

NIU 2009 Game Design Camp
PARENTAL CONSENT FORM AND WAIVER OF LIABILITY AGREEMENT

(A parent or guardian must complete this form.)

This form must be completed and signed by a parent or guardian and returned two weeks before the first day of camp. Please complete and return to: Aline Click, Digital Convergence Lab, LB 200, Northern Illinois University, DeKalb, IL 60115

I/We the undersigned _____
Parent or Guardian's Printed Name

parent(s) or guardian(s) of _____
Camper's Name

a minor participating in the _____
Name of Camp

summer academic camp at Northern Illinois University in DeKalb, Illinois, do hereby authorize the participation and attendance of the said minor in the camp on the NIU campus, and all activities in connection therewith, conducted under the auspices of the Northern Illinois University College of Liberal Arts and Sciences. I/We have been fully and completely informed and advised regarding the nature and purpose of said camp and the activities conducted therein. It is my/our full and free decision to allow said minor to participate in this summer academic camp.

I/We certify that said minor is in good health, and hereby authorize the directors of the Camp to act for me/us, according to their best judgment, in any emergency requiring medical attention. I/We understand and agree that Camp instructors, counselors, and staff may need to contact appropriate emergency medical providers regarding said minor. I/We give consent for any medical treatment (i.e., diagnostic, therapeutic, and surgical procedures) that such medical providers may deem necessary with the understanding that the cost of any such treatment will be my/our responsibility. I/We understand that my/our consent will allow procedures to be promptly carried out so that no unnecessary delays will occur with treatment. No operation will be performed, **except in extreme emergency**, without me/us being contacted and fully informed and consent obtained.

I/We also understand that the camp director/staff has the right to dismiss said minor from the camp and send him/her home without refund for causing damage to property, inappropriate behavior, or misconduct, and I/we may be billed for damages to university property or other replacement costs resulting from theft or damage to property.

I/We agree to allow photographs of said minor taken by NIU photographers and/or camp director/staff during the course of the camp to be used in camp publicity, including display boards, booklets, and brochures.

In consideration of NIU accepting and permitting said minor into this academic summer camp, I/we do hereby, for myself, my family and anyone entitled to act on my behalf, release and discharge Northern Illinois University, its Board of Trustees, the State of Illinois, and their respective officers, employees and agents from any and all claims or causes of action, in the absence of gross negligence, that may arise during or as a result of said minor's attendance and participation in this summer academic camp.

My/our signature(s) on this Parental Consent Form and Waiver of Liability Agreement signify(ies) my/our understanding and acceptance of the terms and conditions set forth therein.

Printed Name

Relationship

Signature

Date

**NIU 2009 Game Design Camp
HEALTH FORM**

(A parent or guardian must complete this form.)

This form must be completed and signed by a parent or guardian and returned two weeks before the first day of camp. Please complete and return to: Aline Click, Digital Convergence Lab, LB 200, Northern Illinois University, DeKalb, IL 60115

Camper's Name: Last First, Middle Initial

Street Address

City State Zipcode

Camper's Birth Date Gender Blood Type

Does the camper have any health conditions (i.e. allergies, chronic conditions) or special circumstances (i.e. religious convictions or legal arrangements) that we ought to know about prior to emergency treatment?

NO YES

If yes, please explain, including any current medications(s): _____

Name and office telephone number of camper's physician: _____

Name of camper's health/accident insurance carrier(s) and appropriate policy information:

Carrier Policy Number

Carrier Policy Number

Parent/Guardian information:

Name Relationship Name Relationship

Day Phone Number Day Phone Number

Evening Phone Number Evening Phone Number

Signature Date Signature Date

If parent/guardian will be unavailable during the week of camp, please provide the information of a responsible adult who we can contact in an emergency:

Name Relationship

Street Address

City State Zipcode

Day Phone Number Evening Phone Number

NIU Game Design Day Camp Camper Behavior Contract

Camper Name _____

Parents/Guardian:

Please review the following behavior contract with the camper. Ensure that they understand that they will be expected to follow all part of the agreement at all times at camp. Failure to follow these rules will lead to disciplinary actions up to expulsion from camp, and further activities, and without refund.

The camper must read and initial each statement and sign, along with his/her parent or guardian, at the bottom to show that he/she agrees to abide by the rules and policies of the NIU camp program.

While at camp, I will:

- _____ Make a strong effort to engage in camp programming and constructively work and interact with other campers.
- _____ Respect the needs and feelings of others and show kindness with all I come in contact.
- _____ Show respect for camp staff through my attitude and behavior, including following directions.
- _____ Demonstrate a high-level of responsibility and care with University property, my property, and the property of others. I understand that the destruction or defacement of property will result in disciplinary actions and monetary compensation for the damaged items.
- _____ Wear clothing that is appropriate and shows respect for myself and others. My clothing will be size-appropriate, modest, and not display inappropriate or disruptive slogans, gestures, or brands.
- _____ Limit the use of electronic devices, including, but not limited to, cell phones, music players, and hand-held games to non-instructional time. I am aware that loss, damage, or theft of such items is not the responsibility or concern of camp staff, NIU, or NIU employees.

While at camp, I will not:

- _____ Use physical violence, violent language, or threats, which are disruptive or unlawful, including but not limited to:
 - Fighting or using “Fighting words.”
 - Roughhousing or wrestling.
 - Physical or verbal threats.
 - Bullying or intimidation.
 - Use of weapons or other objects as weapons.
- _____ Bring items which are unlawful or prohibited, including but not limited to:
 - Weapons of any kind.
 - Fireworks or explosives.
 - Drugs (including alcohol, cigarettes or any medication not listed on health forms).

_____ Engage in behavior which is sexually inappropriate, threatening, or harassing. This can include, but is not limited to, sexual misconduct, exposing one's body or inappropriate nudity, and touching oneself or others in a sexual manner.

_____ Leave campus without camp staff.

_____ Use profanity, but will maintain language and decorum appropriate for the classroom setting.

NIU camp staff will exercise a zero-tolerance policy concerning physical and verbal violence, illegal and prohibited substances and items, and sexually inappropriate activities.

Having read and understood the Camper Behavior Contract above, I agree to follow these policies during my time in the camp program. I also understand that failure to comply with these policies will have consequences, which may include, but are not limited to, being prohibited from participating in some or all activities, being dismissed from the camp and sent home, and being prohibited from returning to this and/or future NIU camp programs.

Camper Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____