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# APPLICATION CHECK LIST

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## TO COMPLETE THIS PACKET:

PLEASE BE SURE ALL DOCUMENTS ARE INCLUDED AND COMPLETE

**Make sure to double check! Incomplete applications can not be processed.**

### CAMP APPLICATION

- Personal Information
- Family/Emergency Contact Information
- Health History
- Participant Medical Release
- Release & Hold Harmless Agreement
- Photo/Media Release
- Camper Behavior Agreement
- Cancellation Agreement
- Immunizations Record (If planning to attend longer than 1 week)

### REQUIRED INFORMATION

- Copy of Passport Identification Page
- Copy of Visa (If available)



## PERSONAL INFORMATION

Camp Group: \_\_\_\_\_  
(For Office Staff Only)

Date of Application: \_\_\_\_\_

**Directions: Print neatly in black ink or type. Return all forms together making certain signatures and dates are included.**

**Incomplete applications cannot be processed.**

**APPLICATIONS ARE DUE TWO (2) WEEKS PRIOR TO ARRIVAL DATE**

**PLEASE NOTE: All fees are due with EACH APPLICATION**

**(Please submit this to your agent if applying with a group)**

Representative/Agent: \_\_\_\_\_ Country: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Male:  Female:   
Family Name First Middle

Nationality: \_\_\_\_\_ Date of Birth: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Student's E-Mail \_\_\_\_\_ Fax No. \_\_\_\_\_

Grade of Attendance as of September 2016: \_\_\_\_\_ Intended School Immersion Grade Level: \_\_\_\_\_

Current School: \_\_\_\_\_ Language of Instruction \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ Tel. Number \_\_\_\_\_

Passport No. \_\_\_\_\_ Passport Expiry Date: \_\_\_\_\_

### School Immersion Camp Dates\*

Please list preferred arrival and departure dates. Check with your ASG Representative.

Arrival Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Departure Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* Please Note: All immersion programs spanning more than 1 regular school week will require immunizations according to Pennsylvania and Ohio Department of Education laws.

Please note camper shirt size:

Small

Medium

Large

Extra Large

XXL

XXXL



## FAMILY INFORMATION/EMERGENCY CONTACT

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address:(if different from FATHER'S) \_\_\_\_\_

City State Country Zip Code

City State Country Zip Code

Date of Birth: \_\_\_\_\_ Speaks English \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Speaks English \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

OTHER EMERGENCY CONTACT NAME: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Signature** (Your application will not be processed without the proper signatures)

I certify that the information given on this application is complete and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



PLEASE NOTE: ALL WAIVERS MUST BE SIGNED IN ORDER TO PARTICIPATE!

## HEALTH HISTORY

American Scholar Group (ASG) is required to have a current health history and a medical emergency authorization on file for each participant. The following information is requested for the benefit of the participant and will be handled confidentially.

It will be reviewed by the camp directors, health officer, and emergency personnel only. Please answer the questions and sign the authorization below. ASG reserves the right to require a physician's release prior to participation in the program.

Physician \_\_\_\_\_

Physician Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

**Does the participant:**

No Yes

Have his/her Hepatitis B Vaccination Series?

Have all required immunizations up to date?

Take any medications (prescription or otherwise)?

Have any allergies or reactions to medications?

**Have your permission for ASG staff to dispense non-prescription medications in the event they are required?**

Have any heart trouble?

Have epilepsy, convulsions or paralysis?

Have diabetes?

Have any recurring or chronic illness?

Have a record of any serious injuries, operations or past medical treatment?

Have any current of recurrent diseases?

Have any dietary restrictions?

Have any physical or medical disabilities, handicaps, or any other restrictions on normal camp activities?

Have a history of psychiatric counseling or hospitalization?

Have any behavioral concerns we should be made aware of?

Is the participant pregnant? (females only)

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?

Please provide details if you answered "Yes" to any of the above: \_\_\_\_\_

## PARTICIPANT RELEASE AND HOLD HARMLESS AGREEMENT

While at the ASG School Immersion Camp, students may be involved in activities that require exposure to changing weather conditions and the use of a variety of equipment. All activities require the complete attention and responsibility of the camper (listed above), either individually or as part of a group. Many of these activities involve inherent risks including possible serious personal injury, or property damage.

By signing below, in behalf of the above named camper, I agree to waive, release and discharge any and all claims for damages for personal injury, death, or property damage which the camper may have or which may hereafter accrue to the camper as a result of participation at the ASG School Immersion Camp.

As a parent or guardian for the named camper, I further agree to forever hold harmless and indemnify ASG, its agents, employees and Board of Trustees from any and all liability arising from any losses of personal property or any bodily injury incurred by the camper on or off ASG property, or in connection with any of ASG's activities or programs. I will defend and indemnify ASG and others named herein from any loss or damage including any that results from claims or lawsuits for personal injury, death and property loss and damage brought in behalf of the named camper relating in any way to participation through ASG. A signature is required for a reservation and to participate at all ASG Camps.

Print Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Signed X \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant parent or legal guardian if participant is under 18 years old)

Signatures in all highlighted areas above are required to hold your reservation and to participate at all ASG Camps.

**By signing on the X you are stating the information here-in is true and accurate.**

## PHOTO / MEDIA RELEASE

I grant permission to ASG and persons acting for or through them, the right to use, reproduce, and/or distribute photographs, films, videotapes and sound recordings involving the participation of the individual identified on this form at ASG for use in promotional materials they may create.

Signed X \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant parent or legal guardian)

## HEALTH/ACCIDENT/TRAVEL INSURANCE

Insurance Co. \_\_\_\_\_ Policy/Group# \_\_\_\_\_

If you answered "yes" to any of the above questions, please explain (attach a separate sheet if necessary): \_\_\_\_\_

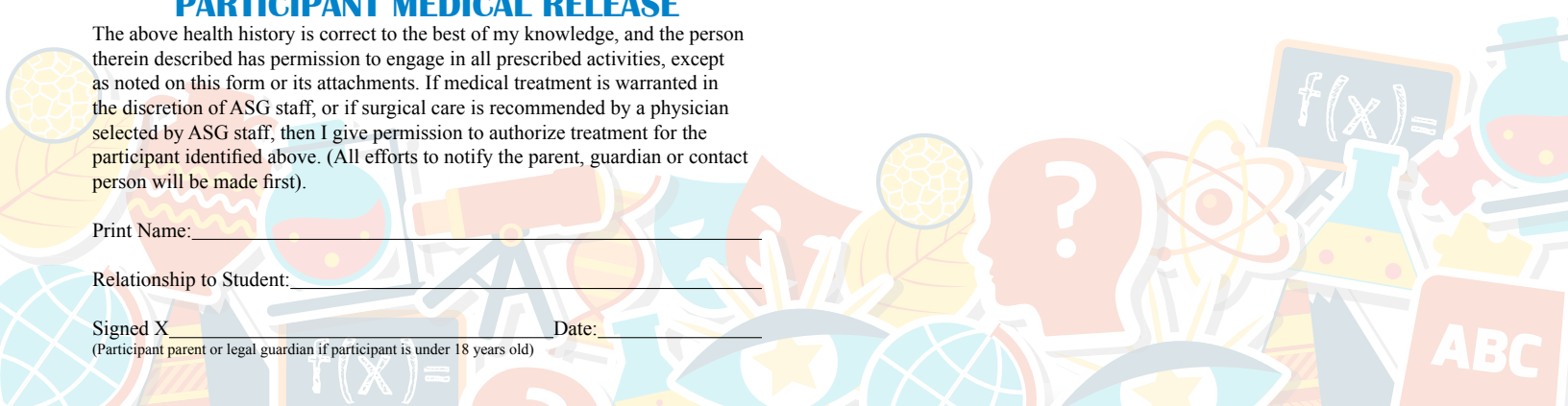
## PARTICIPANT MEDICAL RELEASE

The above health history is correct to the best of my knowledge, and the person therein described has permission to engage in all prescribed activities, except as noted on this form or its attachments. If medical treatment is warranted in the discretion of ASG staff, or if surgical care is recommended by a physician selected by ASG staff, then I give permission to authorize treatment for the participant identified above. (All efforts to notify the parent, guardian or contact person will be made first).

Print Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Signed X \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant parent or legal guardian if participant is under 18 years old)



## MEDICAL IMMUNIZATIONS RECORD

(Immunization records must be submitted if student is planning to attend school immersion for more than 1 week.  
Failure to submit forms will prevent students from attending the school)

Student: \_\_\_\_\_  
                     First Name                      Middle (if any)                      Last Name                      English name or nickname

**Please attach proof of Immunizations, in English:**

Vaccine	#Doses Required	Doses: Please enter MM/DD/YYYY of each Immunization					
		1	2	3	4	5	6
DTaP/DTP (1 dose must be after age 4)	Under age 7: 4 Age 7 and older: any 3 doses	Name					
Tdap (*Only if it has been FIVE years since the last DTap/DTP or Td dose)	1						
Polio (1 dose must be after age 4)	3						
MMR (Measles, Mumps, Rubella)	2						
Varicella	2						
Hepatitis B	3						
Meningococcal (For Students entering 6 <sup>th</sup> grade born on or after January 1 <sup>st</sup> 1997)	1						

\*PPD – positive/negative, date: \_\_\_\_\_

If positive, CXR (Dx/Rx): \_\_\_\_\_

\_\_\_\_\_  
 Doctor Signature/Stamp or Exit-Entry Administration Stamp

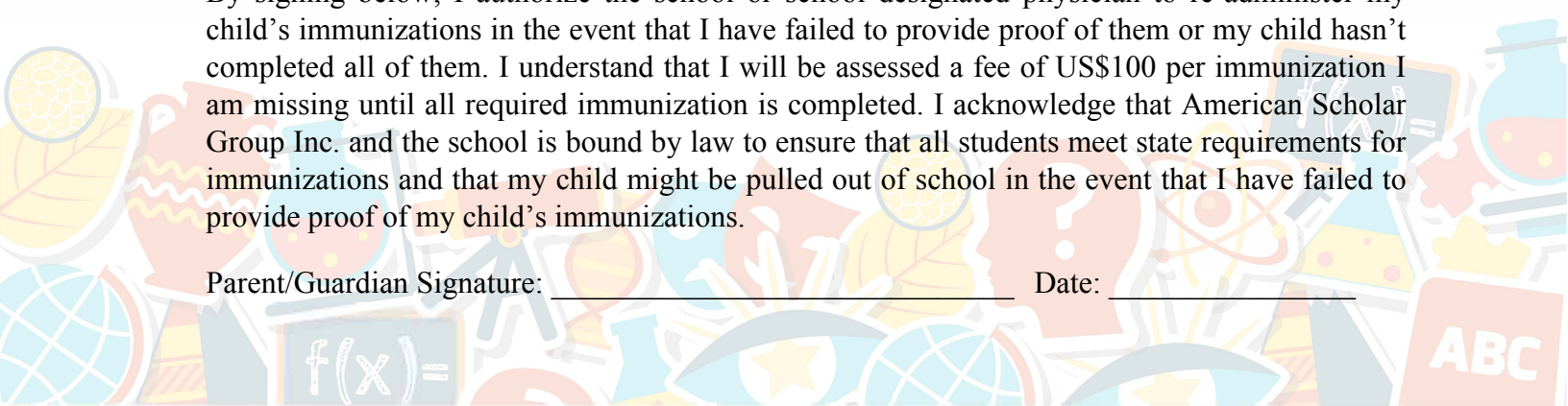
\_\_\_\_\_  
 Date

A signature/stamp may not be necessary if you attach proof of immunizations in English, but you still have to fill out all the required forms.

### Immunization Administration Terms

By signing below, I authorize the school or school designated physician to re-administer my child's immunizations in the event that I have failed to provide proof of them or my child hasn't completed all of them. I understand that I will be assessed a fee of US\$100 per immunization I am missing until all required immunization is completed. I acknowledge that American Scholar Group Inc. and the school is bound by law to ensure that all students meet state requirements for immunizations and that my child might be pulled out of school in the event that I have failed to provide proof of my child's immunizations.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# ASG CAMPER BEHAVIOR CONTRACT

Camper 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.

The camper and his/her parent or guardian must sign at the bottom to show that he/she agrees to abide by the rules and policies of the ASG Summer-in-America program.

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

- Make a strong effort to engage in camp programming and constructively work and interact with other participants and students.
- Respect the needs and feelings of others and show kindness to all with whom I come in contact.
- Show respect for Program staff through my attitude and behavior including following directions.
- 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.)
- 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.
- 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.
- Maintain language and decorum appropriate for the classroom setting at all times.

## While at Camp, I WILL NOT DO ANY OF THE FOLLOWING

- 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
- 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)
- Abuse substances – including alcohol or drugs – or engage in inappropriate and/or dangerous use of classroom or household materials.
- 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.
- 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.
- Drive my vehicle, nor will I otherwise leave campus without Program staff
- Use profanity

**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. No refunds will be given in the event a camper is sent home due to poor behavior or violation of camp policy.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CANCELLATION AGREEMENT FORM

All fees and payments are due prior to the beginning of camp.

In the event of cancellation, all ASG campers are entitled to a refund according to the following timeline:

<b>Timeline</b>	<b>Refund Percentage</b>
Up to 30 Days before start date	100%
Up to 15 Days before start date	50%
After 15 Days before start date	0%

**No refunds will be made in the event of withdrawal during camp.**

**No refunds of any monies paid to outside institutions, organizations, or entities made to accommodate campers will be made in the event of any cancellation.**

**Refunds are payable within 60 days**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

