



## North Carolina A&T Summer Youth Programs

**Let the summer fun begin!**

The Office of Extended Learning - Continuing Education and Professional Development would like to thank you for selecting North Carolina A&T for your child's summer camp experience. We are looking forward to an exciting summer. We added a few new camps to explore and discover. Our camps are academics based and packed with lots hands-on and fun!

Parents/Guardians, we would like to provide you with the necessary information to make this experience a wonderful and memorable one. **Note: Please check the age/grade requirements for each camp before enrolling your camper(s)!**

### **DROP-OFF AND PICK-UP:**

- Drop off time is **8:00 am** and Pick up is at **5 pm!**
- Camp drop-off and pick-up are at McNair Hall parking lot area off East Market and Laurel Streets. Our campus map is attached for your convenience. Our camp assistants will be there to receive your child. When bringing your child to camp, please park, walk child over to camp assistants, and sign in and out your child each day. If you arrive after 8:15 am, you will need to take your child to their camp location and sign them in with the camp assistant.

**Note: Parents will be responsible for all parking tickets/violations.**

### **WHAT TO BRING:**

Please send nutritious snacks for morning and or afternoon. **Lunch is provided in Williams Cafeteria.** Please do not send money. Be mindful of the weather and dress your child accordingly. Our camps are located across the campus, and the campers will have to walk. We ask that you prepare them for the summer sun and the rain. We will try to avoid the raindrops when possible; however, we would like the campers to be prepared just in case. Each child should have book-bag or draw-string bag for their items (snack, hat, jacket, etc.).

Williams Cafeteria is a self-service and all you can eat. Please discuss with your child the importance of eating vegetables and fruit with each meal. Food and outside drinks are not allowed on the premises nor will the registration fees be adjusted. **If your child has food allergies, please make sure we know so that we can have the dietitian to provide alternative substitutions.** Parents, you may eat lunch with your child, the cost to you is \$7.59 plus tax.

**CAMP FORMS:** Parents are required to complete and return the required camp forms once they registered their child(ren). Mail forms to NC A&T State University, Office of Continuing Education, 1601 E. Market Street, Suite 101, Greensboro, NC 27411 or faxed the forms to 336-334-7081.

**PAYMENT DUE DATES:** Camp fees due at the time of registration. **Camp fees: \$185. Unless otherwise posted.**

**CONTACT INFORMATION:** If you have any questions, please call our staff: 336-334-7810.



North Carolina A&T State University  
 Office of Continuing Education and Professional Development  
 1601 East Market Street, Wendover Building, Suite 101  
 Greensboro, NC 27411  
 Telephone: 336-334-7810 or 1-888-323-6237 or Fax: 336-334-7081

**PERSONAL INFORMATION**

**A form is needed for each child that is enrolled!**

\_\_\_\_\_

First MI Last

Grade (August 2018): \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

DOB: \_\_\_\_\_

Current Street Address \_\_\_\_\_

(Address During Camp): \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Parent/Guardian Name(s): \_\_\_\_\_

(Mother) Home Phone	(Father) Home Phone
_____	_____
(Mother) Work Phone	(Father) Work Phone
_____	_____
(Mother) Cell Phone	(Father) Cell Phone
_____	_____

Parents Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact  
 Name(s) : \_\_\_\_\_

Number(s): \_\_\_\_\_

Person(s) not allowed to pick up child: \_\_\_\_\_

Please supply our office with a list of no more than five names of people allowed to pick up your child. *NO one under Sixteen years of age will be allowed to pick up a child.* Photo ID will be required for anyone other than the parents when picking up the child. *Parents/guardians, please communicate with the family/friends listed below as authorized members to pick up your child(ren) if there is a change.*

Name	Relationship to Child/Phone #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**List camps choices below:**

Week 1 - July 8-12, 2019:	Week 3 - July 22-26, 2019:
Week 2 - July 15-19, 2019:	Week 4 - July 29- August 2, 2019:

# CONSENT FOR MEDICAL TREATMENT FORM

**For your child to receive medical treatment in the event of illness or injury while participating in the Summer Youth Programs, please provide the following information and sign the consent form below.**

**Please use one form per child:**

Student's Name: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Insurance Company & Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Address: \_\_\_\_\_

City

State

Zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_

List any medical condition for which your child is being treated: \_\_\_\_\_

List all medications your child is currently taking: \_\_\_\_\_

List all food and medication allergies: \_\_\_\_\_

List all special accommodations and dietary restrictions: \_\_\_\_\_

**MEDICAL TREATMENT CONSENT:** I, \_\_\_\_\_ (parent/guardian), do hereby consent and grant permission for my child, \_\_\_\_\_, to receive necessary medical treatment in the event of an injury or illness while attending the Summer Youth Programs. I accept full responsibility for the payment of all such medical charges. I hereby indemnify North Carolina A&T State University, the Student Health Center, its employees and representatives and hold them harmless in the exercise of its duty under this authority.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## North Carolina A&T State University Photo Release

I grant permission to the **Office of Continuing Education**, on behalf of North Carolina A&T State University and its agents or employees, to use photographs taken of me on the date and at the location listed below for use in university publications such as recruiting brochures, newsletters, and magazines, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on University web sites or other electronic form or media, and to offer them for use or distribution in other non-university publications, electronic or otherwise, without notifying me.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless the North Carolina A&T Board of Directors, on behalf of North Carolina A&T State University and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

### **North Carolina A&T State University Campus – July 8 – August2, 2019**

Location of Photo/Date(s)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of guardian if under 18 years of age

# North Carolina Agricultural and Technical State University Summer Youth Programs

## WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT

Waiver: In consideration of being permitted to participate in any way in the Summer Youth Programs hereinafter called "Activity", I, for myself, my child, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue North Carolina Agricultural and Technical State University, its officers, employees, and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, my child's participation in the Activity.

Assumption of Risks: Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the said Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD North Carolina Agricultural and Technical State University HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive is permitted by the law of the state of North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

### EVENT ORIENTATION SHEET:

1. In case of medical emergencies, Emergency Medical Services will be contacted. If you want medical treatment to be provided to your child, please also sign and return the Consent for Medical Treatment Form.
2. Participants are expected to represent themselves in an appropriate manner, abide by campus policies, and understand that they will be held accountable for their behavior.

I have read the above-mentioned document, understand it and agree to abide by the rules set forth.

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

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

*From Interstate 85/Interstate 40 (Durham and points North/Raleigh and points East)*

1. Take I-85 South/I-40 West to Greensboro.
2. Take Exit 131 (I-40 West/BUS 85 South).
3. Take Exit 41 (East Lee Street). Bear right and continue on East Lee Street.
4. Travel to the intersection of Benbow Road and East Market Street.
5. Cross over Benbow Road and continue towards Laurel Street.
6. Turn right onto Laurel Street and the second driveway on the left.

*From Interstate 40 (Winston-Salem and points West)*

1. Take I-40 East to Greensboro.
2. Take Exit 39 (US 29 North, Reidsville).
3. Travel North on US-29 North to the East Market Street/N.C. A&T State University exit.
4. Turn right onto East Market Street.
5. Cross over Benbow Road and continue towards Laurel Street.
6. Turn right onto Laurel Street and the second driveway on the left.

*From Interstate 85 (Charlotte and points South)*

1. Take I-85 North to Greensboro.
2. Take BUS 85 North to Exit 39 (US 29 North, Reidsville).
3. Travel on US 29 North to the Market Street/N.C. A&T State University exit.
4. Turn right onto East Market Street.
5. Cross over Benbow Road and continue towards Laurel Street.
6. Turn right onto Laurel Street and the second driveway on the left.

*From US Highway 29 (Reidsville and points North)*

1. Take US 29 South to Greensboro
2. Take the East Market Street/N.C. A&T State University exit.
3. Turn right onto East Market Street.
4. Cross over Benbow Road and continue towards Laurel Street.
5. Turn right onto Laurel Street and the second driveway on the left.

*From US Highway 220 (Martinsville and points North)*

1. Take US 220 South to Greensboro (US 220 turns into Battleground Ave.).
2. Continue South on Battleground Avenue to the East Wendover Avenue exit.
3. Take East Wendover Avenue to Lindsay Street and turn right.
4. Turn left onto Sullivan Street.
5. Turn right onto Benbow Road.
6. Continue through the Bluford Street intersection and turn right onto East Market Street.
7. Continue to Laurel Street and make a right onto Laurel and left into the second driveway on the left.