

**SUMMER CAMP 2018 – REGISTRATION FORM**

**MMER CAMP REGISTRATION FORM**

**RELEASE FORMS**

This form MUST be completed for all students who are under the age of 18 and who are attending programs at Penn State Scranton. Forms must be COMPLETED BY A PARENT OR LEGAL GUARDIAN.

PLEASE PRINT CLEARLY! Complete one registration form for each student.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| STUDENT’S NAME | | | BIRTHDATE ❑ M ❑ F | | AGE |
| \*STUDENT’S SS # or PSU ID # | | | STUDENT’S GRADE IN THE FALL | | |
| PARENT/GUARDIAN NAME | | PARENT/GUARDIAN E-MAIL  ⬜ By checking this box I agree to allow Penn State to use this email address to communicate with me about this program | | | |
| STREET ADDRESS | | CITY | | STATE | ZIP |
| HOME PHONE # | PARENT/GUARDIAN WORK PHONE # | | PARENT/GUARDIAN CELL PHONE # | | |

\*The social security number you provide is for enrollment purposes and will be used by the University to verify your child’s identity for official record keeping and reporting. The SSN will be stored in a confidential repository, it will not be used as a primary source to identify your child within the Penn State system. The PSU ID # will be used as the primary identifier. A PSU ID # will be assigned for the student and will be his/her ID# for life.

# Please register this student for the following course(s)

COURSE NAME DATES SCHEDULE # FEE

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Amount Due: \_ | | | |

The Pennsylvania State University’s Federal ID number is 24-6000376.

**Please indicate method of payment**

|  |  |
| --- | --- |
| Enclosed is my:  ⬜ Check / Money Order (payable to: *Penn State University)* Amount: $ | |
| Credit Card  ⬜ Visa ⬜ MasterCard Amount: $ | |
| Credit Card Number | Expiration Date (Month/Year) |
| Cardholder’s Name (please print) | Cardholder’s Signature (Required) |

**All forms must be completed and signed in order for your registration to be complete.**

**(PLEASE BE SURE TO SIGN ON ALL LINES ASKING FOR A SIGNATURE)**

**Penn State University Youth Program Health Services Medical Treatment Authorization**

*This form must be completed and returned before youth camp/program/event enrollment dates in order for youth to be permitted to participate in any camp activities.*

**Personal Information**

Youth’s Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_ ❑ M ❑F

Specify program your child will be attending­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Carrier Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan Number Is physician authorization needed? ❑ Yes ❑ No

Name of Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***In case of emergency, please notify***

If neither parent or guardian is available in an emergency, please contact:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health History [**Please check and provide approximate dates that camper suffered from allergies/other conditions listed below]

***Allergies***

❑ Hay Fever ❑ Bee/Wasp Stings ❑ Insect Stings ❑ Penicillin ❑ Peanut ❑ Other Food/Drugs: \_\_\_\_\_\_\_\_\_\_\_\_

***Other***

❑ Asthma ❑ Diabetes ❑ Convulsions ❑ Concussion ❑ Behavioral/Emotional ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of most recent tetanus immunization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any ***major*** past illnesses (contagious and non-contagious): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any ***major*** operations or serious injuries (include dates): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the youth ever been hospitalized? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the youth have any chronic or recurring illness? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else in youth’s health history that the camp staff should know? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any activities from which the youth should be restricted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any specific activities that should be encouraged? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the youth have any special dietary restrictions? ❑ NO ❑ Yes If YES, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the youth wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? ❑ NO ❑ Yes If YES, explain: \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the youth need to take any medication at camp? ❑ NO ❑ Yes   
***If YES, please list the specific prescription or over-the-counter medications below, reasons for medication, and daily dosage. If any medications change prior to arriving at the program, please provide an updated list upon arrival.***

***Medication Reason(s) for Medication Daily Dosage/Time(s) Taken***

1

***2***

***3***

***4***

If at all possible, medication should be administered at home. Medications will be allowed at the Youth Program only when failure to take such medication would jeopardize the health of a child and he/she would not be able to attend the Youth Program if the medication were not made available.

**Penn State University Youth Program Health Services Medical Treatment Authorization**

Youth’s Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_ ❑ M ❑F

The parent(s)/legal guardian(s) of Youth Program participants are required to disclose their intention to bring medications to the Program, especially to treat potentially life-threatening conditions (i.e. inhalers, EPI-pens, insulin injection). Upon arrival to the Program, parent(s)/legal guardian(s) should plan to meet with a member of the Youth Program staff at registration to review medication issues for a Youth Program participant and complete additional required paperwork if not completed prior to arrival. For identification purposes, a current picture of the child is to be provided upon registration.

All medications (prescription and over-the-counter) must be stored in the original product packaging and clearly labeled with the participant’s name. Prescription medication(s) must also include a label with the medication’s name and dosage instructions, as well as the prescribing physician’s name and telephone number.

All medications will be kept in a securely locked cabinet used exclusively for storage of medications. Medications that require refrigeration will be stored and locked in a refrigerator designated for medications **ONLY.** Access to all medications will be limited to approved personnel. The need for emergency medication may require that a Youth Program participant carry the medication on his/her person or that it can be easily accessed (i.e., inhalers, EPI-pens, insulin injections). Penn State Youth Program staff will **NOT** purchase medications of any type (prescription or over-the-counter) for Youth Program participants of any age.

If a program has professional medical staff on-site, then the medical staff may administer over-the-counter medications (e.g., ibuprofen or Tylenol) supplied by the parent(s)/guardian(s) per package instructions. Medical staff may monitor the self-administration of medications, if necessary, upon written consent of the parent(s) and/or legal guardian(s) and/or physician orders.

If there are no medical staff on-site, Penn State Youth Program staff *will not* dispense medications, but may monitor the self-administration of certain medications if necessary, **ONLY** upon written consent of the parent(s) and/or legal guardian(s) and/or physician orders.

It is NOT permissible for a participant to share any medications with any other participants.

It is the responsibility of the parent(s)/legal guardian(s) to be sure that the participant’s medications brought to the Youth Program are not left behind at the end of the Program. Failure to do so will result in the medications being destroyed within three working days after the participant’s last day of the Program. Absolutely no medications will be returned via mail regardless of the circumstances.

I understand that all Youth Program participants are recommended to have a meningococcal vaccination prior to attending the program. I hereby authorize the clinical staff of University Health Services or other licensed practitioner of the healing arts, acting within the scope of his or her practice under State law, to provide medical care that includes routine diagnostic procedures (e.g., x-rays, blood and urine tests) and medical treatment as necessary to my minor daughter/son/dependent. I understand that the consent and authorization herein granted does not include major surgical procedures and are valid only during the Youth Program/event.

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I give my consent for physicians and staff at University Health Services or other licensed practitioners of the healing arts to perform any necessary emergency treatment. I agree to the release of any records necessary for

treatment, referral billing, or insurance purposes to the appropriate medical care provider. I understand that University Health Services does charge for services and that I is my responsibility to pay the bill if a claim can’t be submitted by the University Health Services to my private insurance. As applicable, I may be responsible to submit any claims to my health insurance company for reimbursement. I authorize The Pennsylvania State University to receive medical/billing information and submit it to the University’s Insurance carrier.

I understand that, unless specifically stated otherwise in the Penn State Youth Program/event literature, The Pennsylvania State University does not provide medical insurance to cover emergency care or medical treatment for my child.

I understand that, in accordance with Youth Program policy, the medication(s) should be given at home before and/or after the Youth Program. However, when this is not possible, and medications will be brought to Youth Program camp, I agree to the provisions outlined above relating to the management of medications.

**HIPAA**

Penn State honors the privacy of the participants in its Programs and complies with the national regulations regarding health information. Follow this computer link to the University Health Services Notice of Privacy Practices.

https://studentaffairs.psu.edu/health-wellness/medical-services/policies-patient-resources/patient-rights-and-responsibilities

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Name (please print) Parent/Legal Guardian Signature

\*Terms and Conditions agreed to via electronic signature

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## University Releases and Information:

**General:** I, the undersigned (parent/guardian) of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, ask that s/he be admitted to participate in the youth program sponsored by The Pennsylvania State University, Penn State Scranton. In consideration of such admission I do hereby agree to release, discharge, and hold harmless The Pennsylvania State University its officers, agents, and employees, of and from all causes, liabilities, damages, claims, or demands whatsoever, on account of any injury or accident involving the said minor out of the minor’s attendance at the program or in the course of competition and/or activities in connection with the program.

**Drop-off/Pick-up:** Please escort your child to his assigned classroom for camp sign-in. Parents of campers registered in both morning and afternoon sessions will only need to sign their child in for the morning camp. Camp counselors will escort the children staying for afternoon camps to the assigned rooms. Feel free to check the location of your child’s afternoon camp when dropping him/her off in the morning. The afternoon classroom may be in a different location. \* *Note: Instructor or counselors must be in the classroom before person signing in a child leaves the room.*

**Drop-off** for morning camps is at **8:50 AM**; drop-off for afternoon camps is **12:50 PM**.

\*A parent or an authorized guardian must sign the child into camp daily.

**Pick-up** for morning camps is at **Noon**; pick-up for afternoon camps is **4:00 PM** .

\*\* A parent or an authorized guardian must sign the child out of camp daily.

(Please list all individuals authorized to pick-up minor from the program. Minors will not be released to anyone not designated by parent/guardian)

|  |  |  |
| --- | --- | --- |
| #1 Name | #1 Phone | Relationship to Student |
| #2 Name | #2 Phone | Relationship to Student |

**Photos:** I/we ❑ **grant** ❑ **do not grant (check one)** permission to The Pennsylvania State University and its agents or employees to use photographs and/or video taken of my child from this event for use in promotional and educational materials and to use such photography/video in electronic versions of the same publication or on Penn State Web sites or other electronic forms of media, and to offer them for use or distribution in other non-college publications, electronic or otherwise, without notifying me. I hereby agree to release, defend, and hold harmless The Pennsylvania State University and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from and against claims, damages, or liability arising from or related to the use of the photographs/video.

**Camp Conduct:**  While unacceptable conduct is not anticipated from participants, the University is prepared to deal with situations involving inappropriate behavior. Penn State Worthington Scranton reserves the right to dismiss any student for improper conduct. Any students dismissed from the camps will not receive a refund. A parent or guardian will be notified immediately and expected to pick up the participant.

**Attire:** Shorts/slacks and T-shirts are recommended attire. We also recommend tennis shoes be worn during the program **(NO SANDALS or OPEN TOE SHOES)** in order to ensure the children’s safety and comfort during daily activities. **Soccer Camp:** Children attending Soccer camp should wear a shirt, shorts, socks, shin guards and sneakers or soccer shoes

**Emergencies:** Please keep the following telephone number on hand if you need to contact us in the event of an emergency. If your child becomes ill and has to miss a day of the program, please call 570-963-2600 in the morning to let us know. In the unlikely event that your child is injured while in our care, you will be notified immediately.

**Cancellations**: The University may cancel any course because of insufficient enrollment or other unforeseen circumstances. If this occurs, students will be notified by phone, and/or email.

By signing below I understand and agree to the above Releases and Informational items:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's/ legal guardian's name (please print) Signature Date

**All forms must be completed and signed in order for your registration to be complete.**

|  |  |
| --- | --- |
| **Registrations forms may be mailed or delivered in person to:**    Penn State Scranton  Center for Business Development and  Community Outreach  Gallagher Conference Center  120 Ridge View Drive  Dunmore, PA 18512 | **Registration forms may be faxed to:**  **570**-**963-2606**  **Registration forms may be scanned & emailed to:**  **wspsuce@psu.edu**  **Registrations may be done by Phone:**  **570**-**963-2600**  **Registration forms and general camp information can be accessed at:**  [www.](http://www.)sn.psu.edu/cubcamps |

**Thank you for registering your child for our youth program!**

