

**Appalachian State University**  
**Medical/Indemnity/Code of Conduct Agreement**  
2023 Youth Programs, Camps, and Conferences

In order to attend this youth program, this form must be **signed by a parent/guardian** and **signed by the participant**. Your child will not be allowed to participate in a youth program at Appalachian State University without this form being completed, signed and turned in at the youth program check-in. **The code of conduct is on the second page of this form.**

**Youth Program/Camp Attending:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Address of parent or guardian: \_\_\_\_\_  
Address City State Zip

**School Name (If applicable)** \_\_\_\_\_

**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 \_\_\_\_\_

Please list any current medications \_\_\_\_\_

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

I hereby authorize any actions, which may be advised/ recommended by a trainer, physician or other health care provider attending my child during the youth program/camp. I acknowledge and understand that my child may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with this youth program/camp. 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 youth program/camp, regardless of cause, including negligence on the part of any person identified above. 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/camp/university rules and regulations and the code of conduct developed for this youth program/camp. I have read the code of conduct on back of 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 youth program/camp, with no refund, and I will be responsible for providing transportation home once I have been notified.

**Parent or Guardian (circle relationship):**

\_\_\_\_\_  
Print Name Signature Date

**YOUTH PARTICIPANT MUST SIGN BELOW IN ORDER TO PARTICIPATE IN THIS YOUTH PROGRAM/CAMP**

I understand that as a participant of this youth program/camp I must abide by the youth program/camp/university rules and regulations and the code of conduct developed for this youth program/camp. I also understand that if I fail to adhere to the rules, regulations, and code of conduct it may result in my immediate dismissal from youth program/camp, with no refund, and my parents/guardians will be responsible for providing transportation home once I have notified them of my dismissal from the youth program/camp.

**Participant** \_\_\_\_\_  
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 \_\_\_\_\_, I, \_\_\_\_\_, 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 CAMP YOU MUST BRING THIS TO PROGRAM CHECK-IN**

# Appalachian State University

## 2023 Youth Programs and Summer Camps Code of Conduct

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

I \_\_\_\_\_ will:

Participant Name (Printed First and Last)

- 1) Understand and obey all rules and regulations issued by the youth program/camp director and the university.
- 2) Demonstrate cooperation and respect to youth program/camp/conference staff and participants and university employees, students and visitors.
- 3) Show respect for the rights, privacy, and property of others. This includes refraining from harassment – unwelcome or unsolicited speech or conduct – of all persons on campus regardless of their race, religion, color, creed, sex, national origin, sexual orientation, or disability.
- 4) Recognize that hazing of any kind is strictly prohibited.
- 5) Not possess or use any alcohol, tobacco, or drugs during the youth program/camp (unless prescribed by a physician).
- 6) Comply with the schedule of all youth program/camp/conference functions, including events, meals, quiet hours, and curfews.
- 7) Take responsibility for my personal property, room key (paying for if lost), meal/access card, agree to secure my room at all times, and will pay for any damages to property while attending the youth program/camp.
- 8) Understand that all facilities and residence halls not used by my youth program/camp/conference are strictly off limits, and that I am not allowed to leave campus without permission and supervision.
- 9) Take responsibility for my safety by traveling in pairs and/or groups both on and off campus.
- 10) Support my team members and take responsibility for my teams actions.
- 11) I understand that if I do not follow the rules, regulations, and code of conduct for this youth program/camp, I may be dismissed from the youth program/camp with no refund.

The name of the **SCHOOL** or **TEAM** I represent is: \_\_\_\_\_

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

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date