April 23, 2012

Dear Parents and Campers:

The OSU Department of Horticulture and Landscape Architecture is proud to offer a one-week day camp for students ages 9 to 12. This educational camp, held during the week of July 9th, will be a week-long excursion into gardening and healthy eating.

The camp is intended primarily as a way to enrich a child’s education, but in a format that is different from the traditional classroom. Participants will engage in hands-on, creative activities both indoors and out at the OSU Botanic Garden.

Focused participation is an expectation for students enrolled in the program. Guidelines for conduct are included in this packet and it is expected that each participant will adhere to the guidelines.

Please return your registration forms quickly as space is limited. Camp fees are non-refundable. There will be no credit issued for partial attendance.

If you have any questions, please contact me.

Looking forward to an exciting week!

Sincerely,

**Shelley Mitchell**

Shelley Mitchell

JMG Camp Director

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1. All campers must have a **Registration Form, Code of Conduct Agreement, Medical Form, Transportation form, Photo Release and payment** 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. If a camper is picked up later than 5:20 p.m., parent/guardian will be charged $10 for each 15 minutes.

4. Campers are not to bring toys, video games, cell phones, 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.

5. Do NOT send your child to camp when ill. It is not fair to the other children or to your child.

6. Children dismissed for discipline reasons will not be issued a refund. We want camp to be an enjoyable experience for all campers. Chronic violent, or inappropriate behavior will not be tolerated. Camp staff will communicate with parents/guardians as early as possible regarding behavior problems.

7. All medication will be kept in the camp office. Please check in medication to camp staff with appropriate documentation and instructions.

8. Campers will bring lunch EACH day. There are no vending machines at the OSU Botanic Garden, but a refrigerator is available to keep food/drinks cold. Healthy snacks will be a part of our curriculum each day. Please notify the staff of any food allergies.

10. Campers will be outdoors frequently during the week. Please make sure your child is dressed appropri­ately. Please send sunscreen and sunglasses or a hat for your child.

**Registration Instructions**

Person completing registration forms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to camper:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you an OSU employee? \_\_\_\_\_\_\_\_\_   
  
If yes, please list your campus department, address and extension:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A complete registration packet will contain pages 2-7 of this packet. Forms may be:**

* **Faxed to 405-744-9709,**
* **Mailed to 358 Ag Hall (mailing address),**
* **Emailed as a PDF (with signatures) to shelley.mitchell@okstate.edu, or**
* **Delivered to 538 Ag Hall (slide under door if locked).**

**All registrations will be handled on a first come, first served basis.   
  
Space is limited to 20 participants.**

**REGISTRATION FORM**

**All camps are from 8:00 a.m. – 5: 00 p.m.  
Enrollment is limited to campers 9-12 years of age.**

Camper’s Name (First, MI, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address (Number and Street): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One: Male / Female

Name of Mother/Guardian :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Father/Guardian :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT INFORMATION**

**The cost for the camp is $100, which includes all supplies and snacks.**

Payment by: 🞎 Cash 🞎 Check (make checks payable to the OSU Department of Horticulture/LA)

I give my permission for my child to attend the OSU Department of Horticulture and Landscape Architecture’s Camp JMG and to participate in all phases of activities. 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. OSU Horticulture/Landscape Architecture may use my child’s photograph for publicity purposes.

Parent/Guardian Signature Date

**CODE OF CONDUCT**

Camp JMG is intended to be a positive learning experience for all. These guidelines are meant to keep each camper safe while insuring respect to them and their property. Please review the following conduct code with your child and ask him/her to sign it.

* I will be honest and respectful (of my peers, my camp staff, and myself).
* I will follow directions and rules of the instructors, guest speakers and staff.
* I will not act violently toward any camper or staff member (verbally or physically).
* I will not steal or destroy property belonging to OSU, other participants, or staff members.
* I will respect my environment by refraining from littering and abusing equipment/furnishings.
* I will dress modestly and appropriately (similar to standards of public schools).
* I will not use/practice lewd conduct and language.
* I will stay with the group at all times unless permission is given by instructor.
* I will do my best to learn, stay safe and have fun.

The following are the consequences of your actions should you choose to violate this code while attending Camp JMG.

* **STRIKE ONE  
  Staff will first verbally warn** participants if rules of conduct are broken.
* **STRIKE TWO**After warning participant, if behavior or action still persists, **participant will not engage in that given activity.**
* **STRIKE THREE   
  If behavior persists**, **campers will sit** with the Camp administrative staff. Parents will be notified at this point. May result in dismissal from camp.

**Camp administrators reserve the right to send home any participant if it is decided that it is in the best interest of the program. Immediate dismissal of a camper may result from severe infractions.**

I agree to follow these rules and understand the consequences. I understand that more specific rules may be explained to me when I arrive at Camp JMG. I also realize that failing to follow these guidelines will result in disciplinary action by the staff of Camp JMG, and may include my removal from camp and any other subsequent enrollments in Camp JMG programs.

Camper Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have reviewed these rules and consequences with my child. I understand that should my child require transportation from camp due to illness, behavior problems or other reasons, I will be required to provide transportation in a timely manner as designated by camp administration.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL FORM**

Camper’s Name (First, MI, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address (Number and Street): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Mother/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name off Father/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name and Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician or Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Insurance Company and Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male / Female Height:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any known allergies and/or food restrictions? Yes/No If yes, please list and describe reaction(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

**TRANSPORTATION FORM**

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following people have my permission to pick up my child from Camp JMG:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 I give permission for my child (listed above) to be transported by OSU Camp JMG staff to the nearest medical facility in the event of an emergency.

**Parent/Guardian Signature Date**

**PHOTO RELEASE**

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 of guardian for minor child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child, if applicable

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address, City, State, Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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