I will be attending:

☐ Creative Writing Camp
  June 19-24, 2016
  $595 ($650 after June 3, 2016)
  Campers entering grades 9-12
  Event #14648

☐ Global Leadership and Philanthropy Camp
  June 19-24, 2016
  $595 ($650 after June 3, 2016)
  Campers entering grades 9-12
  Event #14649

☐ Film Camp
  June 26-July 1, 2016
  $595 ($650 after June 10, 2016)
  Campers entering grades 9-12
  Event #14651

☐ Journalism Camp
  July 10-15, 2016
  $595 ($650 after June 24, 2016)
  Campers entering grades 9-12
  Event #14652

☐ Speech Camp
  June 19-24, 2016
  $595 ($650 after June 3, 2016)
  Campers entering grades 9-12
  Event #14653

  (Please number 1st and 2nd areas of preference below)

☐ Humorous/Dramatic Interpretation

☐ Humorous/Dramatic Duet Acting

☐ Extemporaneous/Impromptu Speaking

☐ Original Comedy/Special Occasion Speaking

☐ Prose/Poetry Reading

☐ Original Oratory

☐ Oratorical Declamation

☐ Informative

☐ TV Broadcasting Camp
  July 17-22, 2016
  $595 ($650 after July 1, 2016)
  Campers entering grades 9-12
  Event #14654
To Apply:
1. FAX your form to (815) 753-6900 to apply with a credit card.
2. MAIL your completed application form with check or credit card information to:
   University Outreach Services, Northern Illinois University, DeKalb, Illinois 60115-2860
3. ONLINE application at

Check that your application has ALL the following items before submitting:

<table>
<thead>
<tr>
<th>☐ Application</th>
<th>☐ Behavior Contract</th>
<th>☐ Teacher Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Deposit/Full Payment</td>
<td>☐ Health Form</td>
<td>☐ Student Statement</td>
</tr>
<tr>
<td>☐ Parental Consent Form</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Camper Information
(Please PRINT clearly. *Denotes required field.)

| *Camper’s Name: | | |
| *Preferred Name: | *Gender: | *2016/17 Grade: |
| *Street Address: | | |
| *City: | *State: | *Zip Code: |
| *Parent/Guardian Name(s): | *Parent/Guardian(s) Email: |
| *Preferred Telephone: | Parent/Guardian(s) Cell: |
| Camper’s Cell: | *Camper’s Email: |

Roommate Request:

☐ Check here and attach an explanation (required) if you have special needs that are regulated by the Americans with Disabilities Act. (Contact NIU’s Disability Resource Center for assistance at 815-753-1303 or www.niu.edu/disability; participants are responsible for any non-credit accommodation charges.)
NIU 2016 LA&S Summer Academic Camps

For Scholarship Recipients Only
If you have received a scholarship from any organization, including NIU please, provide the following information:

<table>
<thead>
<tr>
<th>Scholarship Organization</th>
<th>Amount of Scholarship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person</td>
<td>Contact’s Phone Number</td>
</tr>
</tbody>
</table>

Note: Parents/guardians are responsible for all application fees and will be responsible for any balance due at camp check-in.

---

### Fees and Discounts

<table>
<thead>
<tr>
<th>Fees and Discounts</th>
<th>Payment Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Includes:</strong> Lodging, meals, and all camp materials</td>
<td>All applications confirmed by payment.</td>
</tr>
<tr>
<td><strong>Camp Fee</strong></td>
<td>Check is enclosed and payable to:</td>
</tr>
<tr>
<td></td>
<td><em>Northern Illinois University</em></td>
</tr>
<tr>
<td></td>
<td><strong>OR</strong></td>
</tr>
<tr>
<td><strong>Early Bird, if applicable</strong> (See page 1 for specific date.)</td>
<td>Please charge $_____ to my credit card.</td>
</tr>
<tr>
<td></td>
<td>□ Visa □ MasterCard □ Discover □ American Express</td>
</tr>
<tr>
<td><strong>Additional Discount, if applicable</strong> (Only one may be applied.)</td>
<td>By signing below, I agree that the balance due will be paid 10 business days prior to start of camp.</td>
</tr>
<tr>
<td>□ Returning LA&amp;S Camper Camp________</td>
<td>If balance is not paid in full 10 business days prior to camp, your credit card will be automatically charged, or, if no credit card information is provided, the application will be canceled and your deposit will not be refunded.</td>
</tr>
<tr>
<td>Year________</td>
<td></td>
</tr>
<tr>
<td>□ NIU Employee Discount</td>
<td></td>
</tr>
<tr>
<td>□ Multiple Camper</td>
<td></td>
</tr>
</tbody>
</table>

| Scholarship Award |  

**TOTAL DUE:**

| Deposit Enclosed |  

-$100

| Payment Enclosed |  

+$______

| Balance Due (Balance must be paid 10 business days prior to start of camp.) |  

+$______

---

### Credit Card Information

Name as appears on credit card:

______________________________

Credit card billing address:

______________________________

City______________________ State_______ Zip code (+4)____________

Account #:________________________

Exp. Date:_______________________

Printed Name________________________

Signature:__________________________

---

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 to Outreach Services at least 15 business days prior to start of camp, we will refund payment, minus a $25 cancellation charge. There are no refunds for cancellations made after 4:30 p.m. 15 business days prior to the start of camp.

Northern Illinois University is an Equal Opportunity/Affirmative Action Institution.
NIU 2016 LA&S Summer Academic Camps

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 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 _______________________________________________

Name of Camp

summer academic 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, lost keys, or other 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 Name: _______________________________________________________

Camp Name: __________________________________________________________

While at camp, I will:

_______ (camper initials)
Make a strong effort to engage in camp programming and constructively work and interact with other campers.

_______ (camper initials)
Respect the needs and feelings of others and show kindness to all with whom I come in contact.

_______ (camper initials)
Show respect for camp staff through my attitude and behavior, including following directions.

_______ (camper initials)
Demonstrate a high-level of responsibility and care with University property (including room keys), 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. (There is a fee for lost keys.)

_______ (camper initials)
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.

_______ (camper initials)
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.

_______ (camper initials)
Refrain from engaging in sexual activity.

Parents/Guardian:
Please review the following behavior contract with the camper. Ensure they understand they 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 their parent or guardian, at the bottom to show they agree to abide by the rules and policies of the NIU camp program.
NIU Camper Behavior Contract (cont.)

While at camp, I will **not**:

_______ (camper initials)
Use physical violence, violent language, or threats, which are disruptive or unlawful, including but not limited to:
- Fighting or using “fighting words”
- Racial, homophobic, and/or transphobic slurs
- Roughhousing or wrestling
- Physical or verbal threats
- Bullying or intimidation
- Use of weapons or other objects as weapons

_______ (camper initials)
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)

_______ (camper initials)
Abuse substances – including alcohol or drugs – or engage in inappropriate and/or dangerous use of classroom or household materials.

_______ (camper initials)
Have guests in my room with the door closed or overnight.

_______ (camper initials)
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.

_______ (camper initials)
Drive my vehicle. Nor will I otherwise leave campus without camp staff.

_______ (camper initials)
Use profanity, but will maintain language and decorum appropriate for the classroom setting at all times.

_______ (camper initials)
Bring video gaming systems 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 Signature ____________________________________________ Date ________________

Parent/Guardian Signature ______________________________________ Date ________________
NIU 2016 LA&S Summer Academic Camps
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 use back to explain, including any current medication(s.).)

Name of camper’s physician
Office telephone number

Name of camper’s health/accident insurance carrier(s) and appropriate policy information:

Carrier
Policy number

Carrier
Policy number

Parent/Guardian information:

Name
Relationship
Name
Relationship

Day Phone Number
Day Phone Number

Evening Phone Number
Evening Phone Number

Cell Phone Number
Cell Phone Number

Signature
Date
Signature
Date

Please provide the information of a responsible adult whom we can contact in an emergency if we are unable to contact you:

Name
Relationship

Day Phone Number
Evening Phone Number

Cell Phone Number
Dear Teacher,

To choose the best candidates who will make the camp experience most effective and enjoyable, we ask each camper to choose a teacher to write a recommendation. Please provide contact information below so that we can request the teacher recommendation.

Teacher’s Name: __________________________________________ Phone Number: __________________________

Teacher’s Email: __________________________________________________________________________________________

School Name: ______________________________________________________________________________________________

School Address: ___________________________________________________________________________________________

City: __________________________ State: ________ Zip Code___________________

Student’s Name: __________________________________________

Camp Applied for: __________________________________________________________________________________________

Subject Area: __________________________________________
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?