________
Address: ________________________________ City: ______________________ St: ______ Zip: ________
Insurance Provider: ______________________ Name on Policy: _______________________ Policy/Group No. _______
Alternative Contact (In the event parents can’t be reached): 
Name ______________________ Relationship to Camper: __________________ Phone Number: ___________

Section B: Medical Information and Treatment
The camp has directors and staff on duty at camp 24 hours a day to assist participants in any possible way. These individuals make arrangements for treatment of any illness or accident that might occur during the course of the camp. Should a camper become ill or injured it should be reported to camp staff immediately. In the case of a more serious illness or accident, the parent or guardian will be contacted as soon as possible. If the situation warrants immediate attention, the camper will be taken to the Murray-Calloway County Hospital. So that we can provide our participants with the best possible service, we require that each participant complete the medical information below. All Summer Youth Programs are covered by a supplemental/secondary group accident insurance policy. This release form must be signed (at the end of this document) by a parent or guardian and submitted at check-in.

I do hereby grant permission for my son/daughter/ward to attend the above-named program and certify, to the best of my knowledge and belief, that he/she is physically capable of participating in the program and recreational activities of the camp subject to the special medical restrictions as listed below. I acknowledge and understand and agree that in participation in this program there is a possibility of physical illness or injury and that my son/daughter/ward is assuming the risk of such illness or injury by his/her participation. In order that my son/daughter/ward may receive the necessary medical treatment in the event of an injury or illness. I hereby authorize the program staff to obtain medical treatment for him/her for such injury of illness during the program, and I release Murray State University, its officers, agents, and employees from responsibility for any injury which my son/daughter/ward may sustain arising out of participation in this program. Please complete the following Medical Information:

Special Medical Restrictions: ________________________________________________________________
Medications to which participant is allergic: ___________________________________________________
Medications which the participant is currently taking. Include dosages and how often the child takes it: ______________________
_____________________________________________________________________________________
Does your child need assistance administering their medicine? If so please provide instructions:
_____________________________________________________________________________________
_____________________________________________________________________________________
Known Food Allergies: __________________________________________________________________
Other conditions (medical or behavioral) that camp staff should be aware of: ___________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Section C: Rules, Restrictions, and Conduct
Possession or usage of alcoholic beverages, illegal drugs and firearms/weapons are forbidden and not permitted on campus or anywhere off campus during camp. Smoking is not permitted in any MSU building. Male/Female visitation in the residence halls may take place only in the designated public areas. Personal vehicles must be parked in specified lots and should not be used during camp. Car keys will be collected by camp staff and returned to the owner on the last day of camp. No camper may leave the MSU campus without written permission from parent or guardian and knowledge and consent by the Camp Director. Campers are expected to be on their best behavior and to behave respectfully and follow all camp and residential hall rules. Conduct which disturbs others will not be tolerated. Just as it is illegal any-

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where else, behavior such as tampering with vending machines or telephones, stealing, improper use of fire alarms, or wanton damage to facilities is strictly prohibited.

I understand that I may be held financially responsible for any needed repairs resulting from damage that my son/daughter/ward may cause. I understand that by the discretion of the Summer Youth Programs Director and Camp Staff, my son/daughter/ward may be dismissed and sent home at my expense for improper or dangerous conduct, and/or violating camp rules. Furthermore, I release Murray State University and its agents and staff of any liability caused to my son/daughter/ward due to his/her conduct or behavior.

**Section D: Statement of Fire Suppression Systems—Resident Campers Only**

All residence halls being used during Murray State University’s Summer Youth Programs have been equipped with automatic fire suppression systems (sprinklers). By my signature below, I hereby verify that I have been informed and understand that the residence halls being used during Murray State University’s Summer Youth Programs are equipped with automatic fire suppression systems.

**Section E: Photo and Image Consent**

Periodically, camp and university staff may document camp with digital and film photography and/or video. I understand and give permission for my son/daughter/ward’s image may be taken, included, and published on the World Wide Web and/or printed marketing materials for the purpose of camp or university promotion.

**Section F: Internet and Computer Lab Usage**

On occasion, some MSU camps may use the internet for research and communication. Time spent in computer labs will be supervised by camp staff. I give my permission for my son/daughter/ward to have supervised computer lab time, if this curriculum is scheduled for their particular camp.

**Section G: Transportation and Field Trips**

MSU’s Summer Youth Programs occasionally uses University buses, vans, cars, contracted school buses, and/or charter buses to transport participants to camp related activities both on and off campus. Campers are not to use or ride in personal/private vehicles while attending camp. Residential campers who drive themselves to camp must park their vehicle in designated areas and must display proper MSU vehicle registration (issued at check-in). Car keys will be collected by camp staff upon check-in and returned to the owner on the last day of camp. Day (commuter) campers may transport themselves to and from camp daily however MSU is not responsible for any injuries or liabilities caused by this action. Commuters must park vehicles in designated areas and display proper MSU vehicle registration (issued at check-in). I authorize camp staff to transport my son/daughter/ward for camp related activities. I understand that my son/daughter/ward is not to ride in or use a personal/private vehicle while attending camp. Furthermore, I release MSU, its agents and staff from all injuries or liabilities my son/daughter/ward may sustain from camp approved transportation and understand that MSU will not be held liable for injuries or liabilities my son/daughter/ward sustains from failure to follow camp rules.

By my signature below I declare that I have read and understood each section of the MSU Summer Youth Programs Camper Consent and Release Form

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camper’s Signature</td>
<td>Date</td>
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<td></td>
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</tbody>
</table>

MSU Representative Signature (signed at Check-in)  
Date

Any questions pertaining to this form should be directed to Murray State University’s Office on Non-Credit and Youth Programs: (270) 809-3659; 1-800-669-7654
TOP PART SHOULD BE TURNED IN AT CAMP CHECK-IN

MURRAY STATE POLICE DEPARTMENT
PARKING SERVICES
Participant's Pass
(Not Valid for Murray State Faculty/Staff or Students)

Name of Workshop: Young Authors Camp

Workshop Sponsor: Center for Continuing Education and Academic Outreach

Date(s) of Workshop: June 9, 2014 thru June 13, 2014

Name: _______________________________ □ Staff □ Participant

Home/Work Telephone: ___________________________ Cell Phone: ___________________________

Emergency Contact Name/Relationship: ___________________________ Phone: ___________________________

Vehicle License Plate Number: ___________________________ State: ___________________________

Make: ___________________________ Model: ___________________________ Color: ___________________________

THIS PORTION MUST BE CLEARLY DISPLAYED ON VEHICLE DASH
THIS SIDE UP

MURRAY STATE POLICE DEPARTMENT
PARKING SERVICES
Participant's Pass
(Not Valid for Murray State Faculty/Staff or Students)

Name of Workshop: Young Authors Camp

Workshop Sponsor: Center for Continuing Education and Academic Outreach

Date(s) of Workshop: June 9, 2014 thru June 13, 2014

Name of Participant: ___________________________

Check One: □ Staff □ Participant

Vehicle License Plate Number: ___________________________ State: ___________________________

Make: ___________________________ Model: ___________________________ Color: ___________________________

BOTTOM PART SHOULD BE DISPLAYED ON DASHBOARD