



*family*  
**CAMP**

**CAMP  
BOB COOPER**

## THE FOLLOWING PACKET INCLUDES:

- FAMILY CAMP FORM CHECKLIST
- FAMILY INFORMATION FORM
- PERMISSION TO PARTICIPATE AND  
RELEASE OF LIABILITY
- PARENT DETAILS
- MAP

# FAMILY CAMP FORM CHECKLIST

*To be completed and sent to the registrar:*

FAMILY INFORMATION FORM (PAGE 3)

*Please complete all information for every participant.*

*Anyone outside of your immediate family will need to complete their own packet.*

PERMISSION TO PARTICIPATE AND RELEASE OF LIABILITY (PAGE 4)

*Please complete all information for every participant.*

PARTICIPANT HEALTH FORMS (SEPARATE DOWNLOAD)

*Please complete one form per person attending. This form has been sent to you as a separate file and is not included in this packet.*

# FAMILY INFORMATION FORM

PRIMARY ADULT FULL NAME: \_\_\_\_\_

SEX:  M  F DATE OF BIRTH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

ADULT #2 FULL NAME: \_\_\_\_\_

SEX:  M  F DATE OF BIRTH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Check here if address and phone numbers are the same as above

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

## ADDITIONAL PARTICIPANTS/CHILDREN \*Please provide address if different from above

NAME	SEX	DATE OF BIRTH	RELATIONSHIP TO PRIMARY ADULT
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		

EMERGENCY CONTACTS\* FULL NAME: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

\*Emergency contacts should be people not attending camp with you

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

By checking this box, you acknowledge your electronic signature is the legal equivalent of your manual signature on this form.

# PERMISSION TO PARTICIPATE AND RELEASE OF LIABILITY



## CODE OF CONDUCT

Participants of the Youth Learning Institute (YLI) camps/programs will not engage in the actions/behaviors listed below. Violation of these rules may result in immediate action and possible dismissal from the program. Transportation home will be at the expense and responsibility of the parent or guardian. The below offenses may result in immediate action:

1. Possession or use of any tobacco/smoke-related products, alcoholic beverages, or illegal drugs;
2. Theft; misuse, or abuse of public or private property (including participants and employees);
3. Sexual misconduct; willful disobedience or disrespect for counselors, other adults, or other participants; and/or inappropriate language;
4. Fighting; unauthorized possession of weapons, ammunition, or fireworks;
5. Unauthorized absence from the premises of event; breaking curfew; disturbing the peace; unexcused absence from the activities of the week or from assigned group; and unauthorized use of vehicles during the camp/program.

I HAVE READ THE ABOVE CODE OF CONDUCT AND I AGREE TO FOLLOW THESE RULES WHILE PARTICIPATING IN THIS PROGRAM.

**PRIMARY ADULT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

By checking this box, you acknowledge your electronic signature is the legal equivalent of your manual signature on this form.

**ADULT #2 SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

By checking this box, you acknowledge your electronic signature is the legal equivalent of your manual signature on this form.

## PERMISSION TO PARTICIPATE AND RELEASE

As a parent/guardian, I understand that my child and I will be participating in a camp/program conducted in an outdoor environment. I fully recognize and understand that there are inherent risks involved with these camp activities, which include but not limited to swimming, canoeing, tubing, horseback riding, team sports, archery, shooting firearms, challenge courses, climbing walls, rock climbing, zip lines, riding ATV's and paintball and I choose to voluntarily to participate and to allow my child to participate in said activities with full knowledge that said activities may be hazardous.

1. I fully recognize and understand that there are inherent risks involved with these activities. These risks are significant and include the risk of physical injury, emotional distress and death from falling, drowning, disease, exposure, contact with wild creatures (i.e., snakes, alligators, bugs, etc.), injury from equipment and the actions of other participants.
2. I voluntarily assume full responsibility and liability for any risk of loss, property damage or personal injury, including death, which may be sustained by me or my child as a result of our participation and expressly agree that Clemson University, its employees, agents, and representatives shall not be liable for damage to or for the loss of any personal property.
3. I do hereby consent and agree to allow Clemson University the use of my image or likeness or my child's image or likeness in photographs, videos, or audio for educational purposes or promotional purposes, including posting on the internet. I agree that the use herein may be without compensation to me or my child.
4. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action that are related to the inherent risks associated with the activities listed above and that may result from or occur during my participation or my child's participation in this camp/program. I also agree to indemnify and hold harmless the university for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in this camp/program.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I CONSENT TO THE PARTICIPANT TAKING PART IN THE ACTIVITY(S) DESCRIBED.

Please Print

By signing below, I/WE, **PARENTS/GUARDIANS:** \_\_\_\_\_  
and on behalf of minor(s) \_\_\_\_\_

\_\_\_\_\_ acknowledge and agree to the terms and conditions listed above. *(Please list names of all minors)*

**PRIMARY ADULT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

By checking this box, you acknowledge your electronic signature is the legal equivalent of your manual signature on this form.

**ADULT #2 SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

By checking this box, you acknowledge your electronic signature is the legal equivalent of your manual signature on this form.

# PARENT DETAILS FOR CAMP BOB COOPER FAMILY CAMP

## LOCATION

Held at Camp Bob Cooper. The address is 8001 M W Rickenbaker Rd, Summerton, SC 29148.

## HOW TO CONTACT THE PROGRAM DIRECTOR

Call (803) 462-5559

## ARRIVAL AND DEPARTURE

Arrival is **4:30 PM** on Friday. Please do not arrive before check in time on the first day as staff will be preparing. Departure is **1:00 PM** on Sunday.

## FOOD

Menus for the weekend have been approved by a registered dietitian and are designed to provide a balanced and nutritious diet. Our facility is equipped with a modern kitchen that is operated by an experienced and well-trained staff. Please note on the Participant Health Form if anyone in your family has any food allergies or other food related issues.

Please do not bring your own food.

## EMERGENCY CONTACT

Please provide any loved ones with the program director's phone number and email in the event of an emergency. Cell phone service and wifi access is limited.

***Brittany Helm***  
(803) 462-5559  
helm@clermson.edu

## HEALTH & SAFETY

All families are required to follow the safety measures set out by our staff and counselor team. We have an impeccable safety record based on decades of experience and rigorous training.

## INSURANCE

Each program has limited medical insurance on every participant for accidents and illnesses that occur during the program. Pre-existing illness and eyeglass/contact replacement are not covered. YLI is not responsible for eyeglasses or contacts that are lost or broken during the program.

## MEDICATIONS

Families will be responsible for securing and dispensing their own medication throughout the weekend. Please let us know if you have any special requirements for any of your medication. While families will be responsible for their own medication, we are still required by the American Camp Association to have knowledge of all medication on site, so we do ask that you make us aware of those on the Participant Health Form.

## ALLERGIES

If anyone in your family has allergies, please indicate them on the Participant Health Form. We regularly accommodate people with food and other allergies.

## ILLNESS

All families are screened upon arrival for good health prior to admission. We ask that no participant arrive ill or with any contagious condition. We reserve the right to send anyone home if they become ill, develop any contagious condition (such as pink eye, or head lice) or if they are unable to participate in the major activities. If anyone in your family cannot remain due to health reasons you will NOT receive a refund of fees. Please notify us if anyone in your family is injured or becomes ill while in attendance.

## GENERAL SAFETY PRECAUTIONS

- First-Aid and CPR certified staff are available 24 hours per day.
- When operating programs, we send a letter to local EMS/ Fire Departments with our itinerary.
- We arranged with local EMS to provide care and transportation when needed.
- Professional medical care is available within 15 minutes of the program facility.

## STAFF

Participants receive a high amount of small group interaction and personal attention from program staff and instructors. The staff have been chosen for their dedication and their ability to work with people.

- All program staff are employed by Clemson University and have undergone an extensive background check.
- Staff undergoes extensive program training.

## WATER SAFETY

- American Camping Association standard for certified lifeguards are met during all swim times.
- Life jackets are required for those in a canoe, kayak, boat or tube. Life jackets are provided.

## PROGRAM ACTIVITIES

Not all activities are available to all participants, as some activities have age and/or size restrictions. These activities are subject to change, depending on weather, staff availability or acts of third parties beyond our control. We are recommending a minimum age of 6 years old for this program.

## ASSIGNING OF GROUPS

Individual families will be acting as their own groups throughout the weekend. Each family will be able to sign up for daily activities throughout the weekend. Each family will have a private room, and their own private bathroom.

## **PACKING LIST**

We've created a list of necessary items, so your family will be prepared for a great weekend.

### **ITEMS TO BRING**

Bedding (sleeping bag, twin sheets and blankets, pillow)  
Towel sets  
Toiletries  
Sunscreen  
Insect repellent  
Hand sanitizer  
Personal clothing  
Modest bathing suit  
Sweatshirt/jacket  
Rain jacket  
Sneakers/hiking shoes  
Sandals  
Flip-flops/water shoes for shower  
Hat with a brim  
Mask/face covering  
Flashlight & extra batteries  
Water bottle  
Sunglasses  
White t-shirt for tie-dye  
Backpack  
Cards/games/etc.  
Fishing rod & gear (SC fishing license required)  
Bikes and helmets  
Musical instruments  
Folding chairs or blankets  
Yoga mats  
Books  
Battery operated fan  
Camera  
Binoculars

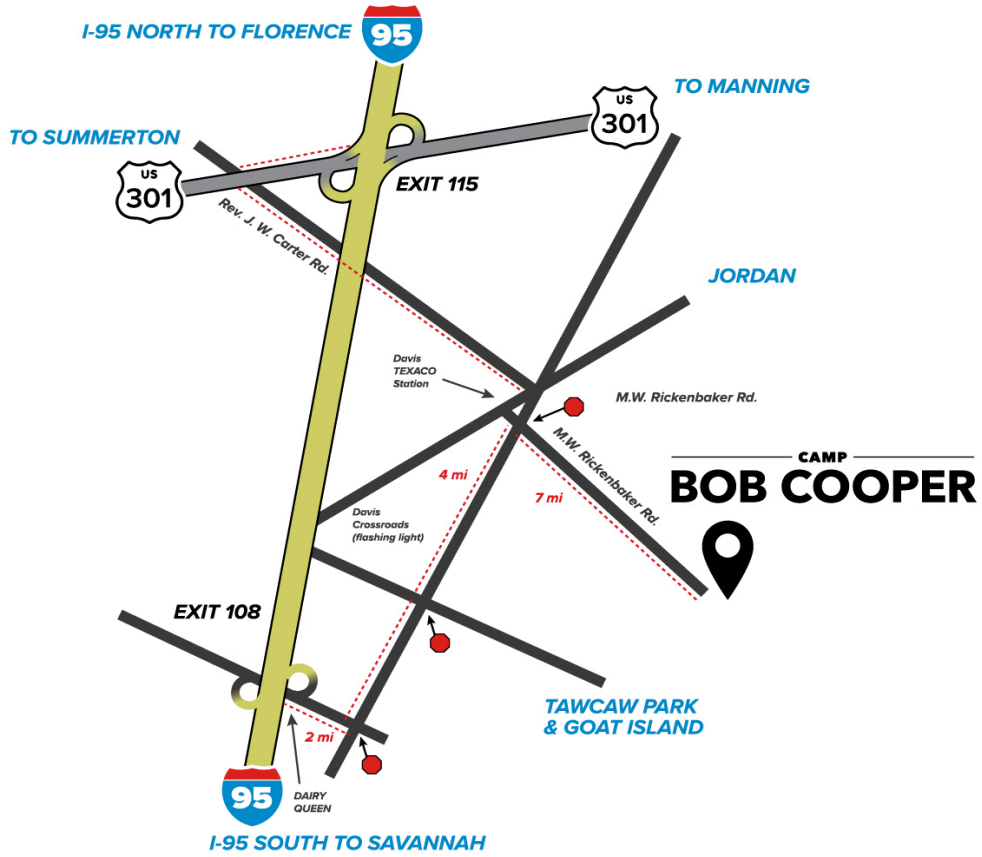
### **ITEMS TO LEAVE BEHIND:**

*For the safety of participants and staff, we have a no-tolerance policy for these items:*

- Alcohol/illegal drugs
- Tobacco products
- Weapons or knives
- Food, candy, gum & other snacks
- Fireworks
- Pets/Animals (Except trained service animals pre-approved by program director)

*Clemson University does not discriminate against any individual or group of individuals on the basis of age, color, disability, gender, national origin, race, religion, sexual orientation or veteran's status.*

# DIRECTIONS TO CAMP BOB COOPER



Participant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Participant Sex \_\_\_\_\_

**IMPORTANT: Please notify the director if the participant is exposed to any communicable diseases during the two (2) weeks prior to arrival.**

**ALLERGIES & MEDICATIONS**

- YES  NO Is the participant allergic to medications?
- YES  NO Does the participant take medication, including over-the-counter, on a routine basis?
- YES  NO Is the participant allergic to the environment? (e.g. insect stings, hay fever, etc.)
- YES  NO Is the participant allergic to foods or have any dietary restrictions?
- YES  NO Other allergies not listed (e.g. latex, bleach, etc.)

(If yes, list & describe reaction. Attach additional pages if necessary)

\_\_\_\_\_

\_\_\_\_\_

**MENTAL, EMOTIONAL, AND SOCIAL HEALTH**

- Been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?
- Experienced significant homesickness?
- Seen a professional to address mental, emotional, or behavioral health concerns or an eating disorder?
- Had a significant life event? (Death of a loved one, family change, adoption, foster care, new sibling, etc.)

Explain each checked item...

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH HISTORY** (Check all that apply.)

- Asthma/Shortness of Breath
- Back/Joint Problems
- Bed Wetting
- Chest Pain
- Diarrhea
- Diabetes
- Fainting or Dizziness
- Females: Menstrual Issues
- Glasses or Contacts
- Headaches
- Hospitalized
- Problem Falling Asleep
- Recent Infectious Disease
- Recent Injury
- Recurrent/Chronic Illness
- Seizures
- Skin Problems
- Surgery
- Past 9 months: Left Country
- Past 12 months: Mononucleosis
- Other

Explain each checked item. Attach additional pages if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TETANUS BOOSTER**

Date of Last Tetanus/Tetanus Booster Dose \_\_\_\_\_

**IMMUNIZATIONS** 18 years and younger

- Participant has been fully immunized with all up to date immunizations required for school.
- Participant **has not** been fully immunized.

**RESTRICTIONS**

List activities the participant **may not** participate in.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OVER-THE-COUNTER (OTC) MEDICATION CONSENT**

I consent for the camp/program to administer the OTC medication as indicated below. OTC medications will not be dispensed without the consent of the parent, no exceptions. Medications are administered under the guidance of the camp medical officer. (Check all that apply.)

- Acetaminophen
- Antibiotic Ointment
- Benadryl
- Calamine Lotion
- Hydrocortisone Cream
- Ibuprofen
- Imodium AD
- Pepto Bismol
- Robitussin DM
- Tums

**HEALTH CARE PROVIDERS**

- Participant has family health insurance.
- Participant does **not** have family health insurance.

Primary Care Doctor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**INSURANCE**

Insurance covers up to a maximum of \$3,000.

Program insurance coverage is in effect while the participant is in attendance and while en route to and from the program. If the participant returns home sick or injured without seeing a doctor while in attendance, the participant must see a doctor within 24 hours for insurance to pay. Medical costs that exceed the policy amounts will be the responsibility of the participant.

**PARTICIPANT AUTHORIZATION & PERMISSION TO TREAT**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the examining physician. I hereby give permission to the medical personnel selected by the program director to provide routine health care: to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to secure and administer treatment, including hospitalization, for the person named above.

Participant Signature (18 or older) \_\_\_\_\_

Date \_\_\_\_\_

By checking this box, you acknowledge your electronic signature is the legal equivalent of your manual signature on this form.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

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