

Appalachian State University
Medical Information and Video Conferencing
Indemnity Agreement
2020 Camps

In order to attend this camp, this form must be **signed by a parent/guardian**. Your child will not be allowed to participate in a camp at Appalachian State University without this form being completed, signed and turned in at registration.

Youth Program Attending: _____

Participant Name: _____ **Date of Birth** _____

Address of parent or guardian: _____
Address City State Zip

School Name _____

EMERGENCY INFORMATION

Person to notify in case of emergency: _____
Name Relationship

Emergency Phone: Day () _____ Night () _____ Cell () _____

Medical Information: Date of last Tetanus Immunization _____. Any allergies to medicine? Yes ___ No ___

If so, list _____

Any current or past health conditions physicians/trainers should be aware of _____

Family Health Insurance Policy Number _____ Health Carrier Name _____

Address of Health Carrier _____
Street City State Zip

I hereby authorize any actions, which may be advised/recommended by a trainer, physician or other health care provider attending my child during my child's participation in the youth program. I acknowledge and understand that my child may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with this youth program. I agree to indemnify and hold harmless Appalachian, its officers, employees and agents from and against any claims for personal illness or injury that my child may sustain during participation in the youth program, regardless of cause, including negligence. I also give Appalachian permission to utilize any photograph of my child for promotional use. I also understand that my child must abide by the youth program and university rules and regulations and the code of conduct developed for this youth program. I have read the code of conduct accompanying this form, and I further understand that my child's failure to adhere to the rules, regulations, and code of conduct may result in immediate dismissal from the youth program, with no refund.

Parent or Guardian (circle relationship):

Print Name Signature Date

(Optional) Watauga Medical Center recommends (does not require) that this form be notarized to expedite medical treatment of your son or daughter by health care providers

State of _____ County of _____, _____, a Notary Public of said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official seal this the _____ day of _____, 20____.

Notary Public _____ My commission expires: _____ **(Optional) NOTARIAL SEAL:**

Do Not Mail

IN ORDER TO PARTICIPATE IN THE YOUTH PROGRAM YOU MUST BRING THIS TO REGISTRATION



2020 Virtual Youth Program Code of Conduct

I agree to conduct myself in a manner that will be a credit to me, my community, my fellow campers, and family.

I, _____, will:
(Camper Full Name)

- Understand and obey all rules and regulations issued by the youth program director and the University
- Join class on time and be prepared to learn.
- Dress appropriately for class and show up for class fully clothed (shirts required).
- Will have a parent/guardian visible on camera during private instruction(s).
- Keep my personal information private and will not ask others to share personal information (e.g., email address, mailing address, phone number, gamer tags, etc.).
- Contact instructors and fellow campers only through official camp channels (such as a Zoom meeting invitation) and vice versa.
- Treat my instructor(s) and fellow classmates/campers with respect.
- Contribute to a class environment in a way that is safe and welcoming for all.
- Show respect for the rights, privacy, and property of others. This includes refraining from harassment – unwelcome or unsolicited speech or conduct – of all persons associated with the youth program regardless of their race, religion, color, creed, sex, national origin, sexual orientation, or disability.
- Take responsibility for making each class a great learning experience for myself and fellow classmates/campers. This includes full participation, staying on topic, and avoiding distractions.
- Report any threatening or inappropriate conduct (such as cyberbullying, chat messages) immediately to a trusted adult — parent/guardian, camp director, etc.
- Recognize that hazing of any kind is strictly prohibited.
- I understand that if I do not follow the rules, regulations, and code of conduct for this youth program, I may be dismissed from the youth program with no refund.

By signing below I agree to follow the Code of Conduct developed for this youth program held at Appalachian State University.

Camper Signature

Date