**Camp Information Sheet**

**Dates:** **June 27 – June 29, 2016 – Grades Rising 6-12**

**Location:** The 2016 4-H Creative and Performing Arts Camp will be held at the Roosevelt Neighborhood Center.

**Cost - Free** (includes food, all classes, and basic camp administrative costs).

Due to limited availability no spots will be left open for campers who leave camp after registering, with the exceptions of serious illness or a death in the immediate family.

 **CAMP PRE-REGISTRATION INFORMATION SUMMARY**

* **All applications should be accurately completed and returned with health statement and any other forms.** Due to the fact that camp participation is limited, any delays during the pre-registration process could keep your teen from attending camp. Please make sure that all questions are answered, all forms have the required signatures, and everything is returned in a timely manner.
* **There is a cancellation fee if you do not show up and do not cancel your reservation.** If you register and find that you cannot attend camp, please contact Extension Agent Kaysha Moreno at least one week prior to camp in order to cancel the registration. This will allow someone else to participate in the camp in your place.
* **Camp participation and classes are NOT guaranteed.** Camp applications are accepted on a first come, first served basis. Camper spots will fill very quickly, and a waiting list is expected. Likewise, if the track you choose fills up before your registration form arrives, you will be assigned to your second choice. We will not be able to add youth to tracks that are full.

**PICKING UP CAMPERS FROM CAMP**

Parents should arrive at the Roosevelt Neighborhood Center no later than 5:00 p.m. daily to pick up their teens. **Individuals coming to pick up camp participants will be asked to sign in and show a photo I.D. On the Camper Release Form, you will be asked to identify those who may, and may not, pick up your child. Individuals not listed on that form will not be allowed to pick up the camper. This measure is being put into place to ensure the safety of our campers. We will have staff assisting with camp pick-up to ensure that it goes smoothly and safely.**

**CAMP ACTIVITIES**

We have worked very hard to provide some incredible opportunities for the participants during the 4-H Performance and Creative Arts Camp. Our partners have helped to provide a lot of fun activities for the campers this year.

**The Director for the 4-H Performance and Creative Arts Camp is *Kaysha Moreno*, WVSU 4-H Extension Agent. 304-204-4009**

**All camp forms should be returned to:**

WVSU 4-H

804 Curtis Complex

P.O. Box 1000

Institute, WV 25112-1000

***by June 15, 2016***

For Office Use Only: Date Received: \_\_\_/\_\_\_/\_\_\_\_ Time Received: \_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_

**Camper Information:**

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

 (First) (Middle) (Last)

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

 (Street Address or PO Box)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (City) (State) (Zip)

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ T-shirt size: \_\_\_\_\_\_\_

 *(Please indicate adult or child)*

Current Grade: \_\_\_\_ School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: **** M  F Age: \_\_\_\_\_

**Parent/Guardian Information:**

Name of Parent(s) or Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from camper’s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street Address or PO Box)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (City) (State) (Zip)

Home Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work or Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Camper Information:**

Have you ever been to a 4-H Camp or Club?  Yes  No

Have you ever heard of 4-H?  Yes  No

Have you ever attended the 4-H Camp before?  Yes  No

If you’ve never been involved in 4-H, what kept you from participating? \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want to attend the 4-H Performing and Creative Arts Camp? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about the 4-H Performing and Creative Arts Camp? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Class Information:**

During camp, all of your classes will focus on one of the following areas. Please mark a **first** (1) and **second** (2) choice. Choose your track carefully because there will be no track changes after arriving at camp.

\_\_\_\_ **Production and Recording** – This track includes beat production and an

introduction to the computer software used for recording. Teens in this track will be expected to work with the Voice track to record original work during camp which will debut at the closing ceremony, with a possible invitation to perform during the family events at the WVSU Homecoming celebration.

\_\_\_\_ **Dance** – This track includes Step and Hip-Hop dance along with an introduction to

more traditional forms of dance such as tap and ballet. Teens in this track will be expected to perform as part of the closing ceremony, with a possible invitation to perform during the family events at the WVSU Homecoming celebration.

\_\_\_\_ **Filmmaking** – This track includes shooting and editing a short film during camp.

Teens in this track will be expected to participate in all aspects of film production, from planning and storyboarding to editing, to create a final film that will premiere as part of the closing ceremony.

\_\_\_\_ **Photography** – This track includes shooting, editing, and compiling photographs to

document the week of camp. Teens in this track will be expected to create a slide show using photographs and music created at camp, which will be shown as part of the closing ceremony.

\_\_\_\_ **Culinary** – (must be 12-16 years old) this track will provide a fun way to practice and refine cooking skills. Teens in this track will learn from the culinary pros and will be expected to participate in all aspects of culinary arts, create sauces, simple meals and promote good cooking techniques. Samples of their work will be displayed as part as the closing ceremony.

**Camp Health Statement**

**This form must be completed and signed by parent or guardian.** **All information contained on this and other camp forms will be kept confidential.**

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_\_\_

 (First) (Middle) (Last)

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Medications:** Please list any medications currently being taken by your teen on a regular basis, including over-the-counter medications. Additional pages may be attached if extra space is needed.

Medication 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_ Times of Dosage: \_\_\_\_\_\_\_\_\_\_\_

Reason for Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_ Times of Dosage: \_\_\_\_\_\_\_\_\_\_\_

Reason for Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your teen take any medications during the school year that are not taken during summer? If so, please list. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dietary Restrictions:**

Please list any food allergies or restrictions. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activity Restrictions:**

Please list any camp activities in which your teen should not participate. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies:** Please list all known allergies.

Medication allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reaction and treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reaction and treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reaction and treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Health Questions: (Please check)**

Has/does your teen:

1. Been hospitalized in the last year? Yes No 14. Ever had back problems? Yes No

2. Have a chronic/recurring illness? Yes No 15. Had recurring joint pain? Yes No

3. Have frequent headaches? Yes No 16. Have diabetes? Yes No

4. Had surgery in the last year? Yes No 17. Have asthma? Yes No

5. Ever had a head injury? Yes No 18. Have difficulty sleeping? Yes No

6. Ever been knocked unconscious? Yes No 19. Ever sleepwalk? Yes No

7. Wear glasses or contacts? Yes No 20. Ever had an eating disorder? Yes No

8. Had recent ear infections? Yes No 21. Ever had an emotional difficulty that

9. Ever passed out during exercise? Yes No required professional help? Yes No

10. Had dizziness during exercise? Yes No 22. Have a heart murmur? Yes No

11. Ever had seizures or epilepsy? Yes No 23. Have high blood pressure? Yes No

12. Ever had chest pain during exercise?Yes No 24. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Have any bleeding disorders? Yes No

Please explain any “yes” answers, noting the number of the question. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything about your teen’s behavior and/or physical, emotional, or mental health of which the camp directors

should be aware? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My teen has permission to swim. Yes No

**Emergency Contact:**

In case of an emergency, please list someone that may be contacted if the parent/guardian is unavailable.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Authorizations:** This health history is complete to my knowledge, and the person herein described has permission to participate in all camp activities, except those otherwise noted.

I hereby give my permission to the camp and WVSU staff to provide routine health care, administer prescribed medications, and seek emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, billing, or insurance purposes. I give permission to the camp and WVSU staff to arrange necessary emergency and/or medical-related transportation for my teen. In the event I cannot be reached in a timely manner during an emergency, I hereby give the Camp Director permission to give consent for treatment by the chosen health care professional, including hospitalization, for the above named teen. This completed form may be photocopied for trips off site of the camp.

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camp Rules**

These rules must be read and signed by both the camper and parent/guardian before the teen will be registered for camp. **4-H** **Creative Arts Camp participants are expected to follow all camp rules which includes the following:**

* Campers are not permitted to leave camp without the advanced permission of the parent(s)/guardian(s) responsible for the camper and the extension agent/camp director. This includes trips to sports practices and other scheduled appointments. Please let us know about these scheduled events BEFORE camp.
* Any personal items brought to camp are the sole responsibility of the camper. West Virginia State University will not be held responsible for the damage or loss of any items during camp. For this reason, campers should not bring valuables such as money, jewelry, cameras, or radios to camp.
* Campers and staff are expected to dress appropriately while at camp. T-shirts featuring sexist, racist, or offensive slogans or any reference to sexual activity, alcohol, tobacco, or drugs will not be allowed during camp. In addition, campers’ bodies should be appropriately covered. Campers who are not dressed appropriately will be asked to change their clothing.
* Pets are not permitted in camp.
* The camp telephone is available for campers’ use when necessary, but use must be limited. Cell phones are permitted but strongly discouraged during camp and must be turned off during all classes and activities. Please do not expect or require campers to call home because the busy schedule will limit the opportunity for calls. Campers who abuse cell phone use will have their cell phones taken away and stored until camp ends.
* The use, consumption, or possession of alcoholic beverages (liquor and beer, including non-intoxicating beer) and unlawful items, such as illegal non-prescription drugs (this includes prescription drugs that were not prescribed for the user), are not permitted during any camp or event. Anyone arriving to the camp or event while being under the influence of any of the above substances will not be permitted to register. If the Camp Director has reason to believe that a person has an illegal item or substance in his or her possession, or is under the influence of said substance, the Camp Director and security has the right to inspect or search the possessions of the person in his or her presence. The Camp Director has the right to send the individual home. In addition, the Camp Director has the right to notify the parents and file any necessary charges with local law enforcement.
* It is illegal to sell tobacco products, including smokeless tobacco, to minors. West Virginia State University 4-H has a responsibility to support the law and protect the health of its members. For this reason, we do not allow the use of tobacco products by youth under age 18 during camp, or smoking on camp/campus grounds, or any other location occupied by a WVSU program.
* Families and friends of 4-H campers will not be permitted to visit during camp because camp activities are tightly scheduled and campers are asked to participate in them. If an emergency arises

where it is absolutely necessary to come to the camp to visit a camper, please contact the Camp Director and be prepared to sign in and show a photo I.D. Do not assume that someone at camp will know you and be able to identify you. This is for the protection of the campers.

* Campers observing any non-campers involved in any camp activity should immediately report this to an adult camp staff member.
* Parents/guardians of campers will be charged for the cost of any physical facility damage the camper causes, including the costs associated with discharging fire extinguishers or setting off fire alarms. In the event that the Camp Director cannot determine who caused the damage, the cost may be shared by the parents/guardians of all those involved.
* Campers are expected to participate in the camp program according to the schedule, which includes programmed activities and meals.
* Campers are expected to follow health and safety regulations of camp.
* Campers must have a completed, signed health statement on file with the Camp Director. Any medications must be given to the camp nurse or designated person during registration. Campers and staff are not permitted to keep their own medicine while at camp. The only exception to this rule is that campers and staff may keep inhalers used for asthma. Campers and staff must be responsible for making sure that others do not come into possession of those inhalers.
* Firearms, knives, and other similar items are not to be brought to camp. Campers with these items in camp will be dismissed from the grounds, the item will be confiscated, and, if applicable, criminal charges will be filed.
* The Camp Director can send participants home prior to the end of camp in situations of breaking camp rules, extreme misbehavior, a continued pattern of misbehavior, and illness or accident. The Camp Director reserves the right to send the camper home immediately if he/she seriously disrupts camp by:
	+ Destroying property;
	+ Overtly refusing to follow camp staff instructions;
	+ Inflicting harm on another camper or camp staff member;
	+ Being out of the dorm after lights out;
	+ Engaging in or encouraging sexual activity;
	+ Stealing;
	+ Possessing, using, or transferring a weapon; or
	+ Possessing, using, or transferring alcoholic beverages, tobacco, and or non-prescription drugs (this includes prescription drugs that were not prescribed for the user).
* Campers are not permitted to leave the Roosevelt Neighborhood Center grounds without permission for any reason.

**PARENTAL ACKNOWLEDGEMENT: I have read and understand the 4-H Creative Arts Camp Rules and feel that my teen understands and will abide by them. I also consent to any search of my teen’s possessions, if necessary, as defined above. I further understand that if my teen disobeys the rules or shows a pattern of misbehavior or defiance, I will be asked to pick him or her up from camp before the camp is over.**

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

**TEEN ACKNOWLEDGEMENT: I have read and understand the 4-H Creative Arts Camp Rules and will abide by them. I understand that disregard for the rules can result in my removal from the camp. I also consent to any search of my possessions, if necessary, as defined above.**

**Teen Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Camper Pick-up Information Form**

**In addition to** yourself, please identify those to whom your teen may, and may not, be released after camp. The camper will not be released to individuals not listed on this form, other than the parent/guardian. This measure is being put into place to ensure the safety of our campers.

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

In addition to myself, my teen **may** be picked up from camp by the following people:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Number: \_\_\_\_\_\_\_\_\_\_

 Relationship to teen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Number: \_\_\_\_\_\_\_\_\_\_

 Relationship to teen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Number: \_\_\_\_\_\_\_\_\_\_

 Relationship to teen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My teen **may** **not** be picked up from camp by the following people:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Media Recording/ Usage Release**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give my consent for the image and (Parent/Guardian Name)

likeness of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be videotaped, audio-taped, or

 (Minor’s Name)

photographed for the following uses:

* Educational or instructional media
* Recruitment or outreach media
* Development media
* Newsworthy media documentation

I further authorize West Virginia State University and its Agencies, Divisions, Departments, and Programs to use this image and likeness in any manner – whole or in part.

This consent includes usage of the image and likeness in any way deemed appropriate, which may include electronic and photographical reproductions thereof for the production, educational, instructional, promotional, or institutional advancement materials which support the educational and outreach activities of West Virginia State University.

I hereby release any right I may have to inspect or approve any use of the image and likeness and I release West Virginia State University and its Agencies, Divisions, Departments, Programs, and paid and unpaid Personnel from all liability which could result from its use.

🞎 I **DO** consent for my teen’s image and likeness to be used in any way.

🞎 I **DO NOT** consent for my teen’s image and likeness to be used in any way.

**Parent/ Guardian’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date \_\_\_/\_\_\_/\_\_\_\_ Telephone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation Consent**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give consent for**

 **Parent/Guardian Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be transported on buses or vans**

 **Minor’s Name**

**chartered by West Virginia State University Extension Service for**

**educational and cultural excursions during 4-H Creative Arts Camp 2016.**

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