



CAMP RULES

Each participant in a JSU athletics camp must review the following rules in advance of camp attendance. While this list of rules is not exhaustive, it provides an overview of certain conduct that will not be permitted. Parents must go over the rules with the camper and ensure that the camper understands the rules in advance of participation. If a camper does not follow rules, disciplinary action may include warnings, missing activities, suspension of dorm privileges and expulsion. **CAMPERS DISMISSED FROM CAMP FOR DISCIPLINARY REASONS WILL NOT RECEIVE A REFUND.**

RULES

1. Campers must abide by all JSU rules and follow instructions of camp staff. Good sportsmanship is expected. Campers should not engage in fighting, abusive language, disruptive or disrespectful behavior.
2. Campers are not allowed to use personal vehicles during a camp unless they receive specific permission to do so from the camp director. Campers that drive to campus must turn their car keys into the camp director during the camp. Any vehicles parked on campus must have a University Parking Permit. It will be the camper's responsibility to turn the keys in to the camp director. Neither Jacksonville State University, nor camp staff, will be responsible for damage to vehicles, parking tickets or towing charges.
3. Campers are to remain on campus for the duration of the camp. If a participant needs to leave campus for some reason, camp directors must receive parental permission.
4. Campers are not permitted to smoke or vape and may not possess or use alcohol, drugs, firearms, weapons, or fireworks.
5. Co-ed visitation in the residence halls is permitted in the first-floor lobby area only. The only people permitted in camper's rooms are staff of the same gender, roommates and other campers of the same gender residing in that residence hall.
6. Unless otherwise excused, Campers must attend all camp activities.
7. Campers will refrain from using electronic devices (i.e., cell phones, iPads, computers, etc.) during instructional periods.
8. Campers will abide by nightly curfews and "Lights Out" announcements from the camp staff. Campers must be in their OWN room at lights out and remain there until morning. Any use of electronic devices is prohibited after 'Lights Out.'
9. Campers may not tamper or interfere with any fire equipment, security systems or locks in rooms and other areas.
10. All furniture must remain unchanged and kept in place. Replacement cost will be charged to anyone who removes or damages University property.
11. Vandalism and pranks are not permitted.
12. Campers should always keep their rooms locked even if leaving the room for only a few minutes. Neither Jacksonville State University, nor the camp staff, is responsible for lost or stolen items.
13. Campers should leave excess money and valuables at home. JSU is not responsible for the loss or theft of participant's valuables.
14. No pets are allowed. Campers must keep rooms clean and will be charged to the extent any extra cleaning is required.

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

SIGNATURE IS REQUIRED:

Camper's Name _____ Date _____

Parent/Legal Guardian's Name _____

Parent/Legal Guardian's Signature _____ Date _____



INFORMED CONSENT, VOLUNTARY WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISK

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 a sports camp at Jacksonville State University (hereafter "Camp") 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 Jacksonville State University, its Board of Trustees, administration, employees the Camp Staff, and all other representatives and agents (hereafter "Jacksonville State") from any and all liability as to any right of action 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 Jacksonville State 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 Jacksonville State accepts no responsibility for my Child's personal property.

In the event of an accident or serious illness, I hereby authorize representatives of Jacksonville State to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify Jacksonville State 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.

I hereby certify and agree that I will not send my child to the Camp if he or she has been diagnosed with an active case of COVID-19 or has, within the last 48 hours prior to the scheduled camp date experienced any of the following symptoms: cough, shortness of breath, sore throat, fever, a loss of taste or smell, vomiting or diarrhea.

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 the Camp, shall be brought only at the State Board of Adjustments and, if the Board of Adjustments does not have jurisdiction, then only in the Circuit Court of Calhoun County, Alabama.

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.

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

SIGNATURE IS REQUIRED:

Camper's Name _____ Date _____

Parent/Legal Guardian's Name _____

Parent/Legal Guardian's Signature _____ Date _____



APPLICANT INFORMATION AND CONFIDENTIAL MEDICAL INFORMATION

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.** JSU 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 _____ Address: _____

Date of Birth ____/____/____ Age ____ Gender: M ____ F ____

Parent/Legal Guardian Name _____ Email: _____

Street Address _____

City _____ State _____ Zip _____

Cell/Home Phone _____ Work Phone _____

Please provide two emergency contacts:

1. Name _____ Phone _____ Relation _____
2. Name _____ Phone _____ Relation _____

PART 2. MEDICAL INFORMATION

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

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 food allergies or a history of allergies or reactions to medications, insect stings, or plants? Yes No

If yes, please explain:



APPLICANT INFORMATION AND CONFIDENTIAL MEDICAL INFORMATION

Continued:

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, urgent medical needs will be handled through the RMC/JSU Health 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 may not be willing to 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 Jacksonville State 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 JSU pertaining to my child's medical, mental, and physical condition and that it is accurate and complete. I agree to notify a Camp Director of any changes in their 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 JSU 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 does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and my child.

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

SIGNATURE IS REQUIRED:

Camper's Name _____ Date _____

Parent/Legal Guardian's Name _____

Parent/Legal Guardian's Signature _____ Date _____