



We are excited to extend this summer learning opportunity to you and your child! Ball State University and Muncie Community Schools will be hosting a Science, Literacy, and STEM camp from June 1, 2020 through June 25, 2020 on Mondays, Tuesdays, Wednesdays, and Thursdays at Camp Adventure (4881 S. Proctor Road) in Muncie. Camp will start at 8:30 AM and end at 4:00 PM. Breakfast will be served from 8:00-8:30 AM. Lunch and snacks will also be provided at camp. Licensed veteran teachers, a licensed nurse, and camp staff will be on the grounds during the camp day. Children will be placed in small groups and led by teams of Ball State University pre-service teaching candidates. The camp day will be a balance of educational lessons and activities as well as outdoor fun (i.e. fishing, wagon rides, team building initiatives, a ropes course, etc.).

Spaces are limited, so please return the completed forms below to your child's teacher as soon as possible. There is no cost to be a part of this camp. Transportation will be provided. Contact your school for details.

For more information, please contact your elementary school office or visit our website at <https://sites.bsu.edu/summerlearning/>. We are excited to spend the summer with your child!

Educationally yours,
Mrs. Stacey Allred
Mr. David Lamb

2020 Summer Learning Fun Registration Form

Child's Name:		DOB:	Age:
Address:			School:
			Grade Level:
			Current Teacher:
City:	State:	Zip:	Gender:
Circle Shirt Size: Youth S Youth M Youth L / Adult S Adult M Adult L			
What is your child's current reading level? (to be completed by classroom teacher)			
Email address that you use regularly:			
Does your child qualify for the Free and Reduced-Price School Meals Program in their school?			

Father's Name:	Cell:	Work:
Mother's Name:	Cell:	Work:
Child Lives with: Mother Father Both Other _____		

Medical Info

Emergency Contact 1:	Phone:
	Relationship:
Emergency Contact 2:	Phone:
	Relationship:
Name of Pediatrician or Doctor:	Doctor Phone Number:
Name of Dentist:	Dentist Phone Number:

Please list names of people authorized to pick child up from camp.

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

Yes No I give consent for my child to use the internet.

Yes No I give consent for Camp Staff to administer daily medication or obtain medical care in case of emergency.

Parent Signature _____ Date _____

Medical Info Cont'd

Yes No Allergies (List ALL known allergies):

Yes No Asthma (Specify instructions, provide medication(s) and doctor's verification by prescription):

Yes No Bee Stings (Specify reaction to bee sting and provide medication)

Yes No Medical Condition:

Yes No Medication(s) Currently Taking (Name of medication and reason for taking it):

Yes No Please add any information which might help us in protecting your student's health.

Please list any academic or social emotional learning goals you would like to see your child achieve this summer.

SPECIAL COMMUNITY ACTIVITIES

During each camp day from 3-4 PM, your child will have the privilege of attending a special workshop led by various community organizations. Each week, your child will choose the sessions they are most interested in attending. We will do our best to accommodate first choices. We would like to know in advance what your child would like to attend the first week of camp.

Please rank order (1, 2, 3, 4, 5, 6) based on your child's interest:

_____ Workshop #1 Makerspace Mania - Join Mrs. Denton's Makerspace and create mazes, catapults, and conduct experiments with everyday household items.

_____ Workshop #2 Go Down Under - Dig deep into plant and animal life with a specialist from Ball State's Orchid Greenhouse.

_____ Workshop #3 Urban Art - Learn the art of graffiti and anime from a local artist.

_____ Workshop #4 Mural Painting- Think big! You'll learn about painting a mural from a local painter.

_____ Workshop #5 Let's Get Physical - Join staff from the YMCA and learn new ways to be healthy and active!

_____ Workshop #6 Martial Arts- You will be introduced to Taijutsu with Sensei Dave!

FAMILY NIGHT INFORMATION

We are planning a culminating celebration for the evening of Thursday, June 25th from 5:30-7:30 PM. This celebration will give you and your family the opportunity to meet your child's camp teachers and other camp personnel, experience camp activities, and dine with other campers and their families. This event will take place at Camp Adventure. More information about this event will be sent home during camp.

Field Trip Permission Slip

I give permission for my child, _____, to travel to Ball State University while at Summer Learning Fun at Camp Adventure on Tuesday, June 16, 2020.

Child's Name _____

Parent's/ Guardian's Name _____

Parent's/ Guardian's Signature _____ Date _____

Ball State University

Release of Liability and Assumption of Risk

Acknowledgment of Risk

I, (insert child's name), desire to participate in the **Summer Learning Fun** camp at **Camp Adventure** on June 1 - 25, 2020 ("Activity"). I hereby certify based upon my own knowledge, and consultation with a physician, if I have consulted one, that I have no health problems which would interfere with my participation in the Activity. While Ball State University ("University") is sponsoring the Activity, I understand that the University is not responsible for instruction or operation/maintenance of the pond, tractor/wagon, the equipment, or facilities associated with the Activity. I further understand that the activity entails known and unanticipated risks that cannot be eliminated through any efforts of the University. The risks, which may result from hiking, fishing, archery, teambuilding activities, outdoor activities, low ropes course, wagon rides, field trips, special guest speakers, and/or other activity consistent with participating in the **camp**, include but are not limited to, the following: sprains; fractures; scrapes; bruises and cuts; dislocations; and other serious injuries, including to the head, back, or neck, which can cause paralysis or even death. I understand that my participation in the Activity may result in injury, death, illness or disease, or damage to my person and/or property, and that no amount of care, caution, instruction or expertise can eliminate this inherent danger. I further understand and acknowledge that: (a) accidents can and sometimes do occur during the Activity; (b) my own inability to properly participate in the Activity or to follow rules and directions concerning the Activity, and unforeseeable events may all contribute to the chances of accident, injury or death; (c) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity or the conditions in which the Activity takes place; and (d) the description of these risks is not complete and that there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time. I initial to indicate that I have read, understand, and agree to this section: _____ **(parent initials here)**

I acknowledge that the above list is not inclusive of all possible risks associated with the Activity and that the above-mentioned risks and other unknown and unanticipated risks may result in serious injury, permanent disability, and death, and social and economic losses.

I acknowledge that if I am injured, I may require medical assistance at my own expense. I further acknowledge that University employees are likely unaware of a participant's health status or abilities and may give incomplete warnings or instructions, and the equipment being used might malfunction.

My participation in the Activity is purely voluntary, and I elect to participate in the Activity in spite of the risks. I am voluntarily assuming all risks. I understand that I will be solely responsible for any property loss or damage, and for any physical ailment or injury, including death, I sustain while participating in the Activity.

Release of All Claims

In consideration of my participation in the Activity, I, the undersigned, hereby agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE** the University, its Board of Trustees, officers, employees, agents, and contractors from any liability, damages, costs, losses, expenses, actions, causes of action, claims, or demands of any nature whatsoever, including, but not limited to, a claim of negligence on the part of the University, its Board of Trustees, officers, employees, agents, or volunteers, which I may have as a result of any personal injury, property damage, permanent disability, or death I may suffer in connection with my participation in the Activity.

Indemnification of the University

In consideration of my participation in the Activity, I, the undersigned, further agree to defend, indemnify, and hold harmless the University, its trustees, officers, agents, and employees from and against any and all liability, damages, costs, losses, expenses, actions, causes of action, claims, or demands of any nature whatsoever, including, but not limited to, attorney fees, court costs, and investigatory costs, arising out of or in any way relating to my participation in the Activity, without regard to whether resulting from negligence on the part of the University, its Board of Trustees, officers, employees, agents, or volunteers.

Medical Care

I understand and agree that neither the University nor any of its officers, employees, agents or volunteers accept any responsibility for providing medical care services for me and that the cost of any medical care services that I may need remains my responsibility. I, for myself, my heirs, representatives, executors, administrators, and assigns, hereby waive, release, discharge, indemnify and hold harmless the University, its Board of Trustees, officers, employees, agents, contractors and volunteers from any liability, actions, causes of action, claims, or demands of any nature whatsoever, either in law or in equity, including based on the alleged negligence of any of them, in connection with any decision of any of the University's officers, employees, agents, contractors or volunteers to obtain emergency medical treatment for me.

Photo/Video/Audio Release

I hereby grant and convey unto the University, acting through one of its officers, employees, agents, contractors or volunteers, to take and utilize, royalty-free, any and all photographic images and video or audio recordings taken of me while participating in the Activity. The University retains any and all intellectual property rights in any such photographic images or video or audio recordings of me and may utilize such images or recordings for any purpose the University may determine in its sole discretion.

Entire Agreement

This Release of Liability and Assumption of Risk ("Release") constitutes the sole and entire agreement made between the parties and supersedes all prior negotiations, written and oral, conversations, correspondence, representations, agreements, proposals, and other communications regarding the subject matter hereof. Any amendment(s) to this Release shall not be valid unless made in writing and signed by both parties. Should any portion of this Release be found invalid or unenforceable, then to the extent that such term is invalid or unenforceable, it shall not affect the validity or enforceability of any other term of this Release.

Governing Law and Venue

This Release shall be construed, and legal relations between the parties hereto shall be determined, in accordance with the laws of the State of Indiana applicable to contracts solely executed and wholly to be performed within the State of Indiana without giving effect to the principles of conflicts of laws. Any dispute as to any matter in this Release shall be brought in the state or federal courts of Indiana, and venue shall be in the state courts of Delaware County, Indiana or in the federal district court for the Southern District of Indiana, Indianapolis Division.

Agreement to the Terms of this Release

I certify that I am ____ (insert child's age) years old and have read and understand the terms of this Release. I understand that by signing this Release I am relinquishing substantial legal rights, including the possibility of recovery for injury, whether the injury results from the inherent risks of the Activity or the negligence of the University, its Board of Trustees, officers, employees, agents, contractors and volunteers. I am signing this Release after having carefully read the same, of my own free will and, by doing so, fully intend to release the University, its Board of Trustees, officers, employees, agents, contractors and volunteers from liability or loss due to the inherent risks of the Activity or the negligence of the University, its Board of Trustees, officers, employees, agents, contractors and volunteers. In witness whereof, I have signed this Release on this _____ day of _____, 2020 (insert current date)

Participant's signature (Child's Signature)

Participant's name, printed clearly

**FOR PARTICIPANTS OF MINORITY AGE
THE PARTICIPANT SHOULD SIGN ABOVE
AND THE PARENT(S) OR GUARDIAN(S) SHOULD SIGN BELOW**

This is to certify that I, as parent or legal guardian for the above-named participant in the Activity, do consent to his/her release of the University, its Board of Trustees, officers, employees, contractors, agents, and volunteers and, that I, on my own behalf and for my heirs, representatives, executors, administrators, and assigns, hereby agree to all of the terms of this Release. I understand that by signing this Release, I am relinquishing substantial legal rights, including the possibility of recovery for injury, whether the injury results from the inherent risks of the Activity or the negligence of the University, its Board of Trustees, officers, employees, agents, contractors and volunteers. I am signing this Release, after having carefully read the same, of my own free will and, by doing so, fully intend to release the University, its Board of Trustees, officers, employees, agents, contractors and volunteers from liability or loss due to the inherent risks of the Activity or the negligence of the University, its Board of Trustees, officers, employees, agents, contractors and volunteers.

I further certify to the University that the name(s) set forth below are the names of all of the parents or legal guardian(s) of the above-named participant in the Activity.

X _____
Parent or legal guardian's signature

Parent or legal guardian's printed name

X _____
Parent or legal guardian's signature

Parent or legal guardian's printed name

*******Important Information Below*******

*In order for your child to be considered for Summer Learning Fun at Camp Adventure, you must have all of the following forms filled out completely and turned in no later than April 30th, 2020. Incomplete and late packets **will NOT be considered.***

I have completed and attached all of the following documents from the registration packet:

- Completed Camp Registration Form
- BSU Liability Waiver
- Field Trip Permission Slip
- Ball State Research Permission Forms (Social Skills Consent for Research, Reading Motivation and Social Skills, and Science Skills)
- All completed forms were turned in by April 30, 2020.