

NIU 2012 Creative Writing Day Camp

APPLICATION FORM

(Submit a separate form for each camper. Duplicate as needed.)

Attach this form to the front of your packet.

Your application is incomplete without all the materials; see the checklist at the bottom of the page.

Creative Writing Day Camp (July 15-20, 2012)

9 a.m. – 3 p.m. Monday-Thursday, July 15-19, Note that campers must bring their own sack lunch. No dining options are available on site.

9 a.m. – 1:30 p.m. Friday, July 20, The day includes a pizza lunch reception and students' presentations.

Entering grades 6-8, Event #12165

Camper's Information			
Camper's Name:		Gender:	2012/13 Grade:
Street Address:			
City:	State:	Zip code:	
Email:		Home Telephone:	
Parent/Guardian's Name(s):		Parent/Guardian's Cell Phone:	
<input type="checkbox"/> Check here and attach an explanation if you have special needs that are regulated by the Americans with Disabilities Act. (Contact NIU's Center for Access-Ability Resources for assistance. http://www.niu.edu/caar/)			
School Name:			
School Address:			
City:	State:	Zip code:	
Recommending Teacher			
(Letter of recommendation from a teacher is required.)			
Name:			
Phone Number:	Email:		

To register:

1. FAX your form to (815) 753-6900 to register with a credit card.
2. MAIL your completed registration form with check or credit card information to:
University Outreach Services, Northern Illinois University, DeKalb, Illinois 60115-2860
3. Phone in your registration to NIU Community Outreach at (815)753-0277.

Check that your application has the following items before submitting:

- | | | |
|---|---|---|
| <input type="checkbox"/> Application | <input type="checkbox"/> Teacher Recommendation | <input type="checkbox"/> Health Form |
| <input type="checkbox"/> Deposit/Full Payment | <input type="checkbox"/> Parental Consent Form | <input type="checkbox"/> Behavior Agreement |

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For Scholarship Recipients Only

If you have received a scholarship from any organization, provide the following information:

Scholarship Organization: _____ **Amount of Scholarship:** _____

Contact Person: _____ **Contact's Phone Number:** _____

Note: Parents/guardians are responsible for all application fees and will receive a bill from NIU for the balance owed.

Tuition and Discounts	Payment Options <small>All registrations confirmed by payment.</small>
<p>Camp Fee: \$150 (\$175 after June 1) <input type="checkbox"/></p> <p>Child of NIU Employee: <input type="checkbox"/> \$125 (\$150 after June 1)</p> <p>Scholarship Award: - \$ _____</p> <p><small>Awarding Institution</small> _____</p> <p>Total Due: \$ _____</p>	<p><input type="checkbox"/> Check is enclosed and payable to: <i>Northern Illinois University</i></p> <p><input type="checkbox"/> Please charge \$_____ to my credit card.</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express</p> <p>Name as appears on credit card: _____</p> <p>Credit card billing address: _____</p> <p>City _____ State _____ Zip code(+4) _____</p> <p>Account #: _____</p> <p>Exp. Date: _____</p> <p>Signature: _____</p> <p>Printed Name: _____</p>

By signing below, I agree that the balance due will be paid two weeks prior to start of camp.

If balance is not paid in full two weeks prior to camp, your credit card will be **automatically charged**, or, if no credit card information is provided, your application will be canceled.

Parent/Guardian Signature: _____

Date: _____

Cancellations/Refunds: Payment is refundable in full only if NIU cancels the camp, the camp is oversubscribed, or the camper is not accepted. If a camper withdraws in writing by June 1, 2012, we will refund payment, minus a \$25 cancellation charge. There are no refunds for cancellations made after 4:30 p.m. two weeks prior to the start of camp.

Northern Illinois University is an Equal Opportunity/Affirmative Action Institution.

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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 at least two weeks before the first day of camp. Please complete and return to: Northern Illinois University, College of Liberal Arts and Sciences, External Programming, Summer Academic Camp, DeKalb, IL 60115-9913.

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

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

a minor participating in the Creative Writing Day 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 any 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 Camper Behavior Contract

Camper's Name: _____

Camp Name: Creative Writing Day Camp _____

Parents/Guardian:

Please review the following behavior contract with the camper. Ensure that he/she understands that he/she will be expected to follow all parts of the agreement while at camp. Failure to follow these rules will lead to disciplinary actions up to expulsion from camp, and further activities, 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 to all with whom I come in contact.
- _____ Show respect for camp staff through my attitude and behavior, including by 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 my 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.

NIU Camper Behavior Contract (cont.)

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)

_____ Abuse substances – including alcohol or drugs – or engage in inappropriate and/or dangerous use of classroom or household materials.

_____ 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 at all times.

_____ Bring video gaming systems, laptop computers, or televisions unless otherwise specified.

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’s Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

**NIU 2012 Creative Writing Day 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 at least two weeks before the first day of camp. Please complete and return to: Northern Illinois University, College of Liberal Arts and Sciences, External Programming, Summer Academic Camp, DeKalb, IL 60115-9913.

Camper's Name: Last, First, Middle Initial

Address

City

State

Zip Code

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 medication(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's 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

Address

City

State

Zip Code

Day Phone Number

Evening Phone Number

Teacher Recommendation

Dear Teacher,

To choose the best candidates who will make the camper experience most effective and enjoyable, we ask that the camper choose a teacher to recommend him/her. Please write a short statement about the qualities that make the student a good candidate and how you feel that this experience will benefit the student. You may write in the space provided below or on an additional piece of paper. When completed, please return your statement to the student to be included with his/her application packet.

Student's Name: _____

Camp Applied for: Creative Writing Day Camp

Student Personal Statement

Dear Student,

Please write a personal statement in the space below or attach a personal statement to this packet on why you would like to attend the academic camp you are applying to. What do you hope to gain from this camp experience?