

2012

Troy  
University



## **SUMMER CONFERENCE GUIDE**

This Guide has been developed in collaboration with and will be enforced by the Office of Student Services and the Human Resources (Risk Management and Insurance) Office

## General

Troy University hosts a wide variety of camps, clinics, workshops, and conferences each summer. This policy statement is intended to provide guidance to those involved in certain types of these activities. For purpose of definition, this policy covers the following types of summer programs:

- a. Those which include minor child participants under the age of nineteen (19) years who are here for some type of instructional program that involves use of any facilities on campus, and/or
- b. Those in which participants remain overnight in on-campus residence halls.

Though it may be useful for other summer programs to abide by some or all of these policy guidelines, the policy was developed with the above groups specifically in mind.

## Guiding Philosophy

The intent of Troy University is to encourage the use of its facilities, on a space available basis, for summer programs. Though such programs should not take precedence over programs designed for enrolled students, there are many important reasons why the summer camp program is to be encouraged by the University and its employees. Summer programs provide the following benefits for the University:

- Summer programs attract many young people to the University, many of whom will be highly qualified for future admission;
- Impressions gained by young people as a result of a summer camp experience can have a significant impact on choice of college;
- Facilities which might otherwise be relatively idle during summer months can be used in support of programs that are available to the public;
- Summer programs provide an excellent opportunity to acquaint a large number of people with Troy University in a short period of time;
- Outreach efforts (particularly those aimed at youth), and faculty involvement in same, can be promoted, and
- The reputation of Troy University is enhanced by effective summer programs.

## Special Care

In many cases, summer programs attract youth under the age of 19 to campus. The level of care and supervision appropriate for an enrolled student at the University is not necessarily the same as that which is appropriate for a summer camp participant, even though the oldest camp participants are sometimes older than the youngest of our enrolled students. It is imperative that campers be overseen in a fashion that is appropriate and intended to keep them healthy and safe while visiting the University. Troy University and its employees should provide a reasonably safe environment for participants in the various programs sponsored by the University and attempt to ensure that clients using University facilities for their activities do the same.

## Eligibility

Any University department or agency is eligible to conduct summer programs intended to promote the mission of Troy University. An outside person or organization wishing to use University facilities to conduct a camp, clinic, workshop, or conference on the Troy University campus must have a **Campus Sponsor**.

## Campus Sponsor / Camp Director

A **Campus Sponsor** must be a University agency or a registered group of student, staff, or faculty members that is willing to act as liaison between the University and the **Camp Director** for the activity. Specific responsibilities of the **Campus Sponsor** are described on Page 7 of this policy manual. All arrangements for campus support should be made by the **Campus Sponsor**.

The **Camp Director** is the individual who is directly responsible for the camp--this may or may not be someone with University affiliation. The **Campus Sponsor** should serve as the liaison with all University agencies providing support to the activity. In the event a group desiring to conduct a camp at Troy University does not have a **Campus Sponsor**, the group should be referred to the Troy University Office of Conference Services, the designated unit at Troy University for providing such camp liaison and support. All groups conducting summer programs on campus of the type covered by this policy will need to have a **Certificate of Sponsorship** (see Appendix A) completed and signed by a representative of the University agency or group sponsoring the activity in order to reserve facilities on campus.

## Request Use of University Facilities

After obtaining campus sponsorship, the next step for any **Camp Director** is to submit a copy of the **Certificate of Sponsorship** along with a completed **Request for Facility Use Form** (see Appendix B) to the Office of Conference Services, 231 Trojan Center, Troy University. The **Request for Facility Use Form** should include an account number or billing address. **Standard policy is for an incoming camp to gain access to reserved facilities after 1 pm on the first day of camp and to release access no later than 11 am on the last day of camp.** In order to be considered during the normal scheduling cycle, the form should be submitted no later than December 30th. Requests received by that date are considered by the Office of Conference Services when the master schedule for the following summer is developed. Requests received after that date will be considered on a space available basis. The approved Summer Schedule is announced on February 15<sup>th</sup> each year.

## Priority for Facility Use

Priority for facility use at Troy University will be given to internal activities, particularly academic activities that are intended for Troy University students. Beyond that, the Office of Conference Services is tasked to make decisions about which requests are to be given priority when there are competing demands for facilities. Every attempt will be made to arrange a mutually satisfying solution among all parties. In the event that is not possible, a decision will be made which is in keeping with the best interests of the University. Any requests for facility use in support of a commuter or day camp should clearly indicate the camp is not residential. During

the camp season, which is generally defined as the times when residence halls are available for camper use, priority for facility use will be given to residential camps. Consideration will be given, when appropriate, to past experience with a client and a realistic assessment of the ability of each activity to produce the benefits which the University attempts to derive from its summer program.

### **Reservation Guarantee**

In order to reserve facility space for summer programs, a Conference Agreement Form must be signed and received by the Office of Conference Services. Additionally, a \$500.00 non-refundable deposit must accompany the form. Only after this form and deposit are received will the reservations be guaranteed. On this form, a minimum guarantee of the number of participants is required. If the camp is held, the deposit amount will be credited toward the amount of the balance due for camp services.

### **Fees for Facility Usage**

Information concerning current fees for lodging and food services is provided in Appendix C and Appendix F, respectively. The fee structure will be updated by October 1<sup>st</sup> each year in order that those requesting facilities for the next summer will have accurate planning information on which to base their request for facility usage. Until October 1<sup>st</sup>, Troy University reserves the right to change the applicable fees for the following summer.

### **Final Arrangements**

By April 1<sup>st</sup>, **Camp Directors** are expected to contact the Office of Conference Services in order to provide updated estimates of attendance and to provide continuing indication that the program is still being planned. Any anticipated need to accommodate more than the number originally estimated should be communicated to the Office of Conference Services as soon as possible. **Troy University cannot guarantee space will be available for any number beyond the original estimate.**

**Camp Directors** planning to use campus lodging and/or dining services are required to provide a final guarantee for the number of participants at least ten days prior to the start date of the camp. The camp will be billed for the guaranteed number of participants or the actual number attending, whichever is greater. Due to additional costs involved, there may be surcharges if a camp exceeds the guaranteed number of participants.

### **Appropriate Camp Environment**

In order to provide a reasonably safe environment for participants in summer camp activities, each **Camp Director** should ensure that certain precautions are taken. All campus rules and regulations are in effect. Other precautions that should be considered are:

### **Qualified Counselors/Staff**

- Background checks will be completed by the University if the camp is sponsored or co-sponsored by the University; all other groups are responsible for completing background checks and providing a copy to the University, particularly for those who will be directly involved with children;
- Care should be taken that those who will be driving as a part of their duties have a valid license to operate the type of vehicle to be used;
- Adequate training should be provided in order that staff members are qualified to direct the activities scheduled.

### **Parent Awareness**

- Parents should be aware of the type of activities in which their child may participate;
- Known risks associated with each activity should be clearly explained to parents and participants;
- Safety instructions should be made available and should be easily understood; and Waivers (A Hold Harmless Agreements page 17) should be signed by all participants (or parents when the participants are under the age of 19).

### **Participant Guidelines**

- Current physicals are required for camps involving vigorous athletic activities;
- Participants should be in appropriate physical condition for the activity in which they are participating;
- Participants should be placed in the correct skill level for the activity scheduled, and
- Questions designed to ensure a participants level of ability are appropriate, however questions about disabilities are not.

### **Participant Safety**

- An adequate ratio of staff to participants should be maintained **at all times**; particularly when in residence halls;
- Water related activities require certified lifeguards;
- Safety equipment should be inspected prior to and during camp for safe conditions;
- Public safety officials should be made aware of the camp and the daily schedule (see section titled Security on page 7); and
- Acceptable procedures for releasing children from camp should be followed (pay particular attention to procedures followed in accepting/releasing commuters).

### **Safe Environment**

- Grounds should be inspected prior to and during the camp for safe conditions;
- Equipment should be kept in safe condition and suitable for intended use; and
- Vehicles used for transportation should be properly inspected.

## **Disciplinary Procedures**

Troy University is committed to the idea that each camper should have a positive and enjoyable experience at summer camp, and the misbehavior of one camper, or a group of campers, should not be allowed to impact negatively on the experience of others. Most camps

are short in duration, so prompt action may be required. Parents and campers should be aware of the disciplinary policy. It is recommended that parents and participants sign a form such as that found on page 22 indicate they clearly understand the disciplinary procedures to be followed.

## **Responsibilities of a Campus Sponsor**

The **Campus Sponsor** will:

1. Serve as liaison with all University agencies supporting camp;
2. Coordinate arrangements for use of University facilities with the Office of Conference Services;
4. Acquaint **Camp Director** with University policy, emergency procedures, and facilities layout;
5. Assist with check-in of campers;
6. Provide an Emergency Contact List for the camp and a final camp schedule to the Office of Conference Services. Provide the camp with a list of emergency numbers for use in making emergency notifications.
7. Be accessible in emergency situations;
8. Maintain necessary reports and documentation;
9. Assist with check-out of campers;
10. Check on any damages reported;

## **Responsibilities of the Camp Director**

The **Camp Director** will:

1. Provide counselors and staff for the camp (preferably at a ratio no larger than one counselor/staff member to 15 campers);
2. Inspect camp facilities immediately prior to and after the camp session;
3. Advise participants of appropriate check-in and check-out procedures including charges for damages and lost keys;
4. Familiarize participants with University policies, especially those pertaining to fire and emergency evacuation procedures, appropriate conduct, possession of controlled substances and firearms, and authorized entry into rooms;
5. Maintain discipline of participants;
6. Advise Conference Services Staff of supply and maintenance issues in residence hall;
7. Collect and have readily available Medical Release and Consent forms for all participants. Forms should contain emergency contact, phone number and known medical conditions;
8. Inform the University in advance of early and late arrivals;
9. Complete insurance forms at the time of treatment;
10. Ensure that programs and activities conducted on the University campus are in compliance with the Americans with Disabilities Act.

## **Responsibilities of the Conference Services Staff**

The **Resident Manager** will

1. Issue keys and make room assignments as needed to provide the best possible service to campus guests;

2. Familiarize camp staff with overall building layout (elevators, fire alarms, etc);
3. Interpret, support, and enforce University policies, procedures, and regulations;
4. Complete work orders and maintenance requests as needed for efficient hall maintenance;
5. Complete administrative paperwork as required by Troy University; and
6. Assess all housing charges at the conclusion of the conference and advise camp staff of any damages charged.

## Dining Service

Trojan Dining is the primary dining location for most camp meals, but other types of dining service can be made available. The current dining service rates are shown on page 11. Catering is available through University Catering. All dining and catering arrangements are made through the Office of Conference Services.

## Lodging

Troy University will make residence hall lodging available to camps on a space available basis during the summer months. The Office of Conference Services will make all arrangements regarding housing for groups. See page 10 for current rates for lodging. **Camp staff is solely responsible for providing supervision and security in the residence halls. Troy University will have one live-in staff person in each building to handle emergency situations and assist with logistical and maintenance requests.** Campers will be issued individual room keys. Camp staff will be provided access cards to the external doors of assigned buildings. As a security precaution, external doors are kept locked 24 hours (from the outside) except during registration to allow for free movement as campers check in.

## Program Evaluation

Where feasible, participants should be asked to complete an evaluation at the end of the camp. The results should be summarized, analyzed, and retained by Conference Services as a measure of participant satisfaction. These evaluations should be used to improve overall camp operations.

## Billing Procedures

After the summer program is completed, invoices for services rendered will be submitted to the sponsoring group. Payments will be due within 15 days of the invoice date. All checks should be **payable to TROY University** and a copy of the applicable invoice should be enclosed with payment.

## Parking

All camp participants are required to abide by University parking regulations while on campus. **Camp Directors** should ensure that campers, coaches, counselors, staff, volunteers, and parents are aware of pertinent parking regulations. All should be advised of areas in which they should park their vehicles while on campus. If camps include participants who are under the age of 19 and will be remaining overnight on campus, care should be taken by the **Camp Director** to ensure that no unauthorized use of vehicles occurs during the period camp is in session. If keys

are collected, they should be secured in a responsible fashion and returned to the campers at the end of the camp session.

## Security

Security, in general, will be the responsibility of the camp staff and Troy University Police. During the program day, camp staff will be expected to stay with campers at all times. At night, a sufficient number of camp staff/coaches/sponsors/counselors should remain with youth campers in the residence halls to provide control and security. In order that University Police may assist in providing security, the following information (to be referred to as Emergency Contact List for TROY University Summer Camps, should be provided to the Conference Services staff no later than 3 hours after Camp Registration ends:

- Name of the camp
- Contact persons and phone numbers
- Locator list indicating where campers are staying overnight
- Daily schedule

In order to put the information in the appropriate hands, the **Camp Director** should call the Conference Services Staff (334-670-3203) to advise that an the Emergency Contact List for TROY University Summer Camps form is about to be faxed. The list should then be faxed to 334-670-3777. This information will allow the University Police to better respond to emergency phone calls; to recognize camp participants; to inform patrols of campers' whereabouts; and to be alert for unusual activity in the vicinity of the camps.

## Accident / Medical Insurance

**Camp Directors** should recognize that TROY University **does not provide accident/medical insurance for camp participants. In the event of illness or injury requiring treatment, hospitalization, or surgery, family medical insurance must be used.** In the event that a camp participant does not have family health insurance, the camper and/or his family will be responsible for all medical costs.

## Insurance Requirements

Programs that are sponsored by clients/individuals and hosted by TROY University are not provided insurance coverage by TROY University. The vendor shall, at own expense, procure insurance of the kinds and limits listed below. Certificate(s) of insurance issued by the vendor's insurance carrier shall be furnished to the TROY University Conference Services Office no later than May 1<sup>st</sup> of the year in which the camp is scheduled. The certificate of insurance shall name **TROY University, its Board of Trustees, Faculty, Staff, and Agents as Additional Insured** on the General Liability, Employers' Liability, and Automobile Liability policies. The insurance coverage required is a minimum; the requirement is not intended to limit the responsibility or liability of the vendor. If any subcontractor is used, they or the vendor acting on their behalf, are required to carry the same coverage and insurance outlined herein. It shall be the vendor's responsibility to ensure compliance of this requirement.

### **Workers' Compensation and Employers' Liability Insurance**

- Workers' Compensation insurance shall be written in accordance with statutory coverage required by the State of Alabama. A self-insurer must provide a certificate issued by the Alabama Department of Industrial Relations stating the contractor is qualified to pay its worker's compensation claims.
- Employer's Liability Insurance shall be written with minimum limits of:
  - Bodily Injury by Accident - \$1,000,000 each accident
  - Bodily Injury by Disease - \$1,000,000 each employee

### **Commercial General Liability Insurance**-minimum limits accepted:

- Each Occurrence \$1,000,000
- General Aggregate \$1,000,000
- Products-Completed Operations Aggregate \$1,000,000
- Contractual Liability \$1,000,000
- Personal & Advertising Injury \$1,000,000
- Damage to Rented Premises \$ 100,000

### ***In Addition the:***

- Policy should be written on an occurrence basis, or if claims-made coverage is provided, coverage must be maintained for a minimum of five (5) years after the termination of this agreement.
- Policy must cover all activities to be performed by the vendor, including athletic/physical activities.
- Policy must not contain any exclusion for intentional acts performed by the contractor.
- Policy must not contain any exclusion for abuse from sexual, emotional or physical actions. If such exclusions are included, separate coverage must be purchased.

Insurance should be provided by a carrier with a minimum A.M. Best rating of A-.

### **Commercial Automobile Liability Insurance**

Commercial Automobile Liability Insurance shall be written to include coverage for bodily injury and property damage arising from ownership, maintenance, or use of any company owned, non-owned, hired, or rented automobile.

- Minimum limit \$1,000,000 Combined Single Limit

Each policy shall be endorsed to provide that the policy not be canceled, non-renewed, changed or allowed to lapse for any reason without thirty (30) days of written notice to TROY University.

***Due to the nature of some activities, Troy University reserves the right to require additional limits of liability coverage.***

## **Questions**

Any questions concerning policies covered in this manual should be addressed to the Conference Services Office, TROY University, 231 Trojan Center, Troy, AL 36082.

## Certificate of Sponsorship

I, the undersigned, am acting as representative of a University department/agency or registered group of student, staff, or faculty members that is willing to assume the responsibility of serving as **Campus Sponsor** for the camp activity described below. I understand that, as **Campus Sponsor**, my organization is guaranteeing funds will be made available to cover all costs associated with the camp program.

I have read the current “*TROY University Summer Camp Policy Manual*” as posted on the Conference Services web page <http://www.troy.edu> and understand that, as **Campus Sponsor**, I will have the following responsibilities:

1. To serve as liaison with all University agencies supporting the camp;
2. To coordinate arrangements for use of University facilities in accordance with University scheduling regulations;
3. To have put into force, if appropriate, a contract with the client group conducting the camp;
4. To acquaint the **Camp Director** with University policy, emergency procedures, and facilities layout;
5. To assist, as required, with check-in of campers;
6. Provide an Emergency Contact List for Troy University Summer Camps and a camp schedule to the Conference Services Office;
7. To be accessible in emergency situations;
8. To maintain necessary reports and documentation;
9. To assist, as required, with check-out of campers;
10. To check on any damages reported;

Camp Sponsored: \_\_\_\_\_ Desired Camp Dates: \_\_\_\_\_

Camp Director: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Campus Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**[Note: Submit a signed certificate for each camp to be sponsored]**

## Housing Fee Schedule

The fee for lodging in a University residence hall is **\$18 per person, per night**.

Note: The rates are based on double occupancy (two persons to a room). There will be no additional charge if single occupancy results from a forced deviation (e.g., there is an odd number of campers, adults are spaced in order to provide supervision, campers are assigned to a designated single room, etc.).

The fee for a **lost room key/swipe card is \$50.00 for each**.

The University reserves the right to assign and change building and room assignments as necessary to better suit all groups on campus.

## Housing Guidelines and Procedures

### General

TROY University's residence halls are designed to provide reasonable security for tenants; the door to each room locks when closed and each resident is provided with a key to their assigned room. Accommodations are both "community style with a common hall bathroom and "suite type"; i.e., two 2-person rooms share a common bath. There are also a limited number of single room accommodations and rooms specifically for wheelchair accessibility.

The information herein is intended to be guidelines for those planning and conducting summer camps which use TROY University residence halls for lodging. Experience has shown that summer camps bring a great variety of tenants to campus residence halls. A policy which seems entirely reasonable for use with campus students (or high school-aged campers) might be arbitrary and ridiculous for a camp that includes married couples or families with young children. These guidelines, therefore, are not intended to be strict requirements.

### Room Assignment Guidelines

- Two people will be assigned to each double room. *\*Exceptions to double occupancy may be made when circumstances require individuals providing supervision to be assigned to separate floors of the residence hall.*
- Except in cases involving family members or staff assigned to provide supervision and/or control of campers, every effort will be made to assign male and female campers to different residence halls.
- If male and female campers are assigned to the same residence hall, control is facilitated by assigning male and female campers to different floors. If this is not feasible, every effort will be made to confine exceptions to single gender floors to the first floor of the residence hall.
- Single rooms will be used to deal with unusual lodging situations.
- Unrelated males and females will not be assigned to rooms where they would share the same bathroom.

### Assignment Procedures

All room assignments will be made by the Conference Services Staff in coordination with the Camp Director. Any special requests regarding housing should be made prior to the group arriving.

### Important Telephone Numbers

Emergency - Police/Fire/Ambulance .....	911
University Police - 24 Hour Emergency Contact .....	(334) 501-3100
University Operator .....	0
University Operator (from off campus phone) .....	(334) 670-3000
Conference Services Office.....	670-3203
University Housing Office.....	670-3346
Troy Regional Medical Center.....	670-5000

### Summer Camp Food Service Guidelines and Forms

Groups needing Dining Service for summer camps must contact the Conference Services Office at 334/670-3203.

The **initial estimate** for a camp will be the number submitted to the office when requesting approval to use TROY University facilities. A **revised estimate** is required at least 7 days prior to camp. In the event a **final guarantee** (see below) is not provided, this number will become the guarantee.

A **final guarantee** should be given at least 48 hours prior to the camp beginning. The billable number for every meal will be the higher of the **final guarantee** or the actual number of camp participants eating the meal. A representative of the camp must be available during the meal period to assist with taking a count for the group. The count will be agreed upon at the end of the meal period. Any disputes involving meal count must be resolved within 24 hours.

#### Food Prices for 2012 camps:

- Breakfast- \$6.35 per person
- Lunch- \$7.75 per person
- Dinner- \$8.70 per person

In the event a group needs to adjust their dining schedule, Conference Services must be provided a minimum of 36 hours advance notification. If the notification deadline is not met, the group will be billed in accordance with the guarantee provided. There will be no reimbursement for missed meals.

Conference Services is responsible for coordinating meal times with camp groups. To the extent possible, an attempt will be made to accommodate groups by coordinating meal times to meet their schedule or needs. In the event there are conflicts, Conference Services will work with groups to coordinate amended meal times. Adhering to scheduled meal times will be the responsibility of each Camp Director. If a group arrives at other than their scheduled time, they may be required to wait for other groups. The unscheduled group will NOT be allowed to preempt another group from a previously arranged meal time.

Meal tickets will be issued to all campers. They must be presented in order to gain entrance into the dining hall. Meal tickets are non-transferrable from one camper to another. There is a **\$10 replacement fee** for lost meal cards.

## **RULES camp participants and parents need to know:**

1. Participants are not allowed to drive or ride in personal vehicles during the dates of the program unless they receive specific permission to do so from the Camp Director. While we understand that some participants will drive to the campus, our policy is that they must turn their car keys in to the Camp Director for the duration of the workshop. **Any vehicles parked on campus must have a University Parking Permit.** Parking permits will be issued during on-site registration, and clear instructions will be given as to where parking is authorized. **It will be the responsibility of the participant to secure a permit, properly place the permit in the vehicle, park the vehicle in an authorized space, and turn the keys in to the Camp Director for safekeeping during the program. Neither TROY University, nor the camp staff, will be responsible for damage to vehicles or for any parking tickets, fines, or towing charges that result from violations.**
2. Participants are to remain on campus for the duration of the program unless program activities require otherwise. If a participant needs to leave campus for some reason, Camp Directors must receive prior written permission from the parent or guardian, and grant specific permission.
3. Campus regulations prohibit the use of alcohol and other illegal substances. Participants may not possess, use, distribute, or sell alcoholic beverages, drugs, firearms, weapons or fireworks.
4. Coed visitation in the residence halls is permitted in the first floor lobby area only. The only people permitted in rooms are staff, members of the participant's immediate family, the participant's roommate and other participants of the same gender residing in that residence hall.
5. Participants must attend all workshops, classes, and planned social or recreational activities. Full participation is the only way a participant can gain real value from the camp.
6. Participants will abide by nightly curfews and "Lights Out" announcements from the Camp Director or Program Counselors. Participants must be in their OWN room at lights out and remain there until morning. Any use of cell phones or other electronic devices is prohibited after 'Lights Out.'
7. Participants must never misuse internet privileges. Attempting to access unauthorized sites is strictly prohibited.
8. Participants must abide by rules and guidelines set by the instructors for each academic facility in use.
9. In accordance with University policy, smoking is prohibited on the University Campus.
10. Any individual found tampering with any fire equipment (i.e. fire extinguishers, fire alarms, smoke detectors, etc.) will be dismissed from camp immediately. Participants may not interfere with any security system or tamper with locks in participant rooms and other areas.
11. All furniture must remain unchanged and kept in place.
12. Vandalism and pranks will not be permitted. Any damages caused in rooms or common areas will be charged to the responsible party. Replacement cost will be charged to anyone who removes or damages University property.
13. Participants should keep their rooms locked at all times even if leaving the room for only a few minutes. Neither TROY University, nor the camp staff, is responsible for lost or stolen items. A participant should take room key when leaving room. Those who lose a key must pay for a replacement. Leave excess money and valuables at home. Valuables, including jewelry, iPods, cell phones, radios, cd players, etc., may be brought to camp, but only at participant's own risk.
14. At no time, will "bullying" or inappropriate conduct be tolerated during the camp or during any activities of the camp.

**MEDICAL:** In cases where medical attention is necessary, parents will be contacted for approval when possible. We require completion of a medical release form signed by the parent or guardian in order that we may react responsibly in an emergency situation.

**Please sign below to signify full understanding of the rules discussed above:**

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Appendix (Forms)

- **Conference Planning Form**
- **Consent/Voluntary Waiver Form**
- **Medical Form**
- **Prescription Authorization**
- **Disciplinary Procedures**



Do you wish to have a luncheon or banquet in addition to the normal meals served? If so, please indicate such below and include the date, time and a desired menu.


Do you wish to have snacks (i.e. breaks, pizza party, ice cream, etc.)? If so, please indicate such below and include date, time and desired items.


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### FACILITIES

Please attach a copy of your daily itinerary for your group. If you do not have a printed copy, please send a hand-written copy to include dates, times and facilities needed. Every effort will be made to honor your request for specific facilities, however the Conference Services Office reserves the right to change or re-assign facilities when such changes would better accommodate the event, the organization and/or the University.

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**Pool (Indoor)**

<b>Dates:</b>	<b>Times:</b>
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**Gym**

<b>Dates:</b>	<b>Times:</b>
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**Intramural Fields**

<b>Dates:</b>	<b>Times:</b>
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**Game Room**

<b>Dates:</b>	<b>Times:</b>
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**Ballrooms (dance/social)**

<b>Dates:</b>	<b>Times:</b>
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**Other Facility:**

<b>Dates:</b>	<b>Times:</b>
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**Other Facility:**

<b>Dates:</b>	<b>Times:</b>
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**TROY UNIVERSITY INFORMED CONSENT, VOLUNTARY WAIVER,  
RELEASE OF LIABILITY AND ASSUMPTION OF RISKS**

**CAMP INFORMATION**

Camp Name: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Location: \_\_\_\_\_

**CAMPER INFORMATION**

Name of Camper: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

**PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED CAMP.**

**I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced camp (hereafter "Camp") on the date(s) and location indicated above and, in consideration for my Child's participation, I hereby agree as follows:**

I acknowledge, understand and appreciate that as part of my Child's participation in the Camp there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Camp may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Camp. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Camp.

I, on behalf of my Child, hereby release Troy University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Conference Services Office, the Camp Staff, and all other officers, directors, employees and agents (hereafter "Troy") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp. This agreement is binding on my heirs and assigns.

I, on behalf of my Child, furthermore release, indemnify and hold harmless Troy from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Camp. I understand that Troy accepts no responsibility for my Child's personal property.

In the event of an accident or serious illness, I hereby authorize representatives of Troy to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify Troy from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Camp.

This RELEASE shall be governed by and construed under the laws of Alabama. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child's participation in any part of the Camp, shall be brought only in Pike County, Alabama.

**This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.**

***A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19***

Participant Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Participant Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_



**TROY UNIVERSITY SUMMER CAMPS  
APPLICANT INFORMATION & CONFIDENTIAL MEDICAL  
INFORMATION**

**Camp Name:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_ **Time(s):** \_\_\_\_\_

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY.**

**AS A CAMPER, PARENT OR GUARDIAN I UNDERSTAND THAT:** The information requested on this form is intended to help inform staff of any pre-existing medical conditions. If your child has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. *This information will be kept in strict confidence and will only be shared with your permission.* The Troy University Summer Conference Services Office requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment. You are accountable for providing an accurate medical history. *Final determination about whether to participate is the responsibility of you and your physician.* If you have any medical issue that is not requested below, but which you think is important, please include that information.

**PART 1. GENERAL INFORMATION**

Camper Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_

Parent/Legal Guardian Name Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Please list two emergency contacts:**

_____	_____	_____	_____	_____
Emergency Contact #1 Name	Home Phone #	Work Phone #	Cell Phone #	Relation

_____	_____	_____	_____	_____
Emergency Contact #2 Name	Home Phone #	Work Phone #	Cell Phone #	Relation

**PART 2. MEDICAL INFORMATION**

**It is recommended that you consult with a physician prior to participating in this TROY University Summer Camp. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating in this Summer Camp. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.**

Physician's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Most recent tetanus toxoid immunization: \_\_\_\_\_

Do you have health/accident insurance? (circle one) Yes No If yes, please indicate policy number, name and address of company. Please also include a copy of the front and back of your insurance card:

Company Name/Address \_\_\_\_\_ Policy # \_\_\_\_\_

**For the following, circle appropriate response and explain as appropriate:**

Does camper have any limiting medical conditions that you or your doctor feel would limit camp participation?

Yes No

If yes, identify and explain:

Is camper currently taking medication that may interfere with ability to safely participate in Camp?

Yes No

If yes, please indicate the medication and the condition being treated:

Does camper have a history of allergies or reactions to medications, insect stings, or plants?

Yes No

If yes, please explain:

Does camper have a history of, or currently suffer from, medical condition(s) with which we need to be aware?

Yes No

If yes, please explain:

**PART 3: AUTHORIZATION FOR MEDICAL CARE**

Unless prior arrangements have been made, medical needs will be handled through the University Health Center and Troy Regional Medical Center. In cases where medical attention is necessary, parents will be contacted for approval when possible.

However, before medical treatment can be provided, we are required to have a medical release signed by the parent. The hospital will not perform services unless this form is presented at the time of treatment.

\_\_\_\_\_ (Camper's Name) has my permission to receive medical attention in the event of illness or medical emergency while participating in this TROY University Summer Camp. I will assume the financial responsibility for any cost of health care for my child that may occur during this Camp.

**PLEASE READ: As a participant, parent or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/my child and/or others during this Camp. By signing my name I represent and warrant that I have provided all materials and important information to the TROY University Conference Services Office pertaining to my child's medical, mental and physical condition and that it is accurate and complete. I agree to notify the Troy's Conference Services Office of any changes in my mental, physical or medical condition prior to my Child's scheduled Camp.**

**By revealing or disclosing the above medical information it will not be used by TROY University personnel or employees to determine my Child's ability to participate safely in activities. I understand that, if my child chooses to participate in activities, he/she do so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and my Child.**

**SIGNATURE IS REQUIRED:**

Camper's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Camper's Signature: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19***



<b>TROY UNIVERSITY SUMMER CAMPS MEDICATION PRESCRIBER/PARENT AUTHORIZATION</b>
--

Camp Name: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

**CAMPER INFORMATION**

Camper's Name: \_\_\_\_\_ Parent/Legal Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

\_\_\_\_\_ **No, my child does not need to take any prescription medication while at Camp.**\_\_\_\_\_ **Yes, my child will need to take prescription medication while at Camp.**

**This form must be completed fully in order for campers to administer required medication to themselves. A new medication administration form must be completed for each camp attended by the camper, for each medication, and each time there is a change in dosage or time of administration of a medication. Requires licensed health care authorization and signature, and parent signature.**

- Prescription medication must be in its original container labeled by the pharmacist or prescriber. Label must include the name, address and phone number for pharmacist or prescriber.
- Containers must hold only the amount required for the time the camper will be attending the Camp.
- *All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to Camp under the condition that the camper can self-manage care and delivery of medication with written authorization to do so at camp by a licensed health care provider.*

**PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION**

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Condition for which medication is being administered: \_\_\_\_\_

Specific Directions (e.g., on empty stomach/with water, etc.): \_\_\_\_\_

Time/frequency of administration: \_\_\_\_\_

If PRN, frequency: \_\_\_\_\_

If PRN, for what symptoms: \_\_\_\_\_

Relevant side effects: \_\_\_\_\_

Medication shall be administered from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Special Storage Requirements: \_\_\_\_\_

Is the camper capable of self-managed care? Yes No

Prescriber's Name/Title: \_\_\_\_\_ Prescriber's Place of Employment: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed medication(s).**

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION, WAIVER AND CONSENT FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION**

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the Camp Staff, Troy University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my child's self-administration of prescribed medication(s).

I/We have legal authority to consent to medical treatment for the camper named above, including the administration of medication at the above referenced Camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION, WAIVER AND CONSENT FOR OVER-THE-COUNTER MEDICATION**

Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the camper's parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during his/her stay. Note: Unless we have parental authorization, we cannot administer ANY medications.

I hereby authorize that the following medications may be given to \_\_\_\_\_ (Child's Name) if the need arises. You may dispense only those checked.

- Ointments for minor wound care, first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn)
- Tylenol/Acetaminophen as directed.
- Aspirin/Ibuprofen as directed.
- Throat lozenges and or spray as directed for sore throat.
- Micatin or anti-fungus treatment as directed for athlete's foot.
- Kaopectate or Imodium for diarrhea as directed.
- Milk of Magnesia, Pepto Bismol or Mylanta for upset stomach or nausea as directed.
- Rolaids or Tums for acid reflux, heartburn or indigestion as directed.
- Benadryl for swelling, hives, allergic reaction, as directed.
- Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions.
- Visine or other eye drops for minor eye irritation.
- Medicated lip ointment for dry, chapped lips, lip blisters or canker sores as directed.
- Swimmer's ear drops as directed.
- Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites.
- Medicated powder for skin irritation as directed.
- Robitussin or other cough syrup as directed.
- Calamine lotion for bug bites and poison ivy.
- Sunscreen
- Bug repellent
- Other (list any other approved over-the-counter drugs)

Camp staff reserves the right to use generic equivalents when available for the name brand over-the-counter medications listed above.

I understand that such administration will not be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the camper's parents. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless the Camp Staff, TROY University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my child being administered the above indicated over-the-counter medications.

I/We have legal authority to consent to medical treatment for the camper named above, including the administration of medication at the above referenced Camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_



## TROY University Summer Camp Disciplinary Procedures

Each camper has a reasonable expectation to enjoy a positive camp experience. Therefore, the misbehavior of one camper, or a group of campers, should not be permitted to impact negatively on the camp experience of others. Most camps are short in duration, so prompt action is required when problems occur. Parents and campers should be aware of the disciplinary policy.

**First Offense:** Campers failing to adhere to camp rules, or exhibiting behavior clearly intended to annoy or endanger other campers, will be privately and formally warned by a Camp Counselor and informed that subsequent misbehavior will result in formal counseling by the Camp Director.

**Second Offense:** Subsequent misconduct will result in counseling by the Camp Director and a warning that further misconduct will result in removal from camp. At this point, the Camp Director will contact the parent or guardian to advise him/her of the situation and the possible need for picking the child up from camp if there is further misconduct.

**Third Offense:** Any further inappropriate behavior will result in counseling by the Campus Sponsor of the camp and expulsion from camp.

**NOTE: TROY UNIVERSITY EXPECTS EACH CAMPER TO HAVE A SUCCESSFUL CAMP EXPERIENCE. ANY OF THE STEPS OUTLINED ABOVE MAY BE OMITTED OR REPEATED AT THE DISCRETION OF CAMP STAFF. CAMPERS DISMISSED FROM CAMP FOR DISCIPLINARY REASONS WILL NOT RECEIVE A REFUND OF ANY FEES PAID TO ATTEND CAMP.**

It should be understood this procedure is intended to provide a reasonable and consistent method for dealing with the type of behavior that can be disruptive to a camp, but is not so egregious as to warrant immediate dismissal from camp. It in no way precludes immediate dismissal from camp for more serious disciplinary problems or violations of campus or camp regulations. A serious disciplinary problem is defined as one in which the camp staff determines that a child is engaging in inappropriate behavior that includes, but is not limited to the following: actions which put the camper, other campers, or camp staff member's safety in jeopardy; inflicting physical or emotional harm on self or others, vandalism or destruction of University property; theft of University property or the property of another camper; consistently disrupting the program; possession of alcohol, drugs, or weapons; fighting; sexual harassment; or behavior that is serious enough to warrant a third offense.

### **Parent and Student Pledge:**

*I/we understand the disciplinary procedures described above. I/we understand failure to demonstrate proper conduct during camp may result in early dismissal from camp without any refund of fees paid to attend. We pledge to abide by all camp rules and to exercise good behavior and proper respect for others.*

STUDENT SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

Camp: \_\_\_\_\_ Dates: \_\_\_\_\_