

Campership Guidelines for University Youth Programs, Summer 2017

University Youth Programs sets aside a limited amount of funding each summer to provide assistance for students who demonstrate genuine financial need.

Participation in our summer camps or other structured youth activities can have many positive effects on a child's development. The more time a child is involved, the greater the benefits. In an effort to attain these benefits, the campership and assistance program encourages applicants to participate in more than one week of camp.

Campership awards will be determined **after** February 28th.

All applications are HELD until the deadline and compared as a group.

Factors in awarding funds include state and federal income guidelines, complete and thorough application materials, documentation to support the request, referrals, funds available, the pool of applicants, camp availability, and others.

In an effort to stretch the funding and allow as many children to attend camps as possible, there is a limit on the number of full camperships per child (minus the \$25 copayment per camp.) Partial requests are encouraged for those who are able to afford part of the fee. Partial awards may also be decided by the program staff based on available funding and the quality of application materials.

Due to the popularity of our camps, we are reserving a limited number of registration openings in selected camps for campership recipients. Applicants may apply for other camps of their choice.*

**Note that camp choices may fill prior to the campership applications being processed and awarded.*

All campership applicants will receive a campership award status notification. Your award notification will be mailed or emailed to the address you provide on the application if and when the campership is awarded, or you will be contacted regarding registration options.

- Recipients must pay a minimum of \$25 co-pay per camp due at time of campership acceptance. This fee also covers the cancellation fee for each camp (at a reduced rate from the standard fee).
- Everyone must return the campership award letter to accept or reject their award. Applicants receiving partial funding will be notified of the additional amount due and given a deadline.
- If you receive a full or partial campership and choose not to accept the campership, indicate this on the return form so that funds may become available for others.
- If you do **not** receive a campership, or cannot afford the partial award given, you will be put on a waiting list in the event that additional funds become available.
- Please note that all other Youth Programs policies and fees apply to camperships, as well.

To Apply (applications must be complete and on time to be considered):

1. Review and complete the campership request form, the camp registration/waiver form and schedule.
2. Documentation is required! Attach copies. The more support you can give your application, the better.
3. Remember to indicate a second choice for each camp. If your first camp choice is full, this will speed up the process and increase your chances of getting your camp(s).
4. Return all forms by the deadline with the \$10 per application fee.

University Youth Programs Summer 2017 Campership Request Form

Complete all areas in full and return by the deadline to be considered.

Deadline for Camperships: February 28, 2017 at 4:00pm.

- All requests are held until the deadline.
- Decisions will be made after the deadline. Applicants will be notified no later than March 18, 2017.

Cost: \$10 non-refundable application fee. All recipients also pay minimum \$25 co-pay per camp due at time of campership acceptance.

Name of child/participant: _____ **Age** _____ **Birth date** _____

School attending now (2016-2017 school year) _____ **School City** _____

Parent Contact(s): 1) _____ 2) _____

Mailing address: _____ **City & Zip** _____

Home phone: _____ **Cell or other phone:** _____

Email address we can contact you at: _____

What is your connection to the University of Minnesota? __ none (community) __ student __ alumni __ staff __ faculty

Participated in our camp(s) before? Yes / No **How many?** _____ **What year(s)** _____

Tell us about your situation: Please share your reason(s) for requesting a campership this year. _____

Do you receive (or have you applied for) County Assistance? Yes / No **County** _____

Do you receive any financial assistance from the University or another agency? Yes / No **Agency** _____

Amount of campership requested:

If you qualify and receive financial assistance in the form of reduced fees, you will be responsible for the balance due by the deadline.

Please indicate the total cost of the camp(s) you are requesting \$ _____

Please indicate the maximum amount you can pay toward the camp(s) \$ _____

DOCUMENTS to support your request. Include copies of ALL that apply to you / your family.

- Most recent tax returns (Form 1040)** It must show the name of the child applying for the campership as a dependent.
If parents file taxes separately, both federal income tax forms are required.
- Copy of the last three pay stubs and/or unemployment verification from all financial supporters of this child**
- Copy of free and reduced lunch approval from a Minnesota school district in 2016-2017 year**
- Copy of documentation of Social Security Disability**
- International families: copy of I-20 document, I-94 card and/or DS 2019. Include all that apply to you.**
- Other (describe)** _____

INCLUDE this form and all materials together at the time of application, with your \$10 non-refundable and non-transferable fee.

ALL APPLICANTS:

- **Keep in mind:** We are not always able to meet all requests.
- **Note that some camps fill quickly and may be full prior to the campership awards.**
Due to the small group sizes and the popularity of our program, many camps will fill before the campership decisions are made. There are a few reserved places for camperships in the camps specified; however, if you want to guarantee a place in camp, the campership process may not be the best method.
- **The camps below have a few reserved places for campership recipients.** You may apply for these camps and/or other camps of your choice. Select other camp choices from the two pages of Camps at a Glance.
- **Financial assistance is limited to maximum of two (2) camps per child per year.**
- **Submit** your completed Camps at a Glance, Youth Programs 2017 Registration Form, and this Application.

CHOOSE YOUR CHILD’S CAMPS HERE:

Camp Title	Ages	Bar Code	Camp Dates	Child’s Name	1 st Choice	2 nd Choice	3 rd Choice
Water Journeys: Drink	6-8	7665	June 12-16				
Water Journeys: Drink	9-11	7666	June 12-16				
Rock Climbing	8-10	7508	June 12-16				
Water Journeys: Rain	6-8	7667	June 19-23				
Water Journeys: Rain	9-11	7668	June 19-23				
Archery	12-15	7601	June 19-23				
Nature’s Kitchen	6-8	7559	June 26-30				
Tennis	7-9	7648	June 26-30				
Intro to Improv	9-11	7643	June 26-30				
Circus	6-8	7527	July 10-14				
Working with Wildlife	9-11	7572	July 10-14				
Working with Wildlife	12-15	7573	July 10-14				
Lego Film	6-8	7676	July 17-21				
Engineering Lego Boats	10-12	7656	July 17-21				
Drop It, Roll It, Whack It, Move It	11-13	7542	July 17-21				
Design Lab	9-11	7543	July 24-28				
Rock Climbing	11-14	7511	July 24-28				
Blast off! Rocketry	6-8	7621	July 31-Aug 4				
Engineering Aeronautics & Drones	9-11	7659	July 31-Aug 4				
Leadership Challenge	12-15	7583	July 31-Aug 4				
Soccer	6-8	7611	August 7-11				
Glow & Go	8-10	7674	August 7-11				
Engineering in Nature	10-12	7555	August 7-11				
Passport to Pastels	9-11	7521	August 14-18				
Lumberjack Log Rolling	12-15	7596	August 14-18				
<i>Other Choice:</i>							
<i>Other Choice:</i>							

I have read and understood the campership and assistance application procedure and deadline information.

I verify that the personal and financial information provided with this application is complete, true and correct, and that all income is reported. I understand that all applications are confidential and their content is not shared beyond the staff necessary to process the application. I understand that application to the program does not guarantee participation.

Signature _____ Printed Name _____ Date _____

RETURN all forms and fees to: University Youth Programs, 1536 N Cleveland Avenue, St. Paul, MN 55108

UNIVERSITY YOUTH PROGRAMS 2017 REGISTRATION

Child's Name _____ Date of Birth _____ Age _____ T-shirt Size youth S youth M youth L
 Check One: adult S adult M adult L

Additional Child's Name _____ Date of Birth _____ Age _____ T-shirt Size youth S youth M youth L
 Check One: adult S adult M adult L

Main Parent(s) or Guardian(s) _____ Street Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____ Email Address _____ U of M Faculty Staff
 U of M Student

Other Parent(s) or Guardian(s) _____ Street Address _____ City _____ State _____ ZIP _____
 Home Phone _____ Work Phone _____ Cell Phone _____ Email Address _____ U of M Faculty Staff
 U of M Student

Authorized Pick-up: Additional Adults other than those listed above that are authorized to pick up child from camp.

_____	_____	_____	_____
Name	Relationship	Name	Relationship
_____	_____	_____	_____
Name	Relationship	Name	Relationship

PARTICIPATION AGREEMENT & COMPLETE WAIVER & RELEASE

I, _____, wish to register my minor child or ward (hereinafter included in the words "I," "my" and "me") to participate in the University Youth Program's Summer Day Camps, including transportation to, during and from that activity, if offered. In consideration of such participation, I agree as follows:

1. Risks. I know the Event could result in risks of harm, including severe personal injury, disability, death or property loss or damage ("Risks"). The University of Minnesota ("University") has no control over factors that may influence the Risks. I am experienced in the activities involved in the Event, and have no medical reason why such participation is not advised.

2. Release. I voluntarily and knowingly accept full responsibility for encountering all Risks, known and unknown. On behalf of myself, my child, heirs, next of kin, successors, assigns and anyone else who might claim through me, on my behalf, or who might have a claim arising out of, related to or based upon any disability, death or loss or damage to person or property I may experience as a result of the Event, I expressly forever release, indemnify and hold harmless the Regents of the University of Minnesota, University Recreation and Wellness, directors, employees, volunteers, leaders, sponsors, Event organizers, promoters and each of their agents, representatives, successors and assigns, and all other persons associated with the Event, ("Releases") from any and all loss, cost, expense or other damage of any kind, including but not limited to insurance subrogation and attorney's fees (together and singly, "Claims"). THIS PROMISE APPLIES EVEN TO CLAIMS BASED IN WHOLE OR IN PART ON RELEASEE'S NEGLIGENCE AND/OR GROSS NEGLIGENCE, TO THE EXTENT PERMITTED BY LAW. The Event is voluntary, and not a part of, or related to, my educational program, residence or employment at the University in any way.

3. Emergency. Event staff may render first aid and/or obtain medical treatment s/he deems necessary. I will be financially responsible for all costs incurred thereby, regardless of insurance coverage. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring the hazard to the attention of the nearest official immediately.

4. General. I grant Releasees full permission to use images, recordings or any other record of the Event in any medium. I will comply with stated and customary rules for participation. Event staff may terminate any participation due to conduct s/he deems inappropriate. The entry fee is non-refundable and non-transferable.

5. Jurisdiction. The laws of the State of Minnesota govern validity, construction and enforceability of this Agreement, without giving effect to its conflict of laws principles. All suits, actions, claims and causes of action relating thereto shall be in the State Courts in Hennepin County, Minnesota.

I HAVE READ THIS LEGALLY BINDING DOCUMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND AGREE TO BE BOUND BY IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. THIS DOCUMENT MAY BE ELECTRONICALLY SIGNED. A PHOTOCOPY OR FACSIMILE WILL BE AS VALID AS AN ORIGINALLY SIGNED DOCUMENT.

 Name of Parent or Guardian

 Signature of Parent or Guardian _____ Date _____

MEDICAL OR BEHAVIOR NOTES

List any medications or medical conditions that the University Youth Program's staff and medical emergency service personnel might need to be aware of. This includes any medications that your child typically takes during the school year.

Please list any behavioral or other information that may help our staff assist your child in having a positive experience, including any special assistance received during the school year.

FOR GOPHER ADVENTURES:

If you would like placement with a friend of the same age group, list name here. Requests not guaranteed. _____

REQUIRED EMERGENCY INFORMATION

Health Insurance Provider: _____ Policy Number: _____

List two individuals, other than the parents, to contact in the event that a parent or guardian cannot be reached

_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number

Total Camp Fees \$ _____ + \$5.50 transaction fee = \$ _____ Total Payment
 Payment Attached Check payable to University of Minnesota Cash (Your confirmation and receipt will be mailed within 1-2 weeks)