



CLEMSON<sup>®</sup>  
C-CATS

MIDDLE SCHOOL *(fall)*

### THE FOLLOWING PACKET INCLUDES:

- CHECKLIST
- PARTICIPANT HEALTH FORM
- MEDICAL STATEMENT
- PERMISSION TO PARTICIPATE  
AND RELEASE OF LIABILITY
- PARENT DETAILS
- SOC PARENTAL CONSENT &  
RELEASE OF LIABILITY
- MAP

# C-CATS CHECKLIST



CLEMSON®  
**C-CATS**  
MIDDLE SCHOOL

Dear participants and parents,

We are excited to host you for C-CATS. This packet has everything you need to prepare for an enjoyable weekend experience.

Still have questions? Contact us!

Phone: (864) 878-1103

Email: [info@c-cats.org](mailto:info@c-cats.org)

## **STEP 1 Complete Forms**

- Participant Health Form
- Medical Statement
- Permission to Participate and Release of Liability
- SOC Parental Consent & Release of Liability

## **STEP 2 Submit Forms**

Please submit completed forms to C-CATS staff.

- Email: [info@c-cats.org](mailto:info@c-cats.org)
- Fax: (864) 878-5985
- Mail\*:

*Youth Learning Institute  
c/o C-CATS  
698 Concord Church Rd  
Pickens, SC 29671*

*\*If mailing, please keep a copy for your records.*

## **STEP 3 Pay Balance**

- Online: log in at [c-cats.org](http://c-cats.org)
- Phone: (864) 878-1103
- Check: Pay to the order of—Clemson University

*Remit payment to:  
Youth Learning Institute  
698 Concord Church Rd  
Pickens, SC 29671*

**Completed forms and payment are due 4 weeks prior to C-CATS.**

### **Drop-off and Pick-up Location**

*Camp Hannon*

*391 Moorefield Memorial Highway*

*Sunset, SC 29685*

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

Date of Birth \_\_\_\_\_

Participant Sex \_\_\_\_\_

**IMPORTANT: Please notify the director if the participant is exposed to any communicable diseases during the two (2) weeks prior to arrival.**

**ALLERGIES & MEDICATIONS**

- YES  NO Is the participant allergic to medications?
- YES  NO Does the participant take medication, including over-the-counter, on a routine basis?
- YES  NO Is the participant allergic to the environment? (e.g. insect stings, hay fever, etc.)
- YES  NO Is the participant allergic to foods or have any dietary restrictions?
- YES  NO Other allergies not listed (e.g. latex, bleach, etc.)

(If yes, list & describe reaction. Attach additional pages if necessary)

\_\_\_\_\_

\_\_\_\_\_

**MENTAL, EMOTIONAL, AND SOCIAL HEALTH**

- Been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?
- Experienced significant homesickness?
- Seen a professional to address mental, emotional, or behavioral health concerns or an eating disorder?
- Had a significant life event? (Death of a loved one, family change, adoption, foster care, new sibling, etc.)

Explain each checked item...

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH HISTORY** (Check all that apply.)

- Asthma/Shortness of Breath
- Back/Joint Problems
- Bed Wetting
- Chest Pain
- Diarrhea
- Diabetes
- Fainting or Dizziness
- Females: Menstrual Issues
- Glasses or Contacts
- Headaches
- Hospitalized
- Problem Falling Asleep
- Recent Infectious Disease
- Recent Injury
- Recurrent/Chronic Illness
- Seizures
- Skin Problems
- Surgery
- Past 9 months: Left Country
- Past 12 months: Mononucleosis
- Other

Explain each checked item. Attach additional pages if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TETANUS BOOSTER**

Date of Last Tetanus/Tetanus Booster Dose \_\_\_\_\_

**IMMUNIZATIONS** 18 years and younger

- Participant has been fully immunized with all up to date immunizations required for school.
- Participant **has not** been fully immunized.

**RESTRICTIONS**

List activities the participant **may not** participate in.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH CARE PROVIDERS**

- Participant has family health insurance.
- Participant does **not** have family health insurance.

Primary Care Doctor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**INSURANCE**

Insurance covers up to a maximum of \$3,000.

Program insurance coverage is in effect while the participant is in attendance and while en route to and from the program. If the participant returns home sick or injured without seeing a doctor while in attendance, the participant must see a doctor within 24 hours for insurance to pay. Medical costs that exceed the policy amounts will be the responsibility of the participant.

**OVER-THE-COUNTER (OTC) MEDICATION CONSENT**

I consent for the camp/program to administer the OTC medication as indicated below. OTC medications will not be dispensed without the consent of the parent, no exceptions. Medications are administered under the guidance of the camp medical officer. (Check all that apply.)

- Acetaminophen
- Antibiotic Ointment
- Benadryl
- Calamine Lotion
- Hydrocortisone Cream
- Ibuprofen
- Imodium AD
- Pepto Bismol
- Robitussin DM
- Tums

**PARTICIPANT AUTHORIZATION & PERMISSION TO TREAT**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the examining physician. I hereby give permission to the medical personnel selected by the program director to provide routine health care: to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to secure and administer treatment, including hospitalization, for the person named above.

Participant Signature (18 or older) \_\_\_\_\_ Date \_\_\_\_\_

By checking this box, you acknowledge your electronic signature is the legal equivalent of your manual signature on this form.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

By checking this box, you acknowledge your electronic signature is the legal equivalent of your manual signature on this form.

# MEDICAL STATEMENT

(to be completed by "licensed medical personnel")

Dear Licensed Medical Personnel:

We, Clemson University Youth Learning Institute, require that a participant attending a program be examined by licensed medical personnel within 24 months prior to the date of program activity (such activities may include horseback riding, swimming, other water activities, challenge courses, and other outdoor activities). Your support in helping this participant is very much appreciated.

I examined \_\_\_\_\_ on \_\_\_\_\_  
and it is my opinion that he/she is physically able to engage in activities, except as follows: \_\_\_\_\_ and with these precautions: \_\_\_\_\_.

Physician Name \_\_\_\_\_

Office Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Hospital Phone \_\_\_\_\_

*By checking this box, you acknowledge your electronic signature is the legal equivalent of your manual signature on this form.*

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**"Licensed Medical Personnel" includes those licensed physicians, certified or certification-eligible nurse practitioners, or other medical personnel who are certified by the state to conduct health examinations.**

# PERMISSION TO PARTICIPATE AND RELEASE OF LIABILITY

(Signed at time of registration)



## CODE OF CONDUCT

Participants of Clemson University Youth Learning Institute (YLI) camps/programs will not engage in the actions/behaviors listed below. Violation of these rules may result in immediate action and possible dismissal from the program. Transportation home will be at the expense and responsibility of the parent or guardian. The below offenses may result in immediate action:

1. Possession or use of any tobacco/smoke-related products, alcoholic beverages, or illegal drugs;
2. Theft; misuse, or abuse of public or private property (including participants and employees);
3. Sexual misconduct; willful disobedience or disrespect for counselors, other adults, or other participants; and/or inappropriate language;
4. Fighting; unauthorized possession of weapons, ammunition, or fireworks;
5. Unauthorized absence from the premises of event; breaking curfew; disturbing the peace; unexcused absence from the activities of the week or from assigned group; and unauthorized use of vehicles during the camp/program.

I HAVE READ THE ABOVE CODE OF CONDUCT AND I AGREE TO FOLLOW THESE RULES WHILE PARTICIPATING IN THIS PROGRAM.

**PARTICIPANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

By checking this box, you acknowledge your electronic signature is the legal equivalent of your manual signature on this form.

## PERMISSION TO PARTICIPATE

As a parent/guardian, I understand that my child will be participating in a camp/program conducted in an outdoor environment. I fully recognize and understand that there are inherent risks involved with these activities, which may include but are not limited to swimming, canoeing, tubing, horseback riding, team sports, archery, shooting firearms, challenge courses, climbing walls, rock climbing, zip lines, and paintball; and I choose to voluntarily allow my child to participate in said activities with full knowledge that said activities may be hazardous.

1. I fully recognize and understand that there are inherent risks involved with these activities. These risks are significant and include the risk of physical injury, emotional distress and death from falling, drowning, disease, exposure, contact with wild creatures (i.e., snakes, alligators, bugs, etc.), injury from equipment and the actions of other participants.
2. I voluntarily assume full responsibility and liability for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation and expressly agree that Clemson University, its employees, agents, and representatives shall not be liable for damage to or for the loss of any personal property.
3. I do hereby consent and agree to allow Clemson University the use of my child's image or likeness in photographs, videos, or audio for educational purposes or promotional purposes, including posting on the internet. I agree that the use herein may be without compensation to me or my child.
4. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action that are related to the inherent risks associated with the activities listed above and that may result from or occur during my child's participation in this camp/program. I also agree to indemnify and hold harmless the university for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in this camp/program.

I HAVE READ AND DISCUSSED THE ABOVE CODE OF CONDUCT WITH MY CHILD AND WE AGREE TO FOLLOW THESE RULES WHILE PARTICIPATING IN THIS PROGRAM.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

By checking this box, you acknowledge your electronic signature is the legal equivalent of your manual signature on this form.

# PARENT DETAILS

## LOCATION

Held at Camp Hannon. The address is:  
391 Moorefield Memorial Highway, Sunset, SC 29685

## FACILITIES

The C-CATS middle school program is held at Camp Hannon and on Clemson University campus. Facilities include dorm rooms with bunk beds and air conditioning, full-service dining facility, and adventure courses. Our site is inspected by local and state health officials and fire safety personnel.

## HOW TO CONTACT THE PROGRAM DIRECTOR

Call **(864) 453-0006**

In case of emergency, please call the program director. We ask that you please do not ask your child to call home, and please do not call your child unless it is an emergency. The program staff will call you if there is a problem.

## ARRIVAL AND DEPARTURE

Arrival: Boys should arrive at **5:00 PM** and girls at **5:30 PM** on Friday, at Camp Hannon. Please do not arrive before your scheduled arrival time on the first day as staff will be preparing for your stay.

Departure: Boys will depart at **1:00 PM** and girls will depart at **1:30 PM** on Sunday at Camp Hannon. Please call if you will be late for pick-up on the last day.

## BANK

Students may bring money for souvenirs from Clemson bookstore. No additional funds will be needed during the C-CATS weekend session. YLI is not responsible for lost or stolen money. (\$35 is the recommended amount.)

## FOOD

Menus for the week are designed to provide a balanced and nutritious diet. Camp is equipped with a modern kitchen, which is operated by an experienced and well-trained staff. Please note on the Participant Health Form if your child has any food allergies or other food related issues.

Please do not send food with your child or to your child in a care package.

## HEALTH & SAFETY

Routine health care is provided by camp staff and follows treatment procedures that have been reviewed by a physician. First aid and CPR certified staff are present on site and available 24 hours a day during camp operations. Designated staff are responsible for dispensing medications.

For more serious health issues, we will utilize professional medical providers and EMS when needed. Professional medical care is available within 15 minutes of the program facility.

If necessary, local mental health services will be consulted for any concerns regarding the mental or emotional well-being of a camper.

Before we begin operating programs, local EMS, Sheriff Departments, and Fire Departments are notified and provided a copy of our week's itinerary.

## BEHAVIOR

Participants must be able to function independently and as part of a group. They must be able to comprehend and follow basic instructions and safety measures set out by camp staff. They must have an understanding of natural hazards (for example, roads, lakes, and heights), and be able to change clothes and use restroom facilities without assistance. The Code of Conduct, which outlines prohibited behaviors, must be signed by parents and participants.

Participants who do not follow the behavior standards will be asked to withdraw from the program without a refund.

## MEDICATIONS

All medications, including any vitamins or over-the-counter medicines must be given to the health officer upon arrival at camp. The health officer will be responsible for properly administering the medicine daily, as directed by a physician or parent. All medications are kept under lock and key. (Exceptions may be made for inhalers or Epipens.) Campers will not be given prescription or over-the-counter medication without parent's permission.

Properly label all medicine and pack in a Ziplock bag with camper's name on the bag. Please include in the bag all medication, and a notecard. On the notecard, please have campers name, medicine name, dosage, time of day that medicine is given, and any special instructions.

## ALLERGIES

If your child has allergies, please indicate them on the Camp Health Form and let the counselor know. We regularly accommodate children with food and other allergies.

## ILLNESS

All campers are screened upon arrival at camp for good health prior to admission. We ask that no camper come to camp ill or with any contagious condition. We reserve the right to send your camper home if they become ill, develop any contagious condition (such as pink eye or head lice) or if they are unable to participate in the major activities of camp. If your camper cannot remain at camp due to health reasons, you will not receive a refund of camp fees.

If your camper suffers an injury or illness that requires professional medical care, is unable to participate in camp activities, or needs medication that you did not provide, we will notify you as quickly as possible.

## HOMESICKNESS

Parents can help their child adjust by letting them know that they expect them to have fun. They can also encourage them to meet new friends and learn new things. It is best not to promise a child that they can come home if they are homesick. We also discourage children from making or receiving calls from home, especially if homesick. We have found that calls from home make the adjustment more difficult. Our staff works hard to help children adjust by making sure they are involved in team building and fun activities. If an emergency situation arises at home, we ask that you contact the program director.

## STAFF

Participants receive a high amount of small group interaction and personal attention from staff and instructors. The counselors have been chosen for their dedication and their ability to work with young people.

- All program staff are employed by Clemson University and have undergone an extensive background check.
- The ratio of participants to staff is 8 to 1.
- Staff undergoes extensive program training.
- Counselors supervise participants 24 hours per day.
- Staff are assigned activity groups during the day and dorm groups during the evening and nighttime.
- Nighttime dorm groups may consist of up to two rooms per counselor.

## INSURANCE

Each program has limited medical insurance on every participant for accidents and illnesses that occur during the program. Pre-existing illness and eyeglass/contact replacement are not covered. YLI is not responsible for eyeglasses or contacts that are lost or broken during the program.

## PROGRAM ACTIVITIES

Not all activities are available to all participants, as some activities have age and/or size restrictions. These activities are subject to change, depending on weather, staff availability or acts of third parties beyond our control.

## ASSIGNING OF GROUPS

The group and their counselor will do activities together all weekend. Dorm groups are assigned according to sex and age. If you have someone you want to room with, please make this request on the Participant Information Form at registration, but they must be within a year of age difference to room together. Roommates are not guaranteed.

## PACKING LIST

- Sheets/blanket or sleeping bag (single bed)
- Pillow
- Towels/washcloths
- Deodorant
- Toiletry items (stored in toiletry bag or Ziplock bag)
- Sunscreen
- Water bottle (please label)
- Bug spray/lotion
- Tennis shoes
- 2-3 sets of clothes
- Rain jacket
- Long Pants
- Hand sanitizer
- Drawstring bag (optional)
- Cash for Clemson souvenirs

## ITEMS TO LEAVE BEHIND:

*For the safety of participants and staff, we have a no-tolerance policy for these items:*

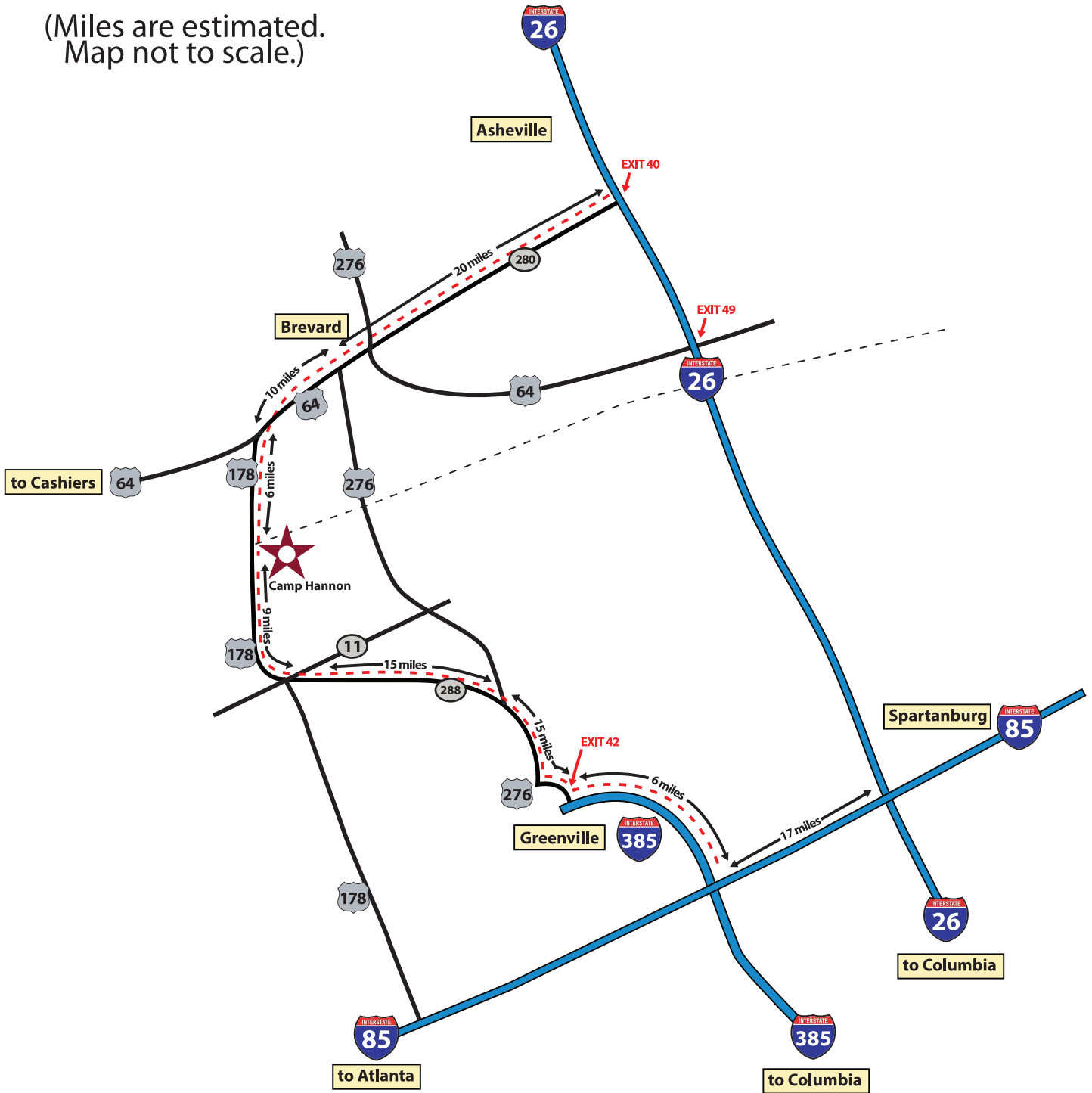
- Alcohol/illegal drugs
- Cell phones
- Tobacco products
- Weapons or knives
- Food, candy, gum & other snacks
- Fireworks
- iPod's, tablets, radios, handheld games or other media
- Pets/animals (except trained service animals pre-approved by program director)
- Vehicles (Participants with a valid driver's license cannot drive themselves.)

## REFUND POLICY

We offer full refunds, minus your \$50 deposit, until four weeks before the program begins. This policy exists because we must purchase supplies, shirts, food and materials for your child in the weeks leading up to camp.

# DIRECTIONS TO CAMP HANNON

(Miles are estimated.  
Map not to scale.)







I, \_\_\_\_\_, am the parent and/or legal guardian of  
(print full name of parent or legal guardian)

\_\_\_\_\_, a minor child under the age of 18 years. I would  
(print full name of child)

like to have my child participate in the Clemson University Science Outreach Center, along with their  
class from: \_\_\_\_\_.  
(print name of school/group/camp)

In consideration for my child being allowed to participate in the activities of the CU Science Outreach  
Center, I, the undersigned, acknowledge, appreciate and agree that:

1. The Program at the CU Science Outreach Center affords my child the opportunity to participate in indoor activities that may include but are not limited to: handling living insects, plants, crustaceans, and other animals; handling K-12 *E. coli*, a laboratory strain that is not associated with diseases in healthy human adults (per NIH, 2001); laboratory experiments, presentations, tours; food preparation; hands-on learning activities on the university campus and facilities. I understand that there may be inherent risks associated with these activities, including but not limited to allergic reactions, insect or animal bites, scratches and pinches, burns, and physical injury. I choose to voluntarily allow my child to participate in this Program.
2. I know of no medical reason why my child should not participate.
3. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees, and representatives from all claims, demands, liabilities, rights, and causes of action of whatever kind or nature that may result from or occur during my child's participation in the Program, whether caused by the negligence of the University, its Board of Trustees, officers, agents, employees or representatives of otherwise. I also agree to indemnify and hold harmless the University for any loss, liability, damage, or costs, including court costs and attorney's fees that may occur due to my or my child's negligent or intentional act or omission participating in this Program.

I have carefully read this permission and release of liability form and have had sufficient time to seek an explanation of the provisions contained above.

\_\_\_\_\_  
Signature of Parent/Guardian Date

*In the alternative, I, \_\_\_\_\_, am 18 years of age and hereby agree to the terms and conditions listed above in consideration for my participation in the CU Science Outreach Center.*

\_\_\_\_\_  
Signature of Participant over 18 years of age Date


*over* →

**Photo Release**


The CU Sciences Outreach Center (CUSOC) generates posters, flyers, and other publicity to increase public awareness of the CULSOC and let our sponsors know about its programming successes. The use of photos we take during your child’s visit here on campus is part of the publicity effort that helps the Program continue forward.

Please consider helping us in this effort by granting permission for the CUSOC to take and use: photographs, videotape, recordings, and digital images of your child for use in promotional or educational materials pertinent to the CUSOC as follows: printed publications or materials, electronic/audio publications, social media or presentations, or on the CU Science Outreach Center, [www.clemson.edu/culsoc](http://www.clemson.edu/culsoc). Your child’s name and identity will not be revealed in descriptive text or commentary in connection with the image(s).

*I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions, recordings, and videotape shall be the property of the CU Science Outreach Center,*

 \_\_\_\_\_ Date

*In the alternative, I, \_\_\_\_\_, **am 18 years of age** and hereby agree to the terms and conditions listed above in consideration for my participation in the CU Science Outreach Center.*

 \_\_\_\_\_ Date