



2014

Dear Parent(s) or Legal Guardian(s):

Thank you for having an interest in Delta State University's O.K.R.A. Summer Day Camp for youth. Below you will find basic information that will help you prepare your child for camp. In order for your child to participate in this camp, you need to:

1. Fill out the attached enrollment form;
2. Sign a youth release of liability form;
3. Pay a **\$50 registration fee**; and
4. Drop off all registration materials to camp headquarters at Forest E. Wyatt Center on or before May 2 by 5:00 p.m.

Confirmation / OKRA Gear Pick Up

Confirmation and gear pick-up will be held at Forest E. Wyatt Center during the week of May 12-16 from 8 a.m. - 5 p.m. for registered campers. Parent(s)/Guardian(s) with officially registered children will need to arrange for their check-in and gear to be picked up **ONLY** during the above time. Camp will begin for ages 6-8 year olds on Monday, June 16, 2014, at 8:30 a.m. and their camp will end Friday, June 20, 2014, at 1:00 p.m. For 9-11 year olds, camp will begin on Monday, June 23, 2014 and their camp will end Friday, June 27, 2014 at 1:00 p.m. There **WILL BE NO ON-SITE REGISTRATION** and **NO EXCEPTIONS** will be considered. You **MUST** pre-register and enroll your child prior to May 2, before 5 p.m. The first 180 participants will be enrolled.

DAILY SCHEDULE

Camp will operate from **8:30 a.m. until 3:45 p.m.** Monday–Thursday, and from 8:30 a.m. – 1:00 p.m. on Friday. Participant drop off will be from 8:00 a.m. to 8:30 a.m. at Forest E. Wyatt Center on the Delta State University campus. Pick-up will commence at 3:45 p.m. and last until 4 p.m. Participants will be assisted with drive-thru pick up until 4 p.m. It is recommended that parents considering coming into Forest E. Wyatt Center and signing in/out participants.

Breakfast will **NOT** be provided, so please ensure your child has a well-balanced breakfast prior to camp. Recreation activities will begin at 9:00 a.m. Your child will have an assigned group leader for the entire week and children are required to check-in with that leader each morning.

****Please be sure to send a lunch & healthy snacks with your child**.**

We will discuss healthy eating choices during camp, encouraging youth to eat well-balanced, nutritious meals, so please take this into consideration when you pack your child's lunch. Refrain from high sugar drinks or snacks and provide fruit or 100% fruit snacks as a great source of energy instead of cupcakes, brownies, or cookies.

Additionally, we would appreciate if you would send your child with a refillable water bottle. It will be hot, and we want to make sure child stays hydrated. We will furnish water coolers with water for re-filling. Participants will get a break for snacks and lunch, but most of the day will be participating in recreational activities and games.

ITEMS TO BRING TO CAMP EVERYDAY

- Lunch
- Sunscreen
- Close-toed athletic shoes.
- Water bottle and water
- Healthy Snack

ATTIRE

Children will need to wear an athletic shirt, shorts, and athletic shoes. There will be activities which will require running and kicking, so sandals, flip-flops and similar shoes, are not permitted. Unfortunately, your child will not be allowed to participate if they do not have appropriate shoes on them. Since most of the camp will be conducted outdoors, children should also arrive with sunscreen on.

I look forward to having your child join us. If you have any questions, please do not hesitate to give me a call. We promise to make your child's experience at O.K.R.A Summer Camp happy and fun!

Respectfully,



Todd M. Davis, Camp Director
662.846.4555
tdavis@deltastate.edu

Frequently Asked Questions

1. **How much will this camp cost me?**

- The O.K.R.A Kids Summer Day Camp is \$50 per participant.

2. **When will drop off and pick-up be?**

- Drop off will be from 8:00 - 8:30 a.m. at the Forest E. Wyatt Center.
- Pick up will at 3:45 p.m. - 4:00 p.m. at the Forest E. Wyatt Center – M-Th & **1pm on Friday.**

3. **What types of food should I pack for my child(s) lunch?**

- Lean meat or sandwiches, fruit, nutritious snacks, and Water! Water! Water!
*NO candy bars, chips, snack cakes, sodas, sports drinks, or high sugar drinks such as Monsters, Red Bulls, or RockStars!

4. **What types of activities will my child participate in?**

Air Rifles	Disc Golf	Scooter Derbies
Archery	Dodge ball	Softball
Badminton	Flag Football	Tennis
Baseball	Floor Hockey	Ultimate Frisbee
Basketball	Golf	Volleyball
Bowling	Kayaking	Racquetball

5. **Behavioral Expectations!**

Since this is a structured and educational recreation camp, youth are expected to treat each other, staff, camp equipment, and the public with respect. Our goal is to provide campers with a physically and emotionally safe atmosphere. Inappropriate behavior **will not** be tolerated. Physical bullying (i.e. pushing, hitting, fighting) and emotional bullying (i.e. name calling, teasing, put downs, racial/ethnic slurs) **will not** be tolerated. Remarks or physical contact of a sexual nature will not be tolerated. Behavior mentioned above will be grounds for immediate dismissal from the camp, whether it is directed towards other campers, camp staff, or the public. Campers that are the target of such behavior must inform camp staff of the incident immediately. Behavioral guidelines are to be followed at all times regardless of the location of the activities. In cases where there are minor behavioral issues, the below sequences will take place:

MINOR Behavioral Consequences
1st Offense – Warning
2nd Offense – Time Out
3rd Offense – Expulsion (Parent Pick-Up)

6. **How do I enroll a child?**

In order for a child to be enrolled in camp, a parent or guardian will need to **fully** fill out the enrollment form, consent, liability, along with a **\$50 (check, cash, money order)** per participant. Packets are available ONLY at Forest E. Wyatt Center. Checks should be made out to: DSU - OKRA Kids Camp.

REGISTER NO LATER THAN FRIDAY, MAY 2 before 5 p.m.
Registration will be open until capacity (180) is reached.

Receipt of REGISTRATION

YOUTH NAME: _____

DATE REGISTERED: _____

TIME REGISTERED: _____

REGISTRATION PAID BY: **CHECK (#_____)** **CASH** **MONEY ORDER** **CREDIT CARD**
Circle One

AGE _____

TSHIRT SIZE: _____

**Registration Form – O.K.R.A. Recreation Day Camp – Summer 2014
(REGISTRATION ENDS MAY 2, 2014, 5PM OR WHEN 180 (CAPACITY) IS REACHED)**

****LIMIT 4 CHILDREN PER PARENT/GUARDIAN****

Parent/Guardian Name _____

Parent/Guardian Address _____

Town _____ Zip _____

Phone Numbers: Home _____ Cell _____ Work _____

Email: _____

Child Name (1) _____ Gender: F _____ M _____

Entering Grade _____ Age _____ Date of Birth _____

Child 1: T-Shirt Size (please circle one): Youth Size S M L - Adult Size M L XL

Child Name (2) _____ Gender: F _____ M _____

Entering Grade _____ Age _____ Date of Birth _____

Child 2: T-Shirt Size (please circle one): Youth Size S M L - Adult Size M L XL

Child Name (3) _____ Gender: F _____ M _____

Entering Grade _____ Age _____ Date of Birth _____

Child 3: T-Shirt Size (please circle one): Youth Size S M L - Adult Size M L XL

Child Name (4) _____ Gender: F _____ M _____

Entering Grade _____ Age _____ Date of Birth _____

Child 4: T-Shirt Size (please circle one): Youth Size S M L - Adult Size M L XL

Confirmation of Understanding:

As a parent/guardian, I agree to all of the above expectations and rules. I understand that if my child misbehaves, immediate dismissal will occur, and I will be required to pick my child up immediately and not receive a refund in any manner. I also understand that this camp is a free service provided by Delta State University in cooperation with the Healthy Campus /Community Initiative and the Blue Cross/Blue Shield of Mississippi Foundation in an attempt to provide Mississippi delta area youth an opportunity to develop lifelong recreation skills and physical activity habits.

I understand that action photographs will be taken at camp which my child may be in during activities. I further give permission and consent that all such photographs may be published and used by O.K.R.A. Camp and Delta State University and BC/BS and affiliates, to illustrate and promote the camp experience, O.K.R.A. Kids Camp and DSU camp programs, or Delta State University. By NOT signing this confirmation

of understanding, I fully comprehend that my child **WILL NOT** participate in O.K.R.A Camp.

Signed: _____ Date: _____
(Parent/Guardian)

Completed Registration Forms and Full Payments can be delivered to HPER Office in Forest E. Wyatt Center, mailed, faxed, or scanned and emailed. Registration forms will be accepted as they are received. We CANNOT guarantee

Checks made out to: DSU OKRA KIDS CAMP

Cash to be delivered to HPER Division Office with completed registration form.

Credit Card Information with Registration Form dropped off to HPER Division on DSU Campus or

Faxed to: **662.846.4571** or Scan and email form to brobersn@deltastate.edu.

***Note - Faxed forms will be registered when they are found, not at the time sent - by faxing, you assume the risk of your registration form being lost or not transmitted. We will not be responsible for lost or missed registration forms sent by fax.**

Mail forms to: OKRA CAMP | HPER DIVISION BOX B2 | Delta State University | Cleveland, Mississippi 38733

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ Security Code: _____

Name on Card: _____

Amount to be charged on card: \$ _____

I _____ give Delta State University permission to charge my
(Full legal name)

credit card for the amount listed above to be fully entered into the Delta Duathlon

Credit Card Signature:

Waiver and Release of Liability

DELTA STATE UNIVERSITY (INCLUDING ITS AGENTS AND EMPLOYEES) (THE "UNIVERSITY") IS NOT RESPONSIBLE FOR ANY PERSONAL INJURY, DEATH OR LOSS OF PROPERTY YOU SUFFER WHILE PARTICIPATING IN THE DELTA STATE UNIVERSITY RECREATION OUTDOOR RECREATION PROGRAM.

In consideration of my participation, I, in advance and by my signature below, release, waive, forever discharge, and covenant not to sue or otherwise file any formal claim against Delta State University, its governing board, officers, agents, employees, and any students acting as employees (hereafter called the "Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while in, on, upon, or in transit to or from the premises where the activity, or any adjunct to the activity, occurs or is being conducted, and from any present and future claims of any type.

I, _____ as the PARENT/GUARDIAN
(Parent/Guardian)

agree to allow:

(Youth full legal name)

(Youth full legal name)

to be a willing participant in O.K.R.A. Summer Day Camp and ensure my child will act in a responsible / safe manner under direction of OKRA personnel while at the DSU O.K.R.A. Camp and while traveling to and from the activity sites. **Please initial each line before each paragraph after the paragraph is read and understood.**

_____ I understand that my child may be exposed to risks and hazards inherent to the aforementioned activity and that there are dangers involved that cannot be fully foreseen or controlled by Delta State University and the HPER Division and Outdoor Recreation department. I acknowledge that no one can warn me of all of the dangers associated with the aforementioned activity and that the responsibility is upon me to investigate any activity, hazard, or thing which may be dangerous or that I do not understand. By signing below, I agree that my child will follow all instructions and guidelines at all times for everyone's safety, and willingly assume the risks and responsibilities that are involved in order to participate in this activity.

_____ I agree that my signature denotes my child's affirmation to abide by all state, local and federal laws as well as the DSU Code of Student Conduct, DSU policies and procedures, and any applicable rules, regulations, policies and procedures of the host agents/agencies.

_____ I understand that I am solely responsible for assessing whether my child's skills, equipment and level of physical and mental fitness are adequate for participation for this activity. I represent that I have full knowledge of my child's skills, equipment and level of physical and mental fitness necessary for participation on this trip and that I meet or exceed these requirements.

_____ I understand the outdoor recreation activities may be physically and emotionally challenging. I assume the risks of my child's personal injury, vehicle accidents traveling to and from the activity sites, accidents and/or illness, including but not limited to sprains, strains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions and/or contusions; dehydration, drowning and/or oxygen shortage; exposure or weather-related conditions; heat and cold injuries; head, neck and/or spinal injuries; bite or attack by animal, insect, or marine life; allergic reaction; shock, myocardial infarctions, paralysis or death; and serious injury or impairment to other aspects of my body and general health and well being. I understand that equipment may fail, and such failure could contribute to my injury or death. I understand that the aforementioned list of possible hazards and risks is not inclusive. My participation in this camp is completely voluntary and is undertaken in spite of the hazards and risks involved.

_____ I give permission for the activity leaders to seek emergency medical, rescue or evacuation services for me should my child become injured or ill with the understanding that ***I am responsible for any expenses incurred.*** I fully understand that Delta State University and/or DSU Outdoor Recreation and/or the Division of HPER do **NOT** provide any medical insurance coverage for my child while participating in this activity. I also realize that my child/children be attended to by the activity leaders until medical care is available. I understand and agree that Releasees will not have medical personnel available during the activity. I understand and agree that Releasees, including Delta State University personnel and representatives, are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any costs, expenses, injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

_____ It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant not to sue (or otherwise file any formal claim against) the above-named Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family, arising out of my participation in this Camp.

_____ In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of liability and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that Delta State University does not require me to participate in this activity but I want to do so, despite the possible dangers and risks and despite this Release. I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my participation in this activity and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of sickness or injury to me and that Releasees shall have no responsibility for the payment of same.

I further agree that this Release shall be construed in accordance with the laws of the State of Mississippi. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

PARENT/GUARDIAN:

PARENT/GUARDIAN SIGNATURE

Signature Date

PARENT/GUARDIAN MUST COMPLETE THE FOLLOWING:

PLEASE PRINT (Parent/Guardian)

Your Full Legal Printed Name _____ Date _____

Date of Birth _____/_____/_____ Drivers ID# _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell () _____

Are you DSU affiliated? Yes _____ / How _____ No _____

THE EMERGENCY CONTACT PERSON SHOULD BE SOMEONE WHO HAS THE LEGAL AUTHORITY TO MAKE A DECISION FOR YOUR CHILD IN THE EVENT OF AN EMERGENCY.

In Case of Emergency Contact: _____

Relationship: _____

Emergency Contact Phone () _____ Work Phone () _____ Cell () _____

Family Physician: _____

HEALTH INSURANCE: _____

Health Insurance Phone Number _____ policy# _____

Name of Insured – please print Policy Number

Please list any special services you may require due to an existing medical condition or physical disability including medications, prescriptions, and other: