



CAMP WILDLIFE

THE FOLLOWING PACKET INCLUDES:

- PARTICIPANT INFORMATION FORM
- MEDICAL STATEMENT
- PARTICIPANT HEALTH FORM
- TERMS AND CONDITIONS
- PARENT DETAILS
- MAP

PARTICIPANT INFORMATION FORM



PARTICIPANT

FULL NAME: _____ AGE: _____

PARENT/GUARDIAN: _____

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 INFORMATION

FULL NAME: _____

EMAIL ADDRESS: _____

PHONE: (H) _____ (M) _____ (W) _____

ADDRESS: _____

SECONDARY CONTACT

FULL NAME: _____

EMAIL ADDRESS: _____

PHONE: (H) _____ (M) _____ (W) _____

ADDRESS: _____

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.

Participant Name _____

Participant Date of Birth _____

Participant Sex Male Female

PARTICIPANT HEALTH FORM

(One form to be completed by each participant)

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

HEALTH HISTORY (Check all that apply.)

<input type="checkbox"/> Asthma/Shortness of Breath	<input type="checkbox"/> Females: Menstrual Issues	<input type="checkbox"/> Recurrent/Chronic Illness	Explain each checked item... _____ _____ _____ _____ _____
<input type="checkbox"/> Back/Joint Problems	<input type="checkbox"/> Glasses or Contacts	<input type="checkbox"/> Seizures	
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Headaches	<input type="checkbox"/> Skin Problems	
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Hospitalized	<input type="checkbox"/> Surgery	
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Problem Falling Asleep	<input type="checkbox"/> Past 9 months: Leave Country	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Recent Infectious Disease	<input type="checkbox"/> Past 12 months: Mononucleosis	
<input type="checkbox"/> Fainting or Dizziness	<input type="checkbox"/> Recent Injury	<input type="checkbox"/> Other	

ALLERGIES & MEDICATIONS

Is the participant allergic to foods?
 YES NO If yes, list & describe reaction... _____

Is the participant allergic to medications?
 YES NO If yes, list & describe reaction... _____

Is the participant allergic to the environment? (e.g. insect stings, hay fever, etc.)
 YES NO If yes, list & describe reaction... _____

Does the participant take medications on a routine basis? (Attach additional pages if necessary)
 YES NO If yes, describe... _____

Non-prescription medications may be stocked by the camp/program and are used on an as needed basis to manage illness and injury. List any non-prescription medications that the participant should **not** be given.

TETANUS BOOSTER

Date of Last Tetanus/Tetanus Booster Dose _____

RESTRICTIONS

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

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.

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 headquarters. 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

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.

TERMS AND CONDITIONS

(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 include but are not limited to swimming, canoeing, tubing, horseback riding, team sports, archery, shooting firearms, challenge courses, climbing walls, rock climbing, zip lines, riding ATV's 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 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

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 (864) 546-5506

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 is **10:00 AM** on Friday. 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 have been approved by a registered dietitian and are designed to provide a balanced and nutritious diet. Our facilities are equipped with a modern kitchen that 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.

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 Wildlife

ATTN: [Participant's Name]

8001 M W Rickenbaker Road

Summerton, SC 29148

BEHAVIOR

Participants must be able to function independently and as part of a group. They must be able to comprehend and follow basic instructions, have an understanding of natural hazards (for

example, roads, lakes, and heights), and be able to change clothes and use restroom facilities without assistance. Parents and participants are required to sign the Code of Conduct in which behavioral standards are outlined. Participants who continue to display problem behavior will be asked to withdraw from the program without a refund.

HEALTH & SAFETY

All participants are required to follow the safety measures set out by our staff and counselor team. We have an impeccable safety record based on decades of experience and rigorous training.

MEDICATIONS

All medications must be given to the health officer upon arrival. The health officer will be responsible for properly administering the medicine on a daily basis, as directed by a physician or parent. All medications are kept under lock and key. (Exceptions may be made for inhalers or Epi-pens.) Pack all medicine in a Ziplock bag with participant's name on the bag. Please include in the bag all medication, and a note card. On the note card please have participant's 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 Participant Health Form and let the counselor know. We regularly accommodate children with food and other allergies.

ILLNESS

All participants are screened upon arrival for good health prior to admission. We ask that no individual arrive ill or with any contagious condition. We reserve the right to send your child 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. If your child cannot remain due to health reasons you will NOT receive a refund of fees.

If your child suffers an injury or illness and requires professional medical care or is unable to participate in program activities, 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.

GENERAL SAFETY PRECAUTIONS

- First-Aid and CPR certified staff are available 24 hours per day.
- When operating programs, we send a letter to local EMS/ Fire Departments with our week's itinerary.
- We arrange with local EMS to provide care and transportation when needed.
- Professional medical care is available within 15 minutes of the program facility.

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. 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

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.

Clemson University does not discriminate against any individual or group of individuals on the basis of age, color, disability, gender, national origin, race, religion, sexual orientation or veteran's status.

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 (please label)
- Bug spray/lotion
- Flashlight
- Tennis shoes (2)
- Water shoes (flip flops, sport sandals, etc.)
- Modest swimsuits (2)
- 5-8 sets of clothes
- Hat
- Rain jacket
- Inexpensive camera & film (optional)
- Musical instrument (optional)
- Mask/face covering
- Hand sanitizer

ITEMS TO LEAVE BEHIND:

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

- Cell phones
- Alcohol/illegal drugs
- 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.)

WHY TRUST YLI CAMPS?

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

DIRECTIONS TO CAMP BOB COOPER

