

**2020 Lorado Taft Day Camp**  
**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 (June 1) before the first day of camp. Please complete and return to: Northern Illinois University, Lorado Taft Day Camp, P.O. Box 299, Oregon, IL, 61061.*

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 Day Camp at Lorado Taft Field Campus, Oregon, Illinois, do hereby authorize the participation and attendance of the said minor in the camp on the Lorado Taft Field Campus, and all activities in connection therewith, conducted under the auspices of the Lorado Taft Field Campus. 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 financially responsible 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, and I/we authorize the use of the image and likeness of said minor in camp publicity, including display boards, booklets, brochures, and electronic media.

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

**Lorado Taft 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, Lorado Taft Day Camp, P.O. Box 299, Oregon, IL, 61061.*

\_\_\_\_\_  
Camper's Name: Last, First, Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Camper's Birth Date                      Gender                      Blood Type (if known)

**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 responsible adults who we can contact in an emergency:**

\_\_\_\_\_  
Name    Relationship    Phone #

\_\_\_\_\_  
Name    Relationship    Phone #

## Lorado Taft Camper Behavior Contract

Camper's Name: \_\_\_\_\_

Parents/Guardian:

Please review the following behavior contract with the camper. Ensure that he/she understand 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 participate in camp activities.
- Be kind to the other campers and staff.
- Use words and language that are appropriate.
- Show respect for camp staff through my attitude and behavior, including by following directions.
- Take care of the Lorado Taft property, my property, and the property of others. I understand that damaging others property could result in discipline and/or my family having to pay for the repair or replacement.
- Wear clothing that is appropriate and shows respect for myself and others. If it is not ok for school, it is not ok for camp at Taft.
- Keep any electronic device that I bring in my backpack, unless I have permission to use it. I am aware that loss, damage, or theft of such items is not the responsibility or concern of camp staff, NIU, or NIU employees.
- Stay with my group and my group leader.

### While at camp, I will not:

- Use physical violence or threaten to hurt others, 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 not allowed at camp, 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.
- Engage in behavior which is inappropriate, threatening, or harassing.
- Bring video gaming systems or handhelds, laptop computers, or televisions unless otherwise specified.

*Lorado Taft 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 Lorado Taft camp programs.**

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

E-mail address: \_\_\_\_\_