

MOREHEAD STATE UNIVERSITY

Bowling Camp Waiver / Release Form

As the parent or legal guardian of _____,
I agree to the following terms for participation with the MSU Bowling Program:

1. I grant permission for my son/daughter to participate in the Morehead State University Eagle Pride Bowling Camp. I realize that bowling and other camp activities are places where physical injury can occur; therefore, any medical / accidental expenses or liability that possibly results from an illness or injury to my son/daughter during the Morehead State Bowling Camp will be my responsibility. I further acknowledge and understand that my son/daughter is assuming the risk of such physical injury by his/her participation, and I further release Morehead State University and its representatives from any claims for personal illness or injury that my son/daughter may sustain during participation in this activity.
2. Morehead State University, its officers, regents, employees, and agents assume no responsibility for supervision of students outside of the camp activities.
3. I hereby authorize the bowling coach, or any other supervising adult to obtain medical treatment for my son/daughter for such an illness or injury during the activity.

My son/daughter and I have read and understood the above Morehead State Eagle Pride Bowling Camp Waiver and Release Form.

Parent / Legal Guardian Signature (if participant is under 18)

Participant Signature

Date

This form must be included with your registration form.

If you have any other questions or concerns, please feel free to contact Robert Brown
Eric Spurlock at e.spurlock@moreheadstate.edu

MEDICAL CONSENT-FOR MINORS ONLY UNDER 18 YEARS OF AGE

By signing your name as parent or guardian, the student's name and student's date of birth, you are hereby consenting to having qualified medical personnel and/or dental personnel render to my son or daughter medical, dental and emergency treatment and/or surgical care, and services offered through Counseling and Health Services, as deemed necessary to his or her health and well-being. You grant permission for the hospitalization of your son or daughter when necessary for implementing proper medical care. There may be additional consent forms required for release of information. This consent shall be continuing until revoked in writing. I give permission for my child to obtain counseling services independently, without notification of parent or guardian. When expressed concerns involve danger to self or others, parent or guardian will be notified.

You also grant permission for Morehead State University Counseling and Health Services and Morehead State University Dental Services to use and disclose health information about your son/daughter in order to carry out treatment, payment and health care operations as stated in Authorization and Notice of Medical Information Disclosure and Access.

You are also granting permission for Morehead State University Counseling and Health Services and Morehead State University Dental Services to bill your insurance.

Parent/Guardian Signature _____ Date _____

Student Name _____ Student Date of Birth _____

INSURANCE/PAYMENT INFORMATION

Counseling and Health Services is doing business as a family practice clinic and dental services clinic as well as addressing minor urgent care issues. Please provide a copy of your insurance card at time of service, as it is the responsibility of the student to obtain health insurance. We now provide third party billing. In order to bill your insurance, we will also need the policy holder's name, date of birth, and last four digits of social security number. If no insurance is available, students will still be eligible to receive health care at the clinic.

If insurance is available on the student, please list. If no insurance, type N/A:

Name of insurance: _____

Group #: _____

Policy or ID #: _____

Policy Holder's Name: _____

Policy Holder's Date of Birth: _____

Last 4 Digits of Policy Holders Social Security #: _____

Policy Holder's Home Address: _____

Address and/or phone number to send claims (should be found on back of insurance card): _____

Behavioral Agreement for Summer Camp Participants

As a summer camp participant at Morehead State University I agree to the following conditions:

- To conduct myself in a reasonable manner that reflects the school or organization I am representing while at Morehead State University.
- To comply with the following rules and regulations of summer camps at Morehead State University.
 1. The consumption and/or possession of alcohol or being under the influence of alcohol on campus is strictly prohibited.
 2. Tobacco use is prohibited on all University owned, leased or controlled property.
 3. Illegal possession, use or sale of any drugs is prohibited. All medicine must be stored in properly labeled containers.
 4. The possession and use of firearms or fireworks/explosive materials on campus is prohibited.
 5. Visitation by members of the opposite sex is prohibited in residence halls except in lobby areas.
 6. The act of unwarranted defacing, disfiguring, damaging, destruction, of and/or unlawful possession or use of property is prohibited.
 7. Gambling is prohibited in residence halls.
 8. Excessively noisy behavior is prohibited.
 9. The threat of or commission of physical violence against any person is prohibited.
 10. Being in or around construction areas is prohibited.
 11. Shall be civil, considerate and respect all other groups on campus.
- To take full financial responsibility for all property damage(s) that occur to my residence hall room and common areas in which I am staying and other Morehead State University facilities which are damaged as a result of my behavior.
- I have read MSU's Policy PG-6 on Sexual Harassment and will adhere to it while a participant in this camp.

By signing this document I agree to the above terms and stipulations while I am a summer camp participant at Morehead State University. Failure to abide by this contract may result in my immediate removal from Morehead State University property.

Participant Signature

Date

As Parent and/or Legal Guardian of _____, I hereby agree to be bound by the above conditions and accept financial responsibility for any damages to University property caused by the above signed participant.

Parent/Legal Guardian Signature

Date

What to bring to camp:

- Bowling Equipment (balls and especially shoes!)
- Sheets, blanket, and pillow (twin size XL)
- Soap, body wash, shampoo, deodorant, toothbrush
- Towels and washcloths
- Socks
- Comfortable shoes
- Comfortable clothes (4 nights and 5 days)
- Bowling clothes
- Gym shorts and shoes
- Swim suits and beach towel
- Medications (if any)
- Phone and Phone chargers
- Some spending money (optional)
- Fan (optional; it may be hot in the dorms)
- Snacks for dorm room (optional)

**You will be given a key for your dorm room; you may want to bring a lanyard for it. There will also be a meal card that you will have to keep up with. If you were to lose your key, there is a fine from the school of \$50 so keep track of it!

Please return Information Page, Bowling Camp Waiver/Release Form, Medical Consent Form, and Behavioral Agreement along with your way of payment via mail before the start of camp!

We look forward to seeing your bowler in June!!