



SEWEE
YLI CAMPS

THE FOLLOWING PACKET INCLUDES:

- PARTICIPANT INFORMATION FORM
- MEDICAL STATEMENT
- PARTICIPANT HEALTH FORM
- PERMISSION TO PARTICIPATE AND
RELEASE OF LIABILITY
- PARENT DETAILS
- MAP

PARTICIPANT INFORMATION FORM



PARTICIPANT

FULL NAME: _____ AGE: _____

ROOMMATE REQUEST: _____

(Roommate requests are not guaranteed. Please see parent details.)

EMAIL ADDRESS: _____

SEX: Male Female

RACE: American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

Black/African American Asian White

PARENT/GUARDIAN/PRIMARY CONTACT:

FULL NAME: _____

EMAIL ADDRESS: _____

PHONE: (PRIMARY) _____ (SECONDARY) _____

ADDRESS: _____

ALTERNATE CONTACT:

FULL NAME: _____

PHONE: (PRIMARY) _____ (SECONDARY) _____

EMERGENCY CONTACT:

(to be contacted if primary contacts are unreachable)

FULL NAME: _____

PHONE: (PRIMARY) _____ (SECONDARY) _____

YLI CAMPS
MEDICAL STATEMENT

(to be completed by "licensed medical personnel")



Dear Licensed Medical Personnel:

We, Clemson University 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.



PARTICIPANT HEALTH FORM

(One form to be completed by each participant)

CLEMON UNIVERSITY LEARNING INSTITUTE

Participant Name _____

Date of Birth _____

Male Female

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)

HEALTH HISTORY (Check all that apply.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma/Shortness of Breath | <input type="checkbox"/> Glasses or Contacts | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Back/Joint Problems | <input type="checkbox"/> Headaches | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Hospitalized | <input type="checkbox"/> Past 9 months: Left Country |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Problem Falling Asleep | <input type="checkbox"/> Past 12 months: Mononucleosis |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Recent Infectious Disease | <input type="checkbox"/> Other |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Recent Injury | <input type="checkbox"/> None of these apply |
| <input type="checkbox"/> Fainting or Dizziness | <input type="checkbox"/> Recurrent/Chronic Illness | |
| <input type="checkbox"/> Females: Menstrual Issues | <input type="checkbox"/> Seizures | |

Explain each checked item. Attach additional pages if necessary.

OVER-THE-COUNTER (OTC) MEDICATION CONSENT

I consent for the camp/program to dispense the OTC medication as indicated below. OTC medications will not be dispensed without the consent of the parent, no exceptions. Medications are dispensed under the guidance of the camp medical officer. If my child cannot remain at camp due to health reasons, I understand I will not receive a refund of camp fees. (Check all that apply.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Hydrocortisone Cream | <input type="checkbox"/> Robitussin DM |
| <input type="checkbox"/> Antibiotic Ointment | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Tums |
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Imodium AD | <input type="checkbox"/> I do not consent to any OTC medications |
| <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> Pepto Bismol | |

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.)
- None of these apply

Explain each checked item: _____

TETANUS BOOSTER

Date of Last Tetanus/Tetanus Booster Dose _____
MM/YYYY or Date Unknown None received due to religious or other reasons

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. (due to religious or other reasons)

RESTRICTIONS List activities the participant MAY NOT participate in.

Participant has NO restrictions

HEALTH CARE PROVIDERS

- Participant has family health insurance.
- Participant DOES NOT have family health insurance.

Primary Care Physician Name _____ Phone Number _____
Dentist Name _____ Phone Number _____

INSURANCE Limited medical insurance provided for every participant.

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.

PARTICIPANT AUTHORIZATION & PERMISSION TO TREAT As the parent or legal guardian of the minor child named above, I understand that the information requested on this form is intended to help inform program staff of any pre-existing medical conditions. If participant has any 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 university requests the information so that, in case of emergency, we will have accurate information to provide and/or seek appropriate treatment for participant. You are accountable for providing an accurate medical history. Final determination about whether to participate is the responsibility of you and your physician. **This health history is correct so far as I know, and the participant 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 participant. 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 participant.**

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.

PERMISSION TO PARTICIPATE AND RELEASE OF LIABILITY



CODE OF CONDUCT

Participants of Clemson University Learning Institute (CULI) 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 without a refund. Transportation home will be at the expense and responsibility of the parent or guardian. The below offenses may result in immediate action:

1. The possession or use of alcohol, illegal drugs, or misuse of prescription drugs is prohibited.
2. Fireworks, firearms, guns, knives, archery equipment, and other weapons are prohibited except while in use for an officially sanctioned and approved instructional program.
3. The operation of motor vehicles by minors is prohibited while attending and participating in a youth program.
4. No violence, sexual misconduct, sexual abuse, or harassment will be tolerated.
5. Bullying and hazing of any kind are prohibited. Bullying includes verbal, physical and cyber bullying.
6. No theft.
7. Clemson University is a "Tobacco Free" campus. Tobacco use, including e-cigarettes or vaping products is prohibited on University property.
8. Misuse or damage of University property is prohibited. Costs will be assessed against individuals deemed responsible for damage or misuse.
9. No cell phones are permitted. The inappropriate use of cameras, imaging devices is prohibited including use of such devices in showers, restrooms, or other areas where participants expect privacy.
10. Unauthorized absence from the premises of event; breaking curfew; disturbing the peace; unexcused absence from the activities of the week or from assigned group.

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, paintball, and transportation to and from offsite activities; 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.
5. I understand that if my child does not follow the Code of Conduct, they may be asked to withdraw from the program without a refund.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I CONSENT TO THE PARTICIPANT TAKING PART IN THE ACTIVITY(S) DESCRIBED ABOVE AND I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

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 Bob Cooper. The address is 8001 M W Rickenbaker Road Summerton, SC 29148.

HOW TO CONTACT THE PROGRAM DIRECTOR

Call (803) 462-5559

Emergency contact cards will be given at check-in. 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 is **3:00 PM** on Sunday. Please do not arrive before check in time on the first day as staff will be preparing and will be unable to supervise participants.

Departure and closing ceremonies are at **10:00 AM** on Friday. Photo ID is required for checkout. Please call if you will be late for pick-up on the last day.

BANK

There will be no need to bring any money for canteen or t-shirts. Every participant will receive a snack each day and a program t-shirt.

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. Every camper will receive two snacks each day.

CONTACTING YOUR CHILD

Writing letters to your child is a fantastic idea. They love getting mail and feel left out when others receive mail and their name is not called. It would be a good idea to write your child and mail it before they leave home on Friday or Saturday, so it will reach them before they leave. Alternatively, you can leave mail with the staff at check-in. Please do not send care packages that include food items. The mailing address is:

Camp Sewee

ATTN: [Participant's Name]

8001 M W Rickenbaker Road

Summerton, SC 29148

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.

Participants are required to be examined by licensed medical personnel within 24 months prior to the date of the program. A Medical Statement form is included in the registration packet.

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 dispensing 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.

All prescription and over-the-counter medications must be in one plastic bag with the participant's full legal name and date of birth written on the outside. All medications must be in their original pharmacy or manufacturer container with the original label providing dispensing directions.

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. Participants who are unable to remain at camp due to health reasons 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. Participants who are unable to remain at camp due to homesickness will not receive a refund of camp fees.

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.

WATER SAFETY

- American Camping Association standards for certified lifeguards are met during all swim times.
- Life jackets are required for those in a canoe, kayak, boat or tube. Life jackets are provided.

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. CULL 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

Activity groups are assigned according to the child's age, so they will be with other participants close to their own age. The group and their counselor will do activities together all week. 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, but they must be within a year of age difference to room together. Roommates are not guaranteed.

REFUND/TRANSFER POLICY

We offer full refunds, minus your \$200 nonrefundable 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. This policy is strictly enforced. We understand that things change, and you may need to transfer your child from one week to another, so we make every effort to accommodate those requests. There is a \$50 transfer fee for each session transferred.

PACKING LIST

We've created a list of necessary items, so your child is prepared. We suggest that you help your child pack his/her suitcase so they will know what was packed and will be better able to repack for home. Let your child make some decisions on what to bring. We recommend that they bring only one suitcase

and one bedroll, and they do not bring new clothes. If possible, label belongings with your child's name, as we will not be responsible for lost clothing or other personal items.

ITEMS TO BRING

- Sheets/blanket or sleeping bag (single bed)
- Pillow
- Towels/washcloths (3)
- Deodorant
- Toiletry items
- Sunscreen
- Water bottle labeled with camper name
- Bug spray/lotion
- Flashlight
- Tennis shoes (2 pair)
- Water shoes (flip flops, sport sandals, etc.)
- Modest swimsuits (2)
- 5-8 sets of clothes
- Hat
- Rain jacket
- Inexpensive camera (optional)
- Musical instrument (optional)
- Drawstring Bag (optional)
- Toiletry bag or gallon ziplock bag labeled with camper name
- Luggage labeled with camper name

ITEMS TO LEAVE BEHIND:

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

- Money
- Cell phones
- Smart watches such as, Apple Watch, GizmoWatch, etc.
- Alcohol/Illegal drugs
- Tobacco products
- Weapons or knives
- Food, candy, gum & other snacks
- Fireworks
- Vape and nicotine products
- iPod's, tablets, radios, handheld games or other media
- Pets/Animals (Except trained service animals pre-approved by camp director)
- Vehicles (Campers with a valid driver's license cannot drive themselves to camp)

WHY TRUST YLI CAMPS?

Clemson University Learning Institute fosters a culture of excellence in youth development programming, especially with regard to the standards we set for our program staff. All of our camps are accredited by the American Camp Association. Since 1934, parents from SC, NC, GA and beyond have entrusted their most precious possessions to our summer camps, as well as other youth development programs.

In every program, we serve with a true desire to help young people develop the friendships, responsibility, self-confidence and creativity they need to succeed in all areas of life.

Clemson University is an Affirmative Action/Equal Opportunity Employer and does not discriminate against any individual or group of individuals on the basis of age, color, disability, gender, national origin, race, religion, sexual orientation, veteran status, or genetic information.

DIRECTIONS TO CAMP BOB COOPER

