



National Summer Transportation Institute Camper Application

Personal Information (* denotes required information)

Salutation:			
*First Name:			
Nickname (if any):			
Middle Initial:			
*Last Name:			
*Address 1:			
Address 2:			
*City:		State:	
		Zip Code*:	
Home Phone:		Mobile Phone:	
*Email Address:			
Special Needs (if any):			

Demographical Information (* denotes required information)

*Birthdate (mm/dd/yyyy):		Gender:	Male	Female
Ethnicity:				
Grade Level (Fall 2019):	FR (9 th)	SO (10 th)	JR (11 th)	SR (12 th)
*U.S. Citizen:	Yes	No	Shirt Size:	
Disability (if any):				

Roommate Request (Roommate requests are honored whenever possible. However, BOTH friends must request each other. If you request to room with a friend, but your friend does not request you, you WILL NOT be placed together, and it will not be possible to switch rooms when you arrive.)

Preferred Roommate (if any):

**National Summer Transportation Institute
Camper Application**

Applicant's Name: _____

Parent/Guardian Information (Each parent/guardian must complete all requested information)

1st Parent/Guardian:

First Name:	
Middle Name:	
Last Name:	
Day Phone:	
Evening Phone:	
Mobile Phone:	
Email Address:	
Relationship to Applicant:	

2nd Parent/Guardian:

First Name:	
Middle Name:	
Last Name:	
Day Phone:	
Evening Phone:	
Mobile Phone:	
Email Address:	
Relationship to Applicant:	

**National Summer Transportation Institute
Camper Application**

Applicant's Name: _____

School Information (all information required)

High School Name:	
High School Location (City):	
Type of High School:	Public Private Charter Home Schooled
Grade Completed (June 2019):	
List any Honors you have received:	
List the courses you are currently taking or completed (indicate level of the class):	
List the courses you are taking next semester:	
Explain why you would like to attend this transportation institute:	

**National Summer Transportation Institute
Camper Application**

Applicant's Name: _____

Describe your career ambitions or interests
List the extracurricular activities you are involved in:
Describe any other situations the selection committee should consider:

Applicant Signature Date Parent/Guardian Date

Mail or scan/email application to the following address:

**FERRIS STATE UNIVERSITY
NSTI Camp
605 S Warren Avenue
GRN-227
Big Rapids, MI 49307**

**(231) 591-3773
NSTI@ferris.edu**

Ferris State University Athletic Camp Participant Health Form

THIS FORM MUST BE COMPLETED AND SIGNED BY BOTH LEGAL PARENTS/GUARDIANS AND RETURNED BEFORE PARTICIPATION WILL BE ALLOWED. FERRIS STATE UNIVERSITY ("FSU") RESERVES THE RIGHT TO DETERMINE THE EXTENT OF PARTICIPATION OF EACH CAMP PARTICIPANT ("CAMPER") IN ALL ACTIVITIES CONDUCTED BY FSU. THE INFORMATION WILL ALSO BE USED IN THE EVENT OF ANY CAMPER INJURIES/ILLNESS.

CAMPER INFORMATION

PLEASE PRINT

Camp Attending:	Dates of Camp: -
Camper's Name:	Camper's Date of Birth:
Camper's Address:	Home Phone #:
Legal Parent/Guardian:	Legal Parent/Guardian Work Phone #:
Legal Parent/Guardian:	Legal Parent/Guardian Mobile Phone #:

EMERGENCY CONTACT INFORMATION (available 24 hours)

Name:	Relationship:	Phone:
Address:		Additional Phone:

INSURANCE INFORMATION (Please attach a copy of front and back of each insurance card)

Primary Insurance Company:		
Policy Holder's Name:	Relationship to Camper:	
Policy #:	Group #:	Insurance Company Phone #:
Pre-approval required? YES NO		Pre-approval Phone #:
Primary Care Physician:		Primary Care Physician Phone #:
Primary Care Physician Address:		
Secondary Insurance Company (if applicable):		
Policy Holder Name:	Relationship to Camper:	
Pre-approval required? YES NO		Pre-approval Phone #:
Policy #:	Group #:	Insurance Company Phone #:

HEALTH HISTORY (to be completed by legal parent/guardian)

History	Allergies	Tetanus Date:
<input type="checkbox"/> Asthma	<input type="checkbox"/> Bee stings	<input type="checkbox"/> Other medical conditions:
<input type="checkbox"/> Bleeding ulcers	<input type="checkbox"/> Hay fever	
<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Food:	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Medications:	
<input type="checkbox"/> Loss of organ	<input type="checkbox"/> Other:	
<input type="checkbox"/> Other		Date of Last Physical:

Current medications the Camper is taking (medications that are required by Campers should accompany them at camp):

Has the Camper been exposed to any communicable disease or injured in the past three weeks? YES NO

If yes, please explain:

Is the Camper being treated by a physician for any injury or illness? YES NO

If yes, please explain:

Does the Camper have, or had, the following condition(s):

- | | | |
|---|---|--|
| <input type="checkbox"/> Fracture in past 6 months | <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Spinal or head injury |
| <input type="checkbox"/> Surgery in past year | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Hospitalization in past 6 months | <input type="checkbox"/> Loss of organ | <input type="checkbox"/> Heart condition |

Type of illness, injury or surgery	Name, city, state of hospital	Date	Current Status

List any other health or personal concerns that FSU should be aware of in regard to the Camper, or Camper's immediate family. Include any physical conditions that might limit or prevent participation in certain physical activities. Describe such conditions and limitations on activities:

I/We declare that my/our answers and statements are correctly recorded, complete and true to the best of my/our knowledge and belief.

Date	Signature of Legal Parent/Guardian	Signature of Legal Parent/Guardian
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Ferris State University
Medical Treatment Authorization, Assumption of Risk & Release
and Waiver of Publicity for Minor Camp Participant

As the legal parents/guardians of _____, minor camp participant ("Camper"), who is participating in the Ferris State University (FSU) camp program and related activities, I/we hereby agree to the following conditions:

MEDICAL TREATMENT AUTHORIZATION: I/We attest that a physician has examined the Camper in the past 12 months and Camper was found to be in good health. I/We attest that currently there is no medical reason for Camper not to participate in the strenuous activities of the camp. I understand my rights under the Health Insurance Portability and Accountability Act (HIPAA) and authorize FSU and/or its designee, to release information as necessary for managing camp healthcare. I/We authorize FSU and/or its designee, to release medical information regarding Camper to interested parties, including parents, family physician, and treating medical authorities. I/we also acknowledge that FSU is not responsible to administer or monitor the taking of any medication/medicines and/or any health or medical treatments/procedures.

In the event I/we cannot be reached, I/we authorize FSU and/or its designee, including but not limited to medical staff at Birkam Health Center and/or nearest hospital emergency room to act for me/us and to give the required consent and authorization for medical care, diagnosis, and treatment, including but not limited to surgical intervention if necessary, in behalf of Camper, and to do all the necessary things I/we might, or could do, if personally present. I/we assume responsibility for expenses incurred.

ASSUMPTION OF RISK, INDEMNIFICATION AND RELEASE: I/We, the undersigned, agree and acknowledge that in consideration of the use of certain FSU facilities and participation in related camp activities including but not limited to classroom, extracurricular, athletic, transportation, and room and board activities, as the legal parents/guardians of Camper, I/we assume full risk of injury arising from the use of these facilities and participation in related camp activities, as outlined in the schedule of activities provided by FSU. Neither FSU and/or its designee shall be responsible for any injury or damages except that caused by the gross negligence of FSU or its personnel.

I/We further agree to save and hold harmless, indemnify, and defend FSU and/or designees from any claim by me/us, Camper, or Camper's family, estate, heirs, administrator(s), personal representative(s) or assigns, arising out of Camper's participation in the camp.

WAIVER OF LIABILITY: I/We, the undersigned, agree and acknowledge that FSU is not responsible for damage, loss, or theft of personal belongings that Camper brings to FSU.

WAIVER OF PUBLICITY: I/We, the undersigned, give permission for the use of any photos, movies and/or audio or video tapings of Minor's activities. The material so obtained may be employed with FSU approval for educational purposes, media coverage, or for publicity benefiting education. I/We also acknowledge that FSU cannot control photography/filming between students.

I/We understand that the Camper will be subject to the rules and regulations of the FSU camp and that FSU may, as a result of inappropriate conduct or other reasons, revoke the invitation to participate at any time resulting in Camper's immediate dismissal and ban from FSU property.

THIS IS A RELEASE OF LEGAL RIGHTS—READ AND UNDERSTAND BEFORE SIGNING.

_____ Date	_____ Legal Parent/Guardian Name (Printed)	_____ Signature of other Legal Parent/Guardian
_____ Date	_____ Signature of Camper	

To: Parents and Guardians

From: FSU National Summer Transportation Institute (NSTI) Summer Camp

RE: Acknowledgment of Risk Involved and Photo Waiver Release for Summer Camp Activities

The University needs to be certain that students and parents of students participating in the National Summer Transportation Institute at Ferris State University are aware that they will be participating in camp activities that involve some level of risk for personal injury. Students and parents also need to be aware that the University will make every effort to reduce any risk of personal injury to students. However, some students may decide not to participate in activities because of the level of risk involved in the activity or because of another personal preference. The University will respect and support the individual choice of every student deciding to withdraw from participation in any event.

Activities that could involve some level of personal injury to participants include, but are not limited to the following activities:

1. Traveling on and off campus by bus
2. Mixing concrete in the construction materials laboratory
3. Mixing asphalt in the construction materials laboratory
4. Swimming in the crystal clear refreshing blue waters of Lake
5. Marine transportation by boat
6. Pedestrian travel on and off campus
7. Exposure to excessive heat from ovens in the materials laboratory
8. Exposure to cuts, scrapes, and abrasions from sharp instruments used to build models
9. Exposure to excessive noise and excessive dust from construction equipment
10. Exposure to sun or excessive heat from Summer weather

**FERRIS STATE UNIVERSITY
SUMMER CAMPS
GENERAL INFORMATION
*For Parents & Participants***

Welcome to Ferris State University's Summer Camp Program! Please read the following information regarding the camp very carefully. These policies and procedures are to ensure your comfort and safety.

NOTE: The following enclosed forms MUST BE COMPLETED AND RETURNED PRIOR TO THE BEGINNING OF THE CAMP. Participation in the camp will not be permitted unless required forms are returned. A return envelope is enclosed for your convenience.

- Medical History Form
- Emergency/Medical Authorization & Waiver Form for Minor Participants
- Other Waiver of Liability Forms (as pertinent to the specific camp)

1. Rooms & Residence

Participants in overnight camps will be assigned to a room in one of the University's residence halls.

- a. For loading/unloading at the hall, participants may temporarily park in the parking lot closest to the assigned residence hall (refer to your confirmation letter and Campus Map for locations).
- b. All rooms are double occupancy and four-to-a-suite with a shared bathroom.
- c. Each participant will be issued a key for their room. Keys **MUST** be turned in to the residence hall front desk at check-out. **NOTE: A \$50.00 fee will be assessed for any lost key.**
- d. For participant safety, we require that participants **not leave** the residence hall boundary area unless they are accompanied by a staff member, parent or chaperone. If they do leave with these persons, we require that they sign out at the residence hall desk when they depart and sign back in when they return. However, it is not necessary to sign out if they are attending an instructional function and escorted to this activity.
- e. **NOTE: Ferris State University will not be responsible for any camp participant leaving the campus without staff, parent, or chaperone supervision.**
- f. "Quiet Hours" will be in effect from 10 p.m. to 7 a.m. (this means no loud shouting in the hallways or in the rooms, no playing of radios loudly or with the door open, etc.) "In Room" and "Lights Out" times will be determined by the chaperones attending the camp, and all campers will be notified of these times the first night of stay of the camp. "Lights Out" time will not exceed 11:30 p.m.
- g. Participants should try to keep their rooms neat and presentable out of consideration for the others living in the suite.
- h. Participants will be required to bag up all garbage in their room (including the bathroom) before checking out and take the bag outside to the dumpster. Please do not leave the garbage in the room or the hall.
- i. Residence Hall Front Desks are open 24 hrs a day.

2. Contact Information

- a. Phones in the residence hall rooms are not in service during the summer.
- b. To reach your child at the hall to which they are assigned, call the residence hall front desk at the number listed in the chart on Page 3. The desk staff will leave a message for your child to return your call. (NOTE: You may want to explain to your child how to make "collect" or credit card phone calls.)
- c. Letters or packages for camp participants are to be sent to the Camp Host Office. Please check your confirmation letter for the address of your specific camp.

3. What to Bring/Not Bring

- a. **Bedding/Linens ARE NOT provided. PLEASE BRING YOUR OWN blankets, sheets, pillow, pillowcases, towels, washcloths, and bar soap.**
- b. **Laundry facilities are NOT available in the residence hall.**
- c. Only small radios and music players (Ipods, etc) are permitted in the residence halls. **DO NOT BRING** and type of Video games , televisions, or players. This request is made for the comfort of all campers.
- d. Campers may want to bring an alarm clock, fan (rooms are not air-conditioned), and personal items. **Campers should bring a swimsuit for planned recreation at the Student Recreation Center.**
- e. Vending machines are available for small snack item purchases. Parents/guardian should remind participants they need to keep rooms locked and spending money properly secured.
- f. **DO NOT BRING** valuables such as jewelry, large sums of money, or other similar possessions. Although we try to maintain tight security, we cannot always prevent petty theft. **Residence hall rooms should always be locked when not occupied.**
- g. **NOTE: Ferris State University will not be liable for lost or stolen articles or money.**
- h. We recommend that participants do **NOT** bring their automobiles to campus. However, if it is necessary for commuting camp participants to drive to and from campus, they will **NOT** be allowed to use the vehicle during the daily camp hours. Resident camp participants who bring cars will **NOT** be permitted to drive during their stay at Ferris State University; car keys will be held at the residence hall desk.

4. Dining & Food Service

- a. Participants of each camp will be assigned to eat at one of the University's dining facilities.
- b. Participants will be given a wrist band which will allow them to eat in the dining facility. This wrist band must be worn at all times. Participants will be charged \$5.00 for lost wrist bands.
- c. Shoes and shirt are required for all meals in the dining facility. Attire such as jeans and shorts are acceptable during the stay as long as they are within the limits of good taste.
- d. Participants are to be reminded they are dining with university students, Faculty and Staff, along with community patrons. They are to be respectful of their surroundings.

5. Medication/Special Health Concerns

- a. Ferris State University cannot be responsible for any medications that camp participants bring to camp. The camp participant will be responsible for remembering any prescribed times and dosages for medication. A small refrigerator will be available behind the residence hall desk for storage of medications that must be refrigerated. Mailboxes will also be available behind the residence hall desk for participants to use for medication storage. Stored medications will be released only to the camp participant, with proper identification, and only by the authorized residence hall desk staff. The hall desk is open 24 hours a day.
- b. **NOTE: Camp participants seeking medical treatment should notify their camp staff and/or chaperone.** Participants may receive treatment/triage at the University's Birkam Health Center or the Emergency Room at Mecosta County General Hospital. In emergency situations, dial 911.
- c. **NOTE: Any illness, which prevents individual from participating in regular camp activities, will be cause to have parents or guardian pick up their child.**
- d. **NOTE: If a camper cannot participate in the camp activities, s/he must remain with a chaperone or camp staff.**

6. Conduct

NOTE: Participants are expected to comply with the conduct rules and regulations of the camp. These rules have been developed to ensure the comfort and safety of all participants. **The list of behaviors below constitutes a violation of camp policy and may result in disciplinary action and/or dismissal from the camp.**

- A. **The following infractions warrant immediate dismissal from the camp; however, this list is not all inclusive. Other infractions of a similar nature may also result in immediate dismissal from the camp.**
 - Use or possession of alcohol, marijuana or other controlled substances.
 - Physical threat directed toward another person.
 - Willful destruction of university or personal property.
 - Possession of firearms or other weapons, including knives.
 - Pulling of a false fire alarm or tampering with fire safety equipment.
 - Theft
 - Unauthorized absence from camp sessions, residence halls or camp activity (includes leaving the residence hall area without checking out or without supervision).
 - Unauthorized overnight guests.

- Being present, after 10:00 p.m., in the living area of a member of the opposite sex without the supervision of a staff member, parent, or chaperone.

B. The following infractions warrant a warning on the first offense and possible dismissal upon the second offense; however, this list may also result in a warning and/or dismissal from the camp.

- Failure to follow the directives of camp staff or University personnel
- Participants not being in their room by their specified time
- Disruptive behavior or excessive noise
- Abusive language or harassment directed toward another person
- Removal of food or utensils from the dining facility
- Excessive accumulation of trash
- Removal of University property from public areas
- Pets in the rooms
- Gambling
- Littering or throwing items out of residence hall windows
- Removing screens from windows (Note: Windows are not methods of entry or exit.)
- Being present, before 10:00 p.m., in the living area of a member of the opposite sex without the supervision of a staff member, parent, or chaperone.
- Use of smoking or smokeless tobacco

7. Damages

The camp participant and his/her parent(s)/guardian will be held liable and will pay for any damage to university or personal property, which the participant has committed or caused.

8. Items Left Behind

Ferris State University will not be responsible for personal items left behind at the end of the camp.

WELCOME TO FERRIS STATE UNIVERSITY -- WE ARE LOOKING FORWARD TO A GREAT SUMMER!

TELEPHONE NUMBERS

Location	Phone Number
FSU Campus Police	(231)591-5000
FSU – Big Rapids Campus Switchboard (M-F, 8:00 – 5:00)	(231)591-2000
Merrill/Travis Hall	(231)591-4761
Ward Hall	(231)591-0635
FSU Grand Rapids Applied Technology Center	(616)451-4777 or (800)998-3425
Kendall College of Arts & Design	(616)451-2787 or (800)676-2787