



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

Thank you for having an interest in the Delta State University O.K.R.A Kid's Summer Day Camp. 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 will need to fill out the attached survey entirely.

### **REGISTRATION**

Check-in and preregistration packet pick-up will commence at 8:30 a.m. on Monday for the week your child is attending camp. Ages 6-10 year olds will begin on Monday, May 30 (Memorial Day), and their camp will end Friday, June 3 at 3:30 p.m. Ages 11-14 year olds will begin on Monday, June 6, and their camp will end Friday, June 10 at 3:30 p.m. There **WILL BE NO ON-SITE REGISTRATION** and **NO EXCEPTIONS** to this will be considered. You **MUST** pre-register and enroll your child prior to May 10 before 5 p.m. The first 250 participants enrolled will be allowed to participate.

### **DAILY SCHEDULE**

This year's camp will operate from **9:00 a.m. until 3:30 p.m.** Participant drop off will be from 8:45 a.m. to 9:00 a.m. at Forest E. Wyatt Center on the Delta State University campus and will require a parent/guardian signature. Breakfast will **NOT** be provided, so please ensure your child has a well balanced breakfast prior to camp. The recreation activities will begin at 9:00 a.m. and will consist of stretching and a warm-up. Your child will then go to their group leader for the day's activities. A few healthy snacks will be provided, however lunch will **NOT** be provided. **\*\*Please be sure to send a sack lunch with your child\*\***. We will discuss healthy eating and healthy choices, 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, etc. 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 they stay hydrated; therefore we will have coolers with water for re-filling. The participants will get a break for snack and lunch, but most of the day will be participating in recreational activities and games. Pick up will be at 3:30 p.m. at Forest E. Wyatt Center and will require a parent/guardian signature. Please make sure that your child is picked up in a timely manner as there will be no adult supervision after 4:00 p.m. One the first day, your child will be given a master schedule concerning the daily sports/games and where they will be located at DSU during that activity.

### **ITEMS TO BRING TO CAMP**

- |                          |                 |
|--------------------------|-----------------|
| ✓ Sack lunch             | ✓ Swimsuit      |
| ✓ Sunscreen              | ✓ Towel         |
| ✓ Water bottle and water | ✓ Healthy Snack |

### **ATTIRE**

Children will need to wear their O.K.R.A. camp shirt or athletic shirt, shorts, and athletic shoes. There will be activities that will require running and kicking, so sandals, flip-flops and similar shoes are not recommended. Unfortunately, your child will not be allowed to participate if they do not have appropriate shoes with 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 a happy and fun-filled one!

Respectfully,

Todd M. Davis, Camp Director  
662.846.4570  
tdavis@deltastate.edu

**DELTA STATE  
UNIVERSITY** 

Healthy Campus/Community Initiative



A Subsidiary of Blue Cross & Blue Shield of Mississippi.



## Frequently Asked Questions

1. How much will this camp cost me?
  - The O.K.R.A Kids Summer Day Camp is FREE to all participants.
2. When will drop off and pick up be?
  - Drop off will be from 8:45 a.m. – 9:00 a.m. at the Forest E. Wyatt Center.
  - Pick up will at 3:30 p.m. at the Forest E. Wyatt Center.
  - Both drop off and pick up will require a parent/guardian signature.
3. What types of food should I pack for my child(s) lunch?
  - Lean meat or sandwiches, fruit, nutritious snacks, and Water! Water! Water!
  - \*Please try to refrain from foods such as candy bars, chips, snack cakes, sodas, sports drinks, and high sugar drinks such as Monsters, Red Bulls, or RockStars!

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

Air Rifles	Disc Golf	Rowing
Archery	Dodge ball	Scooter Derbies
Badminton	Flag Football	Softball
Baseball	Floor Hockey	Swimming
Basketball	Golf	Tennis
Billiards	Handball	Ultimate Frisbee
Bowling	Kayaking	Volleyball
Canoeing	Kick boxing	Racquetball
Cycling	Pickle ball	

5. **\*\*Behavioral Expectations\*\***

Since this is a FREE, structured, and educational camp, campers 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 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, including the vans.

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

6. In order for your child to be enrolled in camp, a parent or guardian will need to **fully** fill out the next few pages, including the survey and either:
  - Send to Todd Davis; Delta State University; HPER B2; Cleveland, Mississippi 38733;
  - Email completed forms to: [tdavis@deltastate.edu](mailto:tdavis@deltastate.edu); or
  - Fax completed forms to 662.846.4571

**REGISTER NO LATER THAN FRIDAY, MAY 10 before 5 p.m.**



**Registration Form – O.K.R.A. Recreation Day Camp – Summer 2011**  
 (REGISTRATION ENDS MAY 10, 2011 OR WHEN 250 (CAPACITY) IS REACHED)

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

Child Name (1) \_\_\_\_\_ Gender: F \_\_\_\_\_ M \_\_\_\_\_

Entering Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

**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. 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent/Guardian)

I give permission and consent photographs of my child to be taken during camp session 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 its agents, to illustrate and promote the camp experience, O.K.R.A. Kids Camp and the camp programs, or Delta State University.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent/Guardian)



LIFESTYLE SURVEY  
**Informed Consent Form**  
Delta State University College of Education

**Title of Project:** *Parental attitudes and tendencies relating to nutrition, physical activity, and recreation concerning children in the Mississippi delta.*

**Principal Investigator:** Todd Davis, Delta State University College of Education Division of HPER

**PARENT/GUARDIAN Printed Name:** \_\_\_\_\_

I invite you to take part in a research study concerning lifestyles at Delta State University, which seeks to identify trends in nutritional choices, physical activity frequency, and attitudes concerning regular recreation. Taking part in this study is entirely voluntary. I urge you discuss any questions about this study with me, Todd Davis. Talk to your family and friends about it and take your time to make your decision. If you decide to participate you must sign this form to show that you want to take part.

**Section 1. Purpose of the Research**

*The purpose of this study survey is to determine and identify trends, patterns, or tendencies involved in nutrition choices, regular physical activity barriers, and overall wellness regarding youth and their parents in the Mississippi delta. Approximately 500 surveys will be acquired and analyzed.*

**Section 2. Procedures**

*The procedures for this survey are to simply read each question and answer, to the best of your knowledge, the provided response that best fits your lifestyle choices. Once you have completed the survey, simply mail it, fax it, or turn it in to the address, fax number, or physical location provided on the survey.*

**Section 3. Time Duration of the Procedures and Study**

*The survey has 35 questions and should take approximately 15 to 20 minutes.*

**Section 4. Discomforts and Risks**

*At this time and due to the nature of the research survey, there are no risks involved.*

**Section 5. Potential Benefits**

*The results of this research may help in better developing health and wellness programs that provide physical and nutritional education for the youth and parents in the Mississippi delta.*

**Section 6. Statement of Confidentiality**

*Your survey answers will reviewed, stored, and analyzed at Delta State University and will be kept in a secured area in the HPER Division records room. All personal information will be confidential and will not be released to any agency, organization, or person for any reason. All surveys will have no connection to any person and have no questions asking for personal information. In the event of any publication or presentation resulting from the research, no personally identifiable information will be shared.*

**Section 7. Costs for Participation**

*There are no costs associated with this study survey.*



### **Section 8. Compensation for Participation**

*There is no compensation associated with this survey.*

### **Section 9. Research Funding**

*The institution and investigators are receiving a grant from the Blue Cross/Blue Shield Foundation of Mississippi to fund the OKRA Kids Camp and analyze the 'Lifestyle Survey'.*

### **Section 10. Voluntary Participation**

*Taking part in this research study is voluntary. If you choose to take part in this research, your major responsibilities will include filling out the Lifestyle Survey. You do not have to participate in this research. If you choose to take part, you have the right to stop at any time. If you decide not to participate or if you decide to stop taking part in the research at a later date, there will be no penalty or loss of benefits to which you are otherwise entitled.*

### **Section 11. Contact Information for Questions or Concerns**

*You have the right to ask any questions you may have about this research. If you have questions, complaints or concerns related to this research, contact Todd Davis at 662.846.4570.*

*If you have questions regarding your rights as a research participant or you have concerns or general questions about the research, contact the research subjects protection advocate in the Delta State University's Subjects Protection Office at 662.846.3000. You may also call this number if you cannot reach the research team or wish to talk to someone else.*

*For more information about participation in a research study and about the Institutional Review Board (IRB), a group of people who review the research to protect your rights, please visit the Delta State University's IRB's web site at (<http://www.deltastate.edu/pages/2515.asp>). Included on this web site, under the heading "Participant Info", you can access federal regulations and information about the protection of human research participants. If you do not have access to the internet, copies of these federal regulations are available by calling the Delta State University at 662-846-4700.*

### **Signature and Consent/Permission to be in the Research**

Before making the decision regarding enrollment in this research you should have:

- Discussed this study with an investigator,
- Reviewed the information in this form, and
- Had the opportunity to ask any questions you may have.

Your signature below means that you have received this information, have asked the questions you currently have about the research and those questions have been answered. You will receive a copy of the signed and dated form to keep for future reference.

**Participant:** By signing this consent form, you indicate that you are voluntarily choosing to take part in this research study survey.

\_\_\_\_\_  
Signature of PARENT/GUARDIAN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Printed Name



## LIFESTYLES SURVEY

The **survey** will collect information concerning habits, education, and lifestyles. As an institution for teaching and learning, we will take this important information you provide in order to better develop programs that will suit the needs of our area youth. It is essential that you **fully answer all** the questions on the survey for each child in your home. Although this summer camp is free, we do require this survey to be completed and sent back as part of the confirmation of participation and registration. Your child will not be able to participate unless we have your survey completed on file. Please return ALL registration forms and the survey to:

**Todd Davis, Camp Director (survey)**  
**1003 West Sunflower Rd**  
**HPER Division B2**  
**Cleveland, Mississippi, 38733**

**OR**

**FAX 662.846.4571**

### Parent Survey - RETURN DATE: PRIOR to FRIDAY, MAY 10

Please indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statements:

1. Some people are born to be fat and some thin; there is not much you can do to change this.  
<sub>1</sub> Strongly agree      <sub>2</sub> Somewhat agree      <sub>3</sub> Somewhat disagree      <sub>4</sub> Strongly disagree
2. What you eat can make a big difference in your chance of getting a disease, like heart disease or cancer.  
<sub>1</sub> Strongly agree      <sub>2</sub> Somewhat agree      <sub>3</sub> Somewhat disagree      <sub>4</sub> Strongly disagree

When **you** buy food, how important is each of the following?

3. How safe the food is to eat      <sub>1</sub> Very important      <sub>2</sub> Somewhat important      <sub>3</sub> Not too important      <sub>4</sub> Not at all important
4. Nutrition (how healthy the food is)      <sub>1</sub> Very important      <sub>2</sub> Somewhat important      <sub>3</sub> Not too important      <sub>4</sub> Not at all important
5. Price      <sub>1</sub> Very important      <sub>2</sub> Somewhat important      <sub>3</sub> Not too important      <sub>4</sub> Not at all important
6. How well the food keeps      <sub>1</sub> Very important      <sub>2</sub> Somewhat important      <sub>3</sub> Not too important      <sub>4</sub> Not at all important
7. How easy the food is to prepare      <sub>1</sub> Very important      <sub>2</sub> Somewhat important      <sub>3</sub> Not too important      <sub>4</sub> Not at all important
8. Taste (whether child likes the food)      <sub>1</sub> Very important      <sub>2</sub> Somewhat important      <sub>3</sub> Not too important      <sub>4</sub> Not at all important

**In your opinion**, how important is the following to a child's present and future health?

9. What a child eats      <sub>1</sub> Very important      <sub>2</sub> Somewhat important      <sub>3</sub> Not too important      <sub>4</sub> Don't know important



10. How much a child eats <sub>1</sub> Very important <sub>2</sub> Somewhat important <sub>3</sub> Not too important <sub>4</sub> Don't know
11. How much exercise a child gets <sub>1</sub> Very important <sub>2</sub> Somewhat important <sub>3</sub> Not too important <sub>4</sub> Don't know
12. What the child weighs <sub>1</sub> Very important <sub>2</sub> Somewhat important <sub>3</sub> Not too important <sub>4</sub> Don't know
13. How many lifelong recreation skills my child develops <sub>1</sub> Very important <sub>2</sub> Somewhat important <sub>3</sub> Not too important <sub>4</sub> Don't know

Please answer the following questions for each of your children:

	Child 1	Child 2	Child 3	Child 4
14. Sex	<input type="checkbox"/> <sub>1</sub> Male <input type="checkbox"/> <sub>2</sub> Female	<input type="checkbox"/> <sub>1</sub> Male <input type="checkbox"/> <sub>2</sub> Female	<input type="checkbox"/> <sub>1</sub> Male <input type="checkbox"/> <sub>2</sub> Female	<input type="checkbox"/> <sub>1</sub> Male <input type="checkbox"/> <sub>2</sub> Female
15. Age	_____ years old	_____ years old	_____ years old	_____ years old
16. Height (in feet & inches)	_____ ft _____ in	_____ ft _____ in	_____ ft _____ in	_____ ft _____ in
17. Race	<input type="checkbox"/> <sub>1</sub> Caucasian <input type="checkbox"/> <sub>2</sub> African American <input type="checkbox"/> <sub>3</sub> Hispanic <input type="checkbox"/> <sub>4</sub> Other	<input type="checkbox"/> <sub>1</sub> Caucasian <input type="checkbox"/> <sub>2</sub> African American <input type="checkbox"/> <sub>3</sub> Hispanic <input type="checkbox"/> <sub>4</sub> Other	<input type="checkbox"/> <sub>1</sub> Caucasian <input type="checkbox"/> <sub>2</sub> African American <input type="checkbox"/> <sub>3</sub> Hispanic <input type="checkbox"/> <sub>4</sub> Other	<input type="checkbox"/> <sub>1</sub> Caucasian <input type="checkbox"/> <sub>2</sub> African American <input type="checkbox"/> <sub>3</sub> Hispanic <input type="checkbox"/> <sub>4</sub> Other
18. Weight (in pounds)	_____ lbs	_____ lbs	_____ lbs	_____ lbs
19. Not counting juice, how often do your children ages 2 and over eat fruit on an average day?	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 1 helping <input type="checkbox"/> <sub>3</sub> 2-3 helpings <input type="checkbox"/> <sub>4</sub> 4 or more helpings <input type="checkbox"/> <sub>5</sub> Don't know/ not sure	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 1 helping <input type="checkbox"/> <sub>3</sub> 2-3 helpings <input type="checkbox"/> <sub>4</sub> 4 or more helpings <input type="checkbox"/> <sub>5</sub> Don't know/ not sure	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 1 helping <input type="checkbox"/> <sub>3</sub> 2-3 helpings <input type="checkbox"/> <sub>4</sub> 4 or more helpings <input type="checkbox"/> <sub>5</sub> Don't know/ not sure	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 1 helping <input type="checkbox"/> <sub>3</sub> 2-3 helpings <input type="checkbox"/> <sub>4</sub> 4 or more helpings <input type="checkbox"/> <sub>5</sub> Don't know/ not sure
20. On an average day, how often does each child eat vegetables (Includes vegetable salad)?	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 1 helping <input type="checkbox"/> <sub>3</sub> 2-3 helpings <input type="checkbox"/> <sub>4</sub> 4 or more helpings <input type="checkbox"/> <sub>5</sub> Don't know/ not sure	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 1 helping <input type="checkbox"/> <sub>3</sub> 2-3 helpings <input type="checkbox"/> <sub>4</sub> 4 or more helpings <input type="checkbox"/> <sub>5</sub> Don't know/ not sure	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 1 helping <input type="checkbox"/> <sub>3</sub> 2-3 helpings <input type="checkbox"/> <sub>4</sub> 4 or more helpings <input type="checkbox"/> <sub>5</sub> Don't know/ not sure	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 1 helping <input type="checkbox"/> <sub>3</sub> 2-3 helpings <input type="checkbox"/> <sub>4</sub> 4 or more helpings <input type="checkbox"/> <sub>5</sub> Don't know/ not sure
21. How many times a week does each child eat fast food (McDonalds, Wendy's, Taco Bell, etc)?	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 1-2 times <input type="checkbox"/> <sub>3</sub> 3-4 times <input type="checkbox"/> <sub>4</sub> 5 or more times <input type="checkbox"/> <sub>5</sub> Don't know/ not sure	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 1-2 times <input type="checkbox"/> <sub>3</sub> 3-4 times <input type="checkbox"/> <sub>4</sub> 5 or more times <input type="checkbox"/> <sub>5</sub> Don't know/ not sure	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 1-2 times <input type="checkbox"/> <sub>3</sub> 3-4 times <input type="checkbox"/> <sub>4</sub> 5 or more times <input type="checkbox"/> <sub>5</sub> Don't know/ not sure	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 1-2 times <input type="checkbox"/> <sub>3</sub> 3-4 times <input type="checkbox"/> <sub>4</sub> 5 or more times <input type="checkbox"/> <sub>5</sub> Don't know/ not sure

22. How many sodas per week does each child drink?	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 1-4 sodas <input type="checkbox"/> <sub>3</sub> 5-7 sodas <input type="checkbox"/> <sub>4</sub> 8 or more sodas <input type="checkbox"/> <sub>5</sub> Don't know/ not sure	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 1-4 sodas <input type="checkbox"/> <sub>3</sub> 5-7 sodas <input type="checkbox"/> <sub>4</sub> 8 or more sodas <input type="checkbox"/> <sub>5</sub> Don't know/ not sure	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 1-4 sodas <input type="checkbox"/> <sub>3</sub> 5-7 sodas <input type="checkbox"/> <sub>4</sub> 8 or more sodas <input type="checkbox"/> <sub>5</sub> Don't know/ not sure	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 1-4 sodas <input type="checkbox"/> <sub>3</sub> 5-7 sodas <input type="checkbox"/> <sub>4</sub> 8 or more sodas <input type="checkbox"/> <sub>5</sub> Don't know/ not sure
23. How many times per week does each child play or exercise enough to make him/her sweat and breathe hard for 20 or more minutes?	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 1-2 times <input type="checkbox"/> <sub>3</sub> 3-4 times <input type="checkbox"/> <sub>4</sub> 5 or more times <input type="checkbox"/> <sub>5</sub> Don't know/ not sure	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 1-2 times <input type="checkbox"/> <sub>3</sub> 3-4 times <input type="checkbox"/> <sub>4</sub> 5 or more times <input type="checkbox"/> <sub>5</sub> Don't know/ not sure	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 1-2 times <input type="checkbox"/> <sub>3</sub> 3-4 times <input type="checkbox"/> <sub>4</sub> 5 or more times <input type="checkbox"/> <sub>5</sub> Don't know/ not sure	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 1-2 times <input type="checkbox"/> <sub>3</sub> 3-4 times <input type="checkbox"/> <sub>4</sub> 5 or more times <input type="checkbox"/> <sub>5</sub> Don't know/ not sure
24. How <u>important</u> is a structured Physical Education Program at school to you as a parent?	<b>IMPORTANT -</b> <input type="checkbox"/> <sub>1</sub> Very <input type="checkbox"/> <sub>2</sub> Somewhat <input type="checkbox"/> <sub>3</sub> Not too <input type="checkbox"/> <sub>4</sub> Not at all	<b>IMPORTANT -</b> <input type="checkbox"/> <sub>1</sub> Very <input type="checkbox"/> <sub>2</sub> Somewhat <input type="checkbox"/> <sub>3</sub> Not too <input type="checkbox"/> <sub>4</sub> Not at all	<b>IMPORTANT -</b> <input type="checkbox"/> <sub>1</sub> Very <input type="checkbox"/> <sub>2</sub> Somewhat <input type="checkbox"/> <sub>3</sub> Not too <input type="checkbox"/> <sub>4</sub> Not at all	<b>IMPORTANT -</b> <input type="checkbox"/> <sub>1</sub> Very <input type="checkbox"/> <sub>2</sub> Somewhat <input type="checkbox"/> <sub>3</sub> Not too <input type="checkbox"/> <sub>4</sub> Not at all
25. How would you describe each child's weight?	<input type="checkbox"/> <sub>1</sub> Very underweight <input type="checkbox"/> <sub>2</sub> Slightly underweight <input type="checkbox"/> <sub>3</sub> About the right weight <input type="checkbox"/> <sub>4</sub> Slightly overweight <input type="checkbox"/> <sub>5</sub> Very overweight	<input type="checkbox"/> <sub>1</sub> Very underweight <input type="checkbox"/> <sub>2</sub> Slightly underweight <input type="checkbox"/> <sub>3</sub> About the right weight <input type="checkbox"/> <sub>4</sub> Slightly overweight <input type="checkbox"/> <sub>5</sub> Very overweight	<input type="checkbox"/> <sub>1</sub> Very underweight <input type="checkbox"/> <sub>2</sub> Slightly underweight <input type="checkbox"/> <sub>3</sub> About the right weight <input type="checkbox"/> <sub>4</sub> Slightly overweight <input type="checkbox"/> <sub>5</sub> Very overweight	<input type="checkbox"/> <sub>1</sub> Very underweight <input type="checkbox"/> <sub>2</sub> Slightly underweight <input type="checkbox"/> <sub>3</sub> About the right weight <input type="checkbox"/> <sub>4</sub> Slightly overweight <input type="checkbox"/> <sub>5</sub> Very overweight
26. About how many hours do you estimate each of your children sit and watch TV, play video games, or use the computer on an average school day?	<input type="checkbox"/> <sub>1</sub> Less than 1 hour <input type="checkbox"/> <sub>2</sub> 1-2 hours <input type="checkbox"/> <sub>3</sub> 3-4 hours <input type="checkbox"/> <sub>4</sub> 5 or more hrs <input type="checkbox"/> <sub>5</sub> None <input type="checkbox"/> <sub>6</sub> Don't know	<input type="checkbox"/> <sub>1</sub> Less than 1 hour <input type="checkbox"/> <sub>2</sub> 1-2 hours <input type="checkbox"/> <sub>3</sub> 3-4 hours <input type="checkbox"/> <sub>4</sub> 5 or more hrs <input type="checkbox"/> <sub>5</sub> None <input type="checkbox"/> <sub>6</sub> Don't know	<input type="checkbox"/> <sub>1</sub> Less than 1 hour <input type="checkbox"/> <sub>2</sub> 1-2 hours <input type="checkbox"/> <sub>3</sub> 3-4 hours <input type="checkbox"/> <sub>4</sub> 5 or more hrs <input type="checkbox"/> <sub>5</sub> None <input type="checkbox"/> <sub>6</sub> Don't know	<input type="checkbox"/> <sub>1</sub> Less than 1 hour <input type="checkbox"/> <sub>2</sub> 1-2 hours <input type="checkbox"/> <sub>3</sub> 3-4 hours <input type="checkbox"/> <sub>4</sub> 5 or more hrs <input type="checkbox"/> <sub>5</sub> None <input type="checkbox"/> <sub>6</sub> Don't know
27. Has your child shown any concerns with their body image?	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never
28. Does your child have any pressure to maintain a particular weight?	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never





29. Is your child picked on or made fun of for his/her body weight?	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never
30. Is your child influenced by a family member to maintain a certain body image?	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never
31. Do you encourage your child to eat healthy and be active and happy with their body?	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never
32. How active is your child concerning participation in sports, recreation, or play activities during the week?	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 2-4 hours <input type="checkbox"/> <sub>3</sub> 5-8 hours <input type="checkbox"/> <sub>4</sub> 9 or more hours <input type="checkbox"/> <sub>5</sub> Don't know/ not sure	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 2-4 hours <input type="checkbox"/> <sub>3</sub> 5-8 hours <input type="checkbox"/> <sub>4</sub> 9 or more hours <input type="checkbox"/> <sub>5</sub> Don't know/ not sure	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 2-4 hours <input type="checkbox"/> <sub>3</sub> 5-8 hours <input type="checkbox"/> <sub>4</sub> 9 or more hours <input type="checkbox"/> <sub>5</sub> Don't know/ not sure	<input type="checkbox"/> <sub>1</sub> Never or rarely <input type="checkbox"/> <sub>2</sub> 2-4 hours <input type="checkbox"/> <sub>3</sub> 5-8 hours <input type="checkbox"/> <sub>4</sub> 9 or more hours <input type="checkbox"/> <sub>5</sub> Don't know/ not sure

35. List all sports or recreational activities your child is involved in including Parks and Recreation programming, outdoor activities, boy scouts, church groups, and any other activities or groups that encourage physical activity and healthy lifestyles.

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\*FILL OUT AND SIGN THE WAIVER AND RELEASE OF LIABILITY ON PAGES 8 AND 9.



## 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 agree to allow:  
(Parent/Guardian)

\_\_\_\_\_  
(Youth(s) full legal name)

as a 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 on May 30 – June 10, 2011 and while traveling to and from the activity sites.

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 Date

**PARENT/GUARDIAN MUST COMPLETE THE FOLLOWING:**

***PLEASE PRINT (Parent/Guardian)***

Your Full Legal Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Drivers ID# \_\_\_\_\_

Local 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: