

2021 (Virtual) AG-F.U.N. Summer Camp

Code of Conduct

To participate in the Alcorn State University Extension 2021 Summer Camp, please complete the following Documents:

- Application
- Parental Release Form
- Student Contract
- Media Release Form

If selected to participate in the Alcorn State University 2021 Summer Camp, I promise to abide by the rules and regulations that governs this program, and to make proper use of the educational opportunities offered. If for any reason, I violate any part of the Student Contract, I acknowledge that I can be dismissed from this camp and sent home immediately.

I affirm that the information submitted in my application package is true to the best of my knowledge.

Student's Signature: _____ **Date:** _____

Student's Name (Print): _____

Parent/Legal Guardian's Signature: _____ **Date:** _____



2021 (Virtual) AG-F.U.N. Summer Camp Parental Release Form

I certify that my Child, _____, who is enrolled with this agreement, in excellent health, and may participate in strenuous physical activities associated with the Alcorn State University Extension Summer Camp. I agree to defend, indemnify, and hold harmless Alcorn State University, its officers, servants, educators, and/or employees, contractors, and insures from any and all claims for injuries sustained by my child during his/her participation in this camp/program.

Permission is hereby granted to Alcorn State University Extension Program (ASUEP) and Alcorn State University to use pictures and video(s) of my child in any promotional materials, as well as to travel on field trips.

Permission is granted in the agreement for my child to receive emergency medical treatment. If needed, and I certify there are no limits to my child's participation in ASUEP Summer Camp activities except as stated in writing and included with the medical history.

I understand and acknowledge that ASUEP Summer Camp does not offer any medical insurance to protect against injuries, make no claims to do so, and has no responsibility for any medical expenses incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume any risk and financial responsibility.

I have received a copy of the student Contract, and I have reviewed it with my child.

Parent/Legal Guardian's Signature: _____ **Date:** _____



2021 (Virtual) AG-F.U.N. Summer Camp Student Contract

Acceptable into the Alcorn State University Extension Summer Camp is a privilege, but it also requires campers and parents to assume certain responsibilities.

Camper: I, _____ as a participant in Alcorn State
University Summer Camp, AG-F.U.N. Summer Camp

Do hereby accept the conditions stipulated below:

1. I will participate in and be on time to all sessions and activities, unless excused by a staff member.
2. I will conduct myself in a respectful and courteous manner at all times.
3. I understand that I may be held responsible for any damages to equipment or facilities.
4. I understand that all profanity, horseplay, fighting, or inappropriate acts are prohibited.
5. There will be no aggressive behavior tolerated at any time. This includes fighting, bullying, cyber-bullying, undue persuasion, assault, cursing, and general disregard for myself, and the people around me.
6. Campers will respect the all facilities on and off campus, at all times.
7. The use of cell phones and other handheld devices is strictly prohibited during presentations.
8. Appropriate attire will be worn at all time such as walking shorts, t-Shirts, tennis shoes. No camper will be allowed to wear overly provocative or offensive clothing.
9. If there are any discrepancies of any kind, they should be brought to the attention of camp leaders. No infractions of any kind should be handled by the camper.
10. I will adhere to these and all other rules of the AG-F.U.N. Summer Camp



2021 (Virtual) AG-F.U.N. Summer Camp Photo Release Form

I grant permission to Alcorn State University (ASU), its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. ASU will not materially alter the original images. I agree that ASU owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university-sponsored Web sites, publications, promotions, broadcasts, advertisements, posters, and theater slides, as well as for non-university uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

PHOTO RELEASE

Date: _____

I release ASU and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages, or liability which I may ever have in connection with the taking of use of the images or printed material used with the images. I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, meaning and impact and I freely accept the terms.

Name: (please print): _____

Signature: _____

Signature of parent or guardian if under 18 years of age: _____

Phone: _____ Email: _____



Alcorn State University Extension Program Medical Information

Known allergies to foods, drugs, insect stings or bites, etc.: _____
Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc.:

List special dietary needs:

Medications currently being taken (name of medication, dose, and frequency) _____

Family Physician: Name _____ Phone (____) _____

Address _____

INSURANCE INFORMATION

The military family project purchases insurance for youth participants for many sponsored events. In some cases, this coverage will not pay for some medical expenses and it may be necessary to bill the family or your insurance company.

Health Insurance Company _____

Health Insurance Policy Number _____

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact Mrs. Manola Erby at the Alcorn State University Extension Program (601-857-0250) during business hours of 8 a.m. and 5 p.m., Monday – Friday to discuss accommodations at least one week prior to the activity.

Parent/Guardian signature _____ Date: _____

Participant Signature: _____ Date: _____

Parent/Guardian telephone #: Home _____ Work: _____

Alcorn State University does not discriminate on the basis of race, color, religion, national origin, sex, age, disability or veteran status.