

Summer Wonder Camps

325R Willard Hall Stillwater, OK 74078 • 405-744-6254 • Fax 405-744-7713

PARENT & CAMPER HANDBOOK

1. All campers must have an enrollment agreement, transportation form, and medical form on file before being admitted to the program.
2. Camp fees are non-refundable. There will be no credit issued for partial attendance. There will be no credit issued for campers who register, but do not attend camp.
3. After registration, any cancellations must be made in writing. Cancellations can be emailed to education.outreach@okstate.edu, faxed to 405-744-7713, or submitted to room 325R Willard.
4. If a camper is picked up later than 2:20 p.m., parent/guardian will be charged \$5 for each 15 minutes.
5. Campers are not to bring toys, video games, etc. unless specifically requested by the camp staff. If cell phones pose a distraction to campers, camp staff will hold the item until the end of the day.
6. Do NOT send your child to camp when ill. It is not fair to the other children or to your child.
7. We want camp to be an enjoyable experience for all campers. Inappropriate behavior will not be tolerated. Camp staff will communicate with parents/guardians as early as possible regarding behavior problems. Children dismissed for discipline reasons will not be issued a refund.
8. Campers will obey safety rules when riding in vehicles.
9. All medication will be kept in the Outreach office. Please check-in medication to room 325R Willard with appropriate documentation.
10. Campers will bring lunch EACH day unless notified otherwise. Please make sure to pack ice packs if it needs to be kept cold. Campers may use the vending machines during lunch time and when camp staff allows for breaks.
11. Campers will be outdoors frequently during the week. Please make sure your child is dressed appropriately. Please apply sunscreen to your child as well as send it with them.

Parent/Guardian Signature _____ Date _____

Oklahoma State University College of Education
and Stillwater Children's Museum

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Camper's Name (First, MI, Last) _____

Home Address (Number & Street) _____

City _____ State _____ Zip _____

Birth date _____ Age _____ Male/Female

Name of Mother/Guardian _____ Home Phone () _____

Cell/Work Phone () _____ Email _____

Name of Father/Guardian _____ Home Phone () _____

Cell/Work Phone () _____ Email _____

Emergency Contact (Other than parent/guardian(s) listed above):

Name _____ Phone () _____

Payment Information

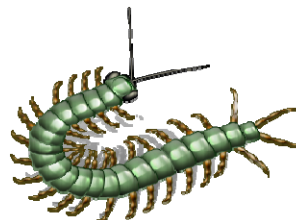
Camps are from 10:00 am to 2:00 pm

Enrollment is limited to campers 8-12 years of age

****Child must be at least 8 years old on or before June 8, 2009**

Insects Rule the World II July 6,7 & 8 \$75

Experience the beauty and fascination of insects and their relatives on campus at the Insect Zoo and Arboretum! Learn about their importance to our daily lives and even our existence on the planet through hands-on activities! Discover how to make an insect collection and even earn your insect Jr. Master Gardeners' pin!



Total: _____

Bill to Bursar: Campus Wide ID _____ Signature _____

Payment by: Cash Check Visa MasterCard Print Cardholder's Name _____

Exp. _____ Card# _____ Cardholder's Signature _____

I give my permission for my child to attend the COE/Stillwater Children's Museum Summer Camp and to participate in all phases of activities, including any trips on and off campus. I have read the program description and camp brochure and agree to cooperate with all regulations. I give permission for my child to receive emergency medical treatment. Education Outreach and the Stillwater Children's Museum may use my child's photograph for publicity purposes.

Parent/Guardian Signature _____ Date _____

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MEDICAL FORM

Camper's Name (First, MI, Last) _____

Home Address (Number & Street) _____

City _____ State _____ Zip _____

Name of Mother/Guardian _____ Home Phone () _____

Cell/Work Phone () _____ Employer _____

Name of Father/Guardian _____ Home Phone () _____

Cell/Work Phone () _____ Employer _____

Emergency Contact (Other than parent/guardian(s) listed above):

Name _____ Phone () _____

Physician or Clinic _____ Phone () _____

Address _____ City _____

Insurance Company and Policy Number _____

Male / Female Height _____ Weight _____ Birth date _____

Do you have any known allergies? Yes / No If yes, please list and describe reactaion(s)

Are you currently taking any medications? Yes / No If yes, please list name of medication and its use

When was your last Tetanus shot? _____

Do you have any physical, emotional, or learning limitations that we should be aware of?

I certify that the above information is complete and accurate. In the event of an emergency, I give permission for the treatment of my child _____ at Stillwater Medical Center or the nearest medical facility in the event that I or my own source of medical treatment cannot be reached.

Parent/Guardian Signature _____ Date _____

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TRANSPORTATION FORM

Camper's Name _____

The following people have my permission to pick up my child from the COE/Stillwater Children's Museum Summer Wonder Camp:

1. _____

Relationship _____

2. _____

Relationship _____

3. _____

Relationship _____

4. _____

Relationship _____

Parent/Guardian Signature _____ **Date** _____

I give permission for my child (listed above) to be transported by COE/Stillwater Children's Museum Summer Wonder Camp staff. In the event of an emergency, they will be transported to the nearest medical facility.

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PHOTO RELEASES

Oklahoma State University
Release of Privacy Interests and Authorization for Use

In consideration of value received, receipt of which is hereby acknowledged, I, the undersigned, give to Oklahoma State University the absolute right and permission to photograph, tape, record, and/or film my child and to copyright and/or reuse, publish, perform, reproduce, adapt, distribute, or transmit the same, in whole, in part, or in composite, through any medium, and for any purpose whatsoever, without restriction, and to use my name/my child's name in connection therewith.

I further waive any right that I may have to inspect and/or approve the finished product of the promotional copy or other matter that may be used in connection therewith or the use to which it may be applied.

Signature, if over 18, otherwise signature of parent or guardian for minor child

Name of child, if applicable

Address, City, State, Zip code

Date

Stillwater Children's Museum
Photo Release for Minors

For valuable consideration received, the receipt and sufficiency of which are hereby acknowledged, I

_____ (name of parent/guardian) the undersigned parent/guardian of _____, a minor, (name of child) hereby forever grant to **Stillwater Children's Museum**, his/her/its legal representatives, successors, assigns, licensees, advertising agencies, and all persons or corporations acting with his/her/its permission, the irrevocable and unrestricted right to use, re-use, publish and re-publish, and copyright Model/Talent's performance, likeness, picture, portrait, photograph, sound and/or voice recording, including the negatives, transparencies, prints, film, video, tapes, digital or other information pertaining to them in all forms of media now or hereafter known and in all manner, including electronic media, in still, single, multiple, moving or video format, in whole or part and/or composite representations, in conjunction with Model/Talent's own or a fictitious name, including alterations, modifications, derivations and composites thereof, throughout the world and universe for advertising, promotion, trade, or any lawful purposes.

This right shall include the right to use the Talent/Model's name or to combine the Talent/Model's likeness with others and to alter Talent/Model's likeness, by digital means or otherwise, for the purposes set forth herein.

I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith or the use to which it may be applied.

I acknowledge that the photography session and/or film or video production was conducted in a completely proper and highly professional manner, and this release was willingly signed at its termination. I acknowledge that the Model is a minor, and certify that we have given our consents freely

I, hereby warrant that I am the parent or guardian of the minor named above, that I have read and understood this Release and have the legal authority to execute the above release without breach of any prior agreement or applicable law, including but not limited to prior agreements with modeling or talent agencies or any other person, company or entity. I hereby release and agree to indemnify the licensed parties and their respective successors and assigns, from and against any and all liability arising out of the exercise of the rights granted by the above Talent/Model Release. I approve the foregoing and waive any rights in the photographs. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

(Date)

(Minor's Name)

(Signature of Parent or Guardian)

(Name Parent or Guardian)

(Address)

(Phone)