



Healthy Herd™ Youth Camp 2009 Scholarship Form



Child's Last Name: _____ First: _____ Nickname: _____
 Birthdate: ____/____/____ Age: ____ Social Security Number: ____ - ____ - ____ Gender: Male ___ Female ___
 Grade entering Fall 2009: ____ School child attends: _____
 Child's T-shirt Size: (Youth) M ___ L ___ (Adult) S ___ M ___ L ___ XL _____

Parent/Guardian Name(s): _____
AFFILIATION: MU Student ___ Faculty/Staff ___ Facility Member ___ Community (Non-Affiliate) ___
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: () _____ Work Phone: () _____ Alternate Phone: () _____
 E-mail 1: _____ E-mail 2: _____

Household Information: *Provide Information for the entire household supporting the child*

- 1) Previous 12 months gross income: \$ _____
- 2) Current gross monthly income: \$ _____
- 3) Number of persons in household: _____

Scholarships are awarded based upon private funding. Availability of funds and scholarship amounts vary from year to year and case to case.

EMERGENCY CONTACT (other than parents/guardians)

Name: _____ Relationship: _____ Phone: () _____

Person(s) authorized to pick child up from camp other than parent/guardian*:

1. Name: _____ Relationship: _____ Phone: () _____
2. Name: _____ Relationship: _____ Phone: () _____
3. Name: _____ Relationship: _____ Phone: () _____

*Only those listed will be allowed to pick the child up from the camp. Healthy Herd™ Youth Camps will not release to anyone not listed, regardless of relationship to child.

SESSION ENROLLMENT INFORMATION

(The information below should be filled out for the above named child only)

Session #	Dates	Member Fees*	Non-member Fees*	Before Care	After Care	Before & After Care	Discounts ¹	Deposit Paid	Balance Due
1	June 15-19	___ \$100	___ \$125	___ \$20	___ \$20	___ \$35	\$ _____	\$ _____	\$ _____
2	June 22-26	___ \$100	___ \$125	___ \$20	___ \$20	___ \$35	\$ _____	\$ _____	\$ _____
3	July 6-10	___ \$100	___ \$125	___ \$20	___ \$20	___ \$35	\$ _____	\$ _____	\$ _____
4	July 13-17	___ \$100	___ \$125	___ \$20	___ \$20	___ \$35	\$ _____	\$ _____	\$ _____
5	July 20-24	___ \$100	___ \$125	___ \$20	___ \$20	___ \$35	\$ _____	\$ _____	\$ _____
6	July 27-31	___ \$100	___ \$125	___ \$20	___ \$20	___ \$35	\$ _____	\$ _____	\$ _____

*Enrollment fees include a camp T-shirt.

¹Discounts will be determine on a need basis by the Healthy Herd™ Youth Camp Director

METHOD OF PAYMENT

-For Office Use Only-

Date Received: _____ Received By: _____ Amount Paid: _____ Balance: _____

-Continued on reverse side-

FULL PAYMENT MUST BE RECEIVED ONE WEEK BEFORE THE START OF SELECTED SESSION(S)

This Camp is a tuition-for-service program based on confirmed enrollments and secured deposits. Applications will be accepted on a first come, first serve basis. The balance in full must be received before the child will be allowed to attend camp. If full payment is **not** received by this time, my reservation(s) could be canceled. Each camp will have a limited number of camper spaces available. I understand **no refunds** will be made. Returned checks or charges will be assessed a \$25 fee.

Parent/Guardian Signature: _____ Date: _____

PARENT/ GUARDIAN—YOUR SIGNATURE INDICATES COMPLIANCE WITH PAYMENT REGULATIONS.

PERMISSION FORM

1. **Parent/Guardian Authorization:** My son/daughter is in good health and can participate in the activities of Marshall University Campus Recreation Healthy Herd™ Youth Camps.
2. **Photographs/Video Release:** I hereby permit Marshall University Campus Recreation Healthy Herd™ Youth Camps to publish photographs and/or videotapes for the purpose of promoting programs, which include the above named child. I hereby release all right, title, and interest I may have in said photograph/video.
3. **The Marshall University Campus Recreation Healthy Herd™ Youth Camps reserves the right to dismiss any participant whose behavior is disruptive to the program. Disruptive behavior is described but not limited to conduct that prevents the execution of activities or endangers program participants and/or staff.**
4. **Transportation Waiver:** I hereby grant the Summer Camp Staff permission to transport my child by commercial vehicle and/or leased private vehicle and/or private vehicle and/or by foot to locations (i.e. Football Stadium, Joan C. Edwards Performing Arts Center, Cam Henderson Center, Memorial Student Center Plaza) where additional camp activities may be held or in the event of a medical emergency.

I certify as the parent or guardian of the above named child that together we have reviewed all regulations in 1, 2, 3, and 4 pertaining to Marshall University Campus Recreation Healthy Herd™ Youth Camp and understand that failure to abide by these regulations will result in immediate dismissal from the program without a refund.

Parent/Guardian signature: _____ Date: _____



