



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 the attached youth release of liability form;
3. Pay a \$75 registration fee and; and
4. Drop off all registration materials and register on APRIL 18, 2016 starting at 8:00 am at camp headquarters at Forest E. Wyatt Center.

Confirmation / OKRA Gear Pick Up

Once registered, an email will be sent to inform you when you can come and pick-up t-shirts, bags, and bottles for camp. Gear pick-up will be held at Forest E. Wyatt Center during the week of May 26-27 from 3-6pm for registered campers ONLY. 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, May, 30, 2016 at 8:30 a.m. and camp will end Friday, June 3, 2016, at 1:00 p.m.

Camp for 9-11 year olds will begin on Monday, June 6, 2016 and camp will end Friday, June 10, 2016 at 1:00 p.m.

There WILL BE NO DAY-OF OR ON-SITE REGISTRATION and NO EXCEPTIONS will be considered. You MUST pre-register and enroll your child prior to May 1, before 5 p.m. The first 144 participants will be enrolled.

DAILY SCHEDULE

- Camp will operate from 8:00 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.

FOOD & WATER

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 EITHER PURCHASE A LUNCH OR SEND A HEALTHY LUNCH & SEND HEALTHY SNACKS WITH YOUR CHILD****



Sack Lunch Program: We are partnering with DSU Dining to provide you child a well-balanced lunch for \$40 for the week. This is an additional purchase and OPTIONAL. If you would like to participate in the sack lunch program, be sure to indicate that on the registration.

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 and 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 with your child's name on it. It could be hot, and we want to make sure child stays hydrated. We will furnish water cooler stations for water bottle 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
- Water bottle and water
- Healthy Snack
- Close-toed athletic shoes
- Swim suit (ON KAYAK DAY)

ATTIRE

Children will need to wear an athletic shirt, shorts, and athletic shoes. There will be activities which will require running and kicking; NO sandals, flip-flops and similar shoe are 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.

Todd M. Davis, Camp Director

662.846.4570 | tdavis@deltastate.edu

Frequently Asked Questions

1. How much will this camp cost me?

- The O.K.R.A Kids Summer Day Camp is \$75 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, Archery, Badminton, Baseball, Basketball, Bowling, Disc Golf, Dodge ball, Flag Football, Floor Hockey, Golf, Kayaking, Scooter Derby, Softball, Tennis, Ultimate Frisbee, Volleyball, and many other team building and recreational games.

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. **If a child is expelled from camp, the child may not return to camp, and there will be no registration refunds.** In cases where there are major behavioral issues, the below sequences will take place:

MAJOR 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, CC form) per participant. Packets are available at Forest E. Wyatt Center or online at www.deltastate.edu/okrakidscamp.

Checks should be made out to: **“OKRA KIDS CAMP”**.

REGISTER OPENS AT 8:00 AM ON APRIL 18TH AND ENDS FRIDAY, MAY 6, 2016 at 5 p.m.
ABSOLUTELY NO REGISTRATION FORMS WILL BE ACCEPTED FOR ANY REASON UNTIL APRIL 13, 2016

Registration will be open until capacity (144) is reached, or until May 6, 5pm.

Registration Form – O.K.R.A. Recreation Day Camp – SUMMER 2016
(REGISTRATION ENDS MAY 6, 2016, 5PM –OR- WHEN 144 (CAPACITY) IS REACHED)
****LIMIT 4 CHILDREN PER PARENT/GUARDIAN****

Parent/Guardian Name _____
Parent/Guardian Address _____
City _____ State _____ Zip _____
Phone Numbers: (Home) _____ (Cell) _____ (Work) _____
Email(s): _____

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 S 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 S 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 S 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 S M L XL

(Please circle the desired response below).

SACK LUNCH PROGRAM - \$40.00 for week? YES NO

EXTRA T-SHIRT - \$15.00? YES, SIZE _____ NO

Confirmation of Understanding

As a parent/guardian, I agree to all of the below. **Please initial each line and sign below.**

_____ 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 fee-based 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 those photos 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 and all above initialed areas, I fully understand that my child **WILL NOT** participate in O.K.R.A Camp.

Signed: _____ Date: _____
(Parent/Guardian)

Camp Payment Options

Completed Registration Forms and **Full Payments** can ONLY be hand-delivered to HPER Office in Forest E. Wyatt Center. NO mailed, faxed, or scanned and emailed registration forms will be accepted until after April 20, 2016. Only hand-delivered, on-site registration will be allowed on April 18, 2016. Camp capacity is 144. Once 144 is reached, all other registrants will be listed on a 'wait-list' and will be called according to the list ranking if openings present themselves.

Checks made out to: **DELTA STATE UNIVERSITY** (In MEMO write OKRA CAMP 2016).

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

Credit Card (BELOW) must be filled out entirely.

****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. No faxed or emailed forms will be accepted on April 13.***

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

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:

- (1) _____
(Youth full legal name)
- (2) _____
(Youth full legal name)
- (3) _____
(Youth full legal name)
- (4) _____
(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 wellbeing. 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 Signed _____

Print Full Legal Name _____

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

THE EMERGENCY CONTACT

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

Emergency Contact: _____

Relationship: _____

Emergency Contact Cell () _____ **Work** () _____ **Home** () _____

Family Physician: _____

Health Insurance Carrier: _____

Health Insurance Phone Number _____ **policy#** _____
Name of Insured please print Policy Number

Please list any special services your child may require including:

Medications: _____
(Include what, when to take, how to take, symptoms, and how to manage medication)

Prescriptions: _____
(Include name of medicine, when to use, how to use, and how to store meds)

Known Behavioral Concerns: _____
(Include any diagnosed behavior syndromes, illnesses, or issues, how to deal with thee, and any prescribed modification techniques currently used)

Food Allergies: _____
(Include name of any and all allergies, how to deal with them and how to handle an emergency)

Other: _____