

## SUMMER GAME DESIGN CAMPS REGISTRATION FORM: QUESTIONS? PLEASE CALL MISTIE: 740.351.3635

### WAYS TO REGISTER FOR CAMP:

**Mail:** Shawnee State University Gaming Day Camps, Academic Events & Partnerships, 940 Second Street, Portsmouth OH 45662-4344

**Email:** mspicer@shawnee.edu

**Phone:** 740.351.3635

**In person:** Our office is open M-F, 8 am – 5 pm. We are located in the Vern Riffe Center for the Arts, Room 211

Please complete this form and choose a Payment Option below. Please print legibly.

Child's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone Number \_\_\_\_\_

Special Needs of Participant (Accessibility, dietary, etc.) \_\_\_\_\_

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### I AM REGISTERING FOR:

\$285 **GAME PROGRAMMING CAMP** Mon.-Thu. **June 18-21, 2018** 9 am-4 pm *Lunch included*

\$285 **GAME ART + DESIGN CAMP** Mon.-Thu. **June 11-14, 2018** 9 am-3 pm *Lunch included*

\$ \_\_\_\_\_ **Total**

### SUMMER GAME DESIGN CAMPS PAYMENT OPTIONS:

**CASH<sup>1</sup>**

**Register in person:** Shawnee State University  
Vern Riffe Center for the Arts, Room 211  
Monday–Friday | 8am–5pm

<sup>1</sup>Cash must be hand-delivered

**CHECK / MONEY ORDER**

**Mail a check/money order, payable to Shawnee State University, with your completed form to:**

Office of Academic Events & Partnerships  
Shawnee State University  
940 2nd Street, Portsmouth OH 45662

**CREDIT CARD**

**Register in person:** Shawnee State University  
Vern Riffe Center for the Arts, Room 211  
Monday–Friday | 8am–5pm

**Or by calling Mistie:** 740.351.3635  
(Credit card only)

**Course Cancellations:** The Office of Academic Events & Partnerships will make every effort to maintain the scheduled day camps. However, events such as instructor illness or insufficient enrollment may require a schedule adjustment or cancellation. We will notify participants of any course changes, and issue a full refund for course cancellation.

**Refund Policy:** Students withdrawing from a class at least three full business days prior to the start date of a class will receive a full refund minus a 10% processing fee. No other refunds will be granted.

## PARENTAL CONSENT AND RELEASE: SUMMER GAME DESIGN CAMPS 2018

Child's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_

The undersigned, as parent or guardian of the child named above, consents that my child participate in Shawnee State University's program, **Gaming Day Camps**. I acknowledge that the child named is a minor under the age of 18.

**I acknowledge that the Program includes indoor and outdoor activities of the nature that may expose the child to hazards or risks that may result in illness, personal injury or death. I understand and appreciate the nature of such hazards and risks.**

Although a minor, my child is aware of the risks involved in participating in the program. I assure Shawnee State University that I have carefully counseled my child on the risk of participating. Further, I assure Shawnee State University that there are no physical or other reasons that preclude my child from participating in the program.

I agree that all requirements, directions and standards set by Program staff, use of any equipment or supplies under the supervision of the staff, shall be deemed to have been accomplished for the benefit of my child.

I hereby release and discharge Shawnee State University, its board of Trustees, officers, employees and agents associated or connected with the Program from every claim, liability or damage of any kind that may result from my child's participation in the Program.

Parent/Guardian's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## PHOTO AND MEDIA RELEASE: SUMMER GAME DESIGN CAMPS 2018

By submitting this form, I the undersigned, grant permission to Shawnee State University (SSU) and/or the Shawnee State University Development Foundation (SSUDF) to publish my story and/or likeness and/or picture for use in promotional, educational, display or other media publications including newspapers, magazines, television, brochures, pamphlets, instructional material, books, web pages and/or other educational or promotional material.

I hereby grant SSU and/or SSUDF permission to interview me and/or to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by SSU and/or SSUDF, in perpetuity, and for other use by the SSU and/or SSUDF. I will make no monetary or other claim against SSU or SSUDF for the use of the interview and/or the photograph(s)/video.

Child's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_

Year in School (freshman – senior) \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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

## EMERGENCY MEDICAL & RELEASE FORM: SUMMER GAME DESIGN CAMPS 2018

Registration is complete when the student registration and emergency medical forms are received and payment is accepted. Please mail the completed forms to the address above or call us at 740.351.3635 to register by phone.

Child's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_

Mother/Legal Guardian \_\_\_\_\_ Phone number while student is in class \_\_\_\_\_

Father/Legal Guardian \_\_\_\_\_ Phone number while student is in class \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Hospital Affiliation \_\_\_\_\_ Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

### MY CHILD HAS THE FOLLOWING MEDICAL CONDITION(S):

Convulsive Disorder  Diabetes  Allergies (i.e. stings, food allergies)  Other \_\_\_\_\_

Please describe symptoms and precautions of any medical conditions and list any allergies that you child may have: \_\_\_\_\_

\_\_\_\_\_

Current Medications \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

### EMERGENCY CONTACTS:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### IMPORTANT:

The following people have my permission to pick up my child from Gaming Day Camps:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

*The undersigned, as parent or guardian of the child named above, desires that my child participate in Gaming Day Camps. By execution of this Release, I agree that all requirements, directions and standards set by staff, use of any equipment or supplies under the supervision of the staff, shall be deemed to have been accomplished for the benefit of my child. I grant permission that any pictures taken containing my child may be used for future promotional purposes. In the consideration of Shawnee State University's efforts on my child's behalf, I do hereby voluntarily assume all risk of accident, injury, damage and/or loss of my child's property that may arise out of my child's participation in Gaming Day Camps, hereby intending to release and discharge Shawnee State University, its board of Trustees, officers, employees and agents associated or connected with the program from every claim, liability or damage of any kind caused by negligence of Shawnee State University, its Board of Trustees, officers, employees or agents involved or otherwise that may result for my child's participation in Gaming Day Camps. By my signature I acknowledge that the child named is a minor under the age of 18. Although a minor, my child is aware of the risks involved in participating in the program. I assure Shawnee State University that I have carefully counseled my child on the risk of participating. Further, I assure Shawnee State University that there are no physical or other reasons that preclude my child from participating in the program. I authorize Shawnee State University to obtain such medical care, emergency or otherwise, that it may in its sole discretion deem necessary for my child. Further, I assure Shawnee State University that I have adequate health insurance or personal funds to provide payment for all costs of medical care necessary for my child. I agree to indemnify and hold harmless Shawnee State University for any costs associated with such care.*

Required Signature \_\_\_\_\_ Date \_\_\_\_\_