



## American Scholar Group Winter in America 2015

Thank you for applying to our Winter-in-America Program! This packet contains the following forms that must be completed and returned before you will be allowed to attend camp:

- Parental Consent Form
- Behavior Contract
- Health Form
- Teacher Recommendation Letter
- Student Personal Statement

**Please make sure that all five forms are completed and returned to us at least two weeks before the start of your camp.** The behavior contract must be read and initialed/signed by the student who will be attending the camp and a parent or guardian.

Please make sure to also list on the back of the health form any **medications** that the student will be taking while attending. **We ask that campers bring only enough medication for the time they will be with us.** We are unable to hold or dispense any medications for campers; however we can give reminders if needed. Any medications must be

- in the original container
- with prescription number and prescribing doctor legible (if a prescription medicine)
- listed on the back of the health form
- in a quantity suitable for the length of your camp
- checked by the camp director upon check in

***We will be engaging in a variety of outdoor and indoor activities so it is required that all campers have comfortable, closed-toe shoes and socks for the week.***

Please feel free to direct all inquiries to [info@american-scholar.org](mailto:info@american-scholar.org) or call us at:  
+1-724-885-1136

Once completed, please send the required forms to:

*American Scholar Group  
Att: Winter-in-America  
10 N. Penn Ave  
Greenville, Pennsylvania, 16125, U.S.A*

Thank you for your cooperation, and we look forward to seeing you!

Sincerely,

*ASG CONTACT*

**American Scholar Group (ASG) 2015 Winter-in-America Program PARENTAL  
CONSENT FORM AND WAIVER OF LIABILITY AGREEMENT**

(A parent or guardian must complete this form.)

*This form must be completed and signed by a parent or guardian and returned two weeks before the first day of camp. Please complete and return to: American Scholar Group, Att: Winter-in-America, 10 N. Penn Ave, Greenville, Pennsylvania, 16125, U.S.A*

I/We the undersigned \_\_\_\_\_  
Parent or Guardian's **Printed** Name(s)

Parent(s) or guardian(s) of \_\_\_\_\_  
Camper's Name

A minor participating in the \_\_\_\_\_  
Name of Camp Session

Winter-in-America program at American Scholar Group in Greenville, PA, do hereby authorize the participation and attendance of the said minor in the camp on the ASG campus, and all activities in connection therewith, conducted under the auspices of ASG staff and affiliates. I/We have been fully and completely informed and advised regarding the nature and purpose of said camp and the activities conducted therein. It is my/our full and free decision to allow said minor to participate in this Winter-in-America program.

I/We certify that said minor is in good health and hereby authorize the directors of the Program to act for me/us, according to their best judgment, in any emergency requiring medical attention. I/We understand and agree that Program instructors, counselors, and staff may need to contact appropriate emergency medical providers regarding said minor. I/We give consent for any medical treatment (i.e., diagnostic, therapeutic, and surgical procedures) that such medical providers may deem necessary with the understanding that the cost of any such treatment will be my/our responsibility. I/We understand that my/our consent will allow procedures to be promptly carried out so that no unnecessary delays will occur with treatment. No operation will be performed, **except in extreme emergency**, without me/us being contacted and fully informed and consent obtained.

I/We also understand that the Program director/staff has the right to dismiss said minor from the camp and send him/her home without refund for damaging property, inappropriate behavior, or misconduct, and that I/we may be billed for damages to ASG property, lost keys, or other replacement costs resulting from theft or damage to property.

I/We agree to allow photographs of said minor taken by ASG photographers and/or Program director/staff during the course of the camp to be used in camp publicity, including display boards, booklets, brochures, and online.

In consideration of ASG accepting and permitting said minor into this Winter-in-America Program summer camp, I/we do hereby, for myself, my family and anyone entitled to act on my behalf, release and discharge American Scholar Group, its Board of Trustees, the State of Pennsylvania, and their respective officers, employees, and agents from any and all claims or causes of action, in the absence of gross negligence, that may arise during or as a result of said minor's attendance and participation in this summer academic camp.

My/our signature(s) on this Parental Consent Form and Waiver of Liability Agreement signify(ies) my/our understanding and acceptance of the terms and conditions set forth therein.

\_\_\_\_\_  
Printed Name(s) Relationship

\_\_\_\_\_  
Signature(s) Date

# ASG Camper Behavior Contract

**Camper Name:** \_\_\_\_\_

**Camp Name:** \_\_\_\_\_

**Parents/Guardian:**

Please review the following behavior contract with the camper. Ensure that he/she understands that he/she will be expected to follow all parts of the agreement while at camp. Failure to follow these rules will lead to disciplinary actions up to expulsion from camp, without refund.

*The camper must read and initial each statement and sign, along with his/her parent or guardian, at the bottom to show that he/she agrees to abide by the rules and policies of the ASG Winter-in-America program.*

**While at camp, I will do the following:**

\_\_\_\_\_ (camper initials) Make a strong effort to engage in camp programming and constructively work and interact with other participants and students.

\_\_\_\_\_ (camper initials) Respect the needs and feelings of others and show kindness to all with whom I come in contact.

\_\_\_\_\_ (camper initials) Show respect for Program staff through my attitude and behavior including following directions.

\_\_\_\_\_ (camper initials) Demonstrate a high-level of responsibility and care with ASG property (including room keys), my property, and the property of others. I understand that the destruction or defacement of property will result in disciplinary actions and monetary compensation for the damaged items. (For example, campers are charged \$150 for a lost key because the door is rekeyed to ensure the safety of future residents.)

\_\_\_\_\_ (camper initials) Wear clothing that is appropriate and shows respect for myself and others. My clothing will be size-appropriate, modest, and not display inappropriate or disruptive slogans, gestures, or brands.

\_\_\_\_\_ (camper initials) Limit my use of electronic devices to non-instructional time only. I am aware that loss, damage, or theft of such items is not the responsibility or concern of Program staff, ASG, or ASG employees.

\_\_\_\_\_ (camper initials) Maintain language and decorum appropriate for the classroom setting at all times.



**While at camp, I will NOT do the following:**

\_\_\_\_ (camper initials) Use physical violence, violent language, or threats, which are disruptive or unlawful, including but not limited to these:

- Fighting or using “Fighting words”
- Roughhousing or wrestling
- Physical or verbal threats
- Bullying or intimidation
- Use of weapons or other objects as weapons

\_\_\_\_ (camper initials) Bring items which are unlawful or prohibited, including but not limited to

- Weapons of any kind
- Fireworks or explosives
- Drugs (including alcohol, cigarettes or any medication not listed on health forms)

\_\_\_\_ (camper initials) Abuse substances – including alcohol or drugs – or engage in inappropriate and/or dangerous use of classroom or household materials.

\_\_\_\_ (camper initials) Have guests of the opposite gender in my room. *Parents of either gender are allowed in the room when dropping off or picking up their students, but the door must remain open during this time.*

\_\_\_\_ (camper initials) Engage in behavior which is sexually inappropriate, threatening, or harassing. This can include, but is not limited to these behaviors:

- Sexual misconduct
- Exposing one’s body
- Inappropriate nudity
- Touching oneself or others in a sexual manner.

\_\_\_\_ (camper initials) Drive my vehicle, nor will I otherwise leave campus without Program staff.

\_\_\_\_ (camper initials) Use profanity.

\_\_\_\_ (camper initials) Bring video gaming systems, laptop computers, or televisions unless otherwise specified.

***NOTE, ALL ASG camps have a zero-tolerance policy concerning physical and verbal violence, illegal and prohibited substances and items, and sexually inappropriate activities.***

**Having read and understood the Camper Behavior Contract above, I agree to follow these policies during my time in the camp program. I also understand that failure to comply with these policies will have consequences which may include, but are not limited to being prohibited from participating in some or all activities, being dismissed from the camp and sent home, and being prohibited from returning to this and/or future ASG programs.**

**Camper Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

**American Scholar Group (ASG) 2015 Winter-in-America Program  
HEALTH FORM**

This form must be completed and signed by a parent or guardian and returned at least two weeks before the first day of camp.

*Please complete and return to: American Scholar Group, Att: Winter-in-America, 10 N. Penn Ave, Greenville, Pennsylvania, 16125, U.S.A*

Camper's Name: Last, First, Middle Initial

Address

City State Zip Code

Camper's Birth Date Gender Blood Type

Does the camper have any health conditions (i.e. allergies, chronic conditions), prescribed medications, or special circumstances (i.e. religious convictions or legal arrangements) that we should be aware of?

NO  YES *If yes, please explain on back.*

***Please also list any medication(s) the camper will require on the back of this form. (prescribed or not.)***

Name of camper's physician Office telephone number

**Name of camper's health/accident insurance carrier(s) and appropriate policy information**

Carrier Policy number

Carrier Policy number

**Parent/Guardian information**

Name Relationship Name Relationship

Day Phone Number Day Phone Number

Evening Phone Number Evening Phone Number

Cell Phone Number Cell Phone Number

Signature Date Signature Date

**Please provide the information of a responsible adult whom we can contact in an emergency if we are unable to contact you.**

Name Relationship

Address

City / State / Zip Code

Day Phone Number Evening Phone Number

## Teacher Recommendation

(Letter of recommendation from a teacher is required.)

### Student's Name

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Dear Teacher,

To choose candidates who will make the Winter-in-America experience the most effective and enjoyable for all, we ask that each camper candidate choose a teacher to recommend him/her. Please write a short statement about the qualities that make this student a good candidate for participation in one of our programs, and how you feel that this experience will benefit the student. You may write on the back of this form or on an additional piece of paper. When completed, please return your statement to the student to be included with his/her application packet. We are interested in the student's interest, academic potential, and attitude.

Alternatively, you may email your recommendation to [info@american-scholar.org](mailto:info@american-scholar.org) If you do so, please be sure to include all of the requested information and use the following subject line: **Winter-in-America Program Teacher Recommendation.**

Teacher's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Teacher's Email: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Subject Area: \_\_\_\_\_

## Student Personal Statement

(Student Statement is required)

Dear Student,

Please write a personal statement in the space below or attach a personal statement to this packet on why you would like to attend the ASG Winter-in-America program you are applying to. What do you hope to gain from this experience?

