YOUTH
DAWGS
Summer Recreation Camp
Development, Achievement, Wellness, Growth & Self-Confidence
Ages 5-12
June 20- June 24, 2016

Contact us at clubsports@saffairs.msstate.edu
PHILOSOPHY:

The Youth Dawgs Summer Recreation Camp will provide youth ages 5-12 a weeklong opportunity to participate in structured indoor and outdoor recreation activities. The camp provides age- and developmentally-appropriate, engaging instruction that promotes and fosters active participation.

The camp will provide campers and their families the tools and motivation to make healthy lifestyle choices, which includes exercise, proper nutrition and self-confidence. Campers engage in team building events, non-competitive team sports, lifelong physical fitness activities, and most importantly, FUN!

***We are curious about how much activity we do each day at the camp. To answer that question, we are inviting campers to wear physical activity monitors, during the camp. We will distribute the monitors to the campers at the beginning of each day and collect them at the end. In addition to quantifying physical activity, campers will use personal information to reflect on past day’s activities to help learn about wellness.***

Frequently Asked Questions

- How much will this camp cost?
  The YOUTH DAWGS Summer Camp is per family -$100 for each child

- When will drop off and pickup be?
  Drop off will be from 8:30am to 9:00am at the Joe Frank Sanderson Center Lobby.
  Pick up will be from 4:00pm to 4:30pm in the Joe Frank Sanderson Center Conference Room and Officials Training Center.

- What items will campers need daily?
  Lunch
  Sunscreen
  Towel
  Water Bottle
  Tennis Shoes- No Sandals
  Bug Spray (optional)
  GREAT ATTITUDE!

- What types of food should I pack for my child(s) lunch?
  Lean meat or sandwiches, fruit, nutritious snacks, and Water! Water! Water!
  *Please try to refrain from foods such as candy bars, chips, snack cakes, sodas, sports drinks, and high sugar drinks!

- What types of activities will my child participate in?
  Badminton
  Basketball
  Body Weight Exercises
  Calisthenics
  Dancing
  Disc Golf
  Dodge Ball
  Flag Football
  Jump Rope
  SpikeBall
  Softball
  Swimming
  Ultimate Frisbee
  Volleyball
  Rock Climbing
  Water Volleyball

Send Youth Dawgs Recreation Camp questions or inquiries to Julie Rhoads or Jason Townsend at clubsports@saffairs.msstate.edu
# Camper Information

(Please print or type and fill in completely)

<table>
<thead>
<tr>
<th>Camper 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camper: _____________________________________________</td>
</tr>
<tr>
<td>Home Address: ________________________________________</td>
</tr>
<tr>
<td>Age: (at time of camp) ____</td>
</tr>
</tbody>
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<table>
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<tr>
<th>Camper 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camper: _____________________________________________</td>
</tr>
<tr>
<td>Home Address: ________________________________________</td>
</tr>
<tr>
<td>Age: (at time of camp) ____</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Camper 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camper: _____________________________________________</td>
</tr>
<tr>
<td>Home Address: ________________________________________</td>
</tr>
<tr>
<td>Age: (at time of camp) ____</td>
</tr>
</tbody>
</table>

# Parent or Guardian Information

(Please print or type and fill in completely)

| Parent or Guardian #1: _____________________________ | Email: _____________________________ |
| Home Phone: __________________ Mobile Phone: ____________ | Work Phone: ____________________________ |
| Home Address: ________________________________________ | (Street Number) | (City, State, Zip Code) |

| Parent or Guardian #2: _____________________________ | Email: _____________________________ |
| Home Phone: __________________ Mobile Phone: ____________ | Work Phone: ____________________________ |
| Home Address: ________________________________________ | (Street Number) | (City, State, Zip Code) |

Additional Individual(s) Authorized for Camper(s) Pick Up

<table>
<thead>
<tr>
<th>(Name)</th>
<th>(Phone)</th>
</tr>
</thead>
</table>

Unauthorized individuals not listed will not be cleared to pick up campers
MEDICAL AUTHORIZATION/ INSURANCE RELEASE:
(Please print or type and fill in completely)

Medical Information:
Please state any health conditions that may need special consideration or attention (allergies, epilepsy, bee
stings, diabetes, asthma, etc.)

Significant Health Problems: ____________________________________________________________

Food Allergies: ________________________________________________________________

Drug Allergies: ________________________________________________________________

Current Medications: ________________________________________________________________

Behavioral Issues: ________________________________________________________________

(This will not impact your child’s registration - it will help staff in providing the best experience)

Are there any sports activities your child cannot participate in? ________________________________

Health Insurance
Insurance Company: ___________________________  Policy #: ___________________________
Phone #: ___________________________  Group #: ___________________________
Mailing Address: ________________________________________________________________

(Street Number)  (City, State, Zip Code)

Insured’s Name: ___________________________  Relationship to Applicant: ___________

______________________________         ______________________________        _________________
Parent or Guardian Signature          Date

PHOTO RELEASE:

Photo Location:  Joe Frank Sanderson Center - YOUTH DAWGS Summer Recreation Camp
Camp Date:  June 20th-June 24th

I hereby grant permission to Mississippi State University (MSU), or anyone authorized by MSU, to use and reproduce any
and all photographs that have been taken on the above date of me and/or my child (ren), without compensation to me. All
negatives and positives (whether digital or film), together with any prints, are owned by MSU. MSU reserves the
right to crop and edit the photographs and to use these photographs in any form, including but not limited to print and
electronic publications, broadcasts, or billboards. MSU may choose not to use the photographs at all, or may choose to
use the photographs at its discretion at a later date. MSU reserves the right to discontinue use of photos without
notice.

I acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

______________________________         ______________________________        _________________
Parent Name       Parent Signature      Date

______________________________
Child’s Name (please print)
PARENTAL CONSENT:

In accordance with the rules of the YOUTH DAWGS SUMMER RECREATION CAMP, I hereby give my consent for ________________ (applicant) to participate in the recreational and instructional activities that are a part of the camp. The undersigned applicant and parent/guardian understand that the applicant will be engaging in physical fitness during the program, which contains an inherent risk of physical injury and the undersigned assumes the risk, indemnifies, and releases Mississippi State University, its officers, directors, agents and employees from any and all liability for personal injury and property damage arising out of the applicant's participation in the Camp program. If at any time it is necessary for the applicant to receive outside or professional medical attention, we hereby give our consent to the Camp staff to select and secure such medical services as are deemed necessary or desirable and to secure whatever transportation is deemed necessary. I understand that while at camp, the applicant is eligible to use the Mississippi State University Health Center on campus. I also understand that there is a fee for these medical services. I authorize the release of any medical or other information necessary to process any insurance claim. I authorize payment of medical benefits to the supplier of medical services. I accept responsibility for charges not covered by insurance.

Parent Signature ______________________ Date ______________________
Child's Name (Please Print) - Camper 1 ______________________
Child's Name (Please Print) - Camper 2 ______________________
Child's Name (Please Print) - Camper 3 ______________________

GENERAL INFORMATION:

How did you hear about YOUTH DAWGS Summer Camp? (Check all that apply)

_____ Recreational Sports Web Site  _____ Joe Frank Sanderson Center  _____ Newspaper

_____ Social Media  _____ Other Please State: ______________________

What is your relationship to the university?

_____ Employee  _____ Affiliate  _____ Student  _____ Alumni  _____ Community Member

By signing, I understand that all reservations are final after June 13th.
Failure to cancel before this date will result in loss of payment

Parent or Guardian Signature ______________________ Date ______________________

Return completed forms to the
Joe Frank Sanderson Center Member Services office,
Mail to or Email to:

Julie Rhoads, Camp Co-Director
Joe Frank Sanderson Center - Recreational Sports
Attn: Youth Dawgs Recreation Summer Camp
PO BOX 6285
Mississippi State, MS 39762
662.325.8964
Email: clubsports@saffairs.msstate.edu

For credit card payment, visit COURSES at playrecsports.msstate.edu or the Member Services Office
For check payment, please make payable to Mississippi State University
(APPLICATION DEADLINE IS JUNE 15, 2016)