Two weeks. June 3-7 & 10-14

Countless unforgettable experiences.

Apply to be a 2019 Arts & Athletics Camper!

Housed under Florida State University's College of Social Work, the Arts & Athletics program is designed to combine arts and athletics as vehicles to introduce youth age 11-14 to the university environment and encourage them to pursue higher education. The program aims to enhance leadership development, grow confidence in academic achievement, socialization, and other life skills for local youth, including those with limited social and economic opportunity.

> Questions? Contact us: csw-arts-athletics@fsu.edu

Camp hours are 7:30am-5:30pm.

Hello Parents, Guardians, and Caregivers,

We are excited that you are interested in The Florida State University College of Social Work, Arts & Athletics Camp! My name is Virginia Scott and I am the Camp Director. This is my third summer with the camp and I could not be more thrilled to share the Seminole Spirit with your children. On behalf of the Arts & Athletics staff we want to provide a detailed overview of the camp including expectations and program content.

The Arts & Athletics Camp introduces youth ages 11-14 to the university environment and encourages them to pursue college through arts and athletics. The program aims to enhance leadership development, grow confidence in academic achievement, socialization, and other life skills for local youth, including those with limited social and economic opportunity.

The camp works with various partners on campus such as University Athletics, the Career Center, the Center for Leadership and Social Change, PeaceJam SouthEast, the Center for Academic Retention and Enhancement (CARE), V89 Radio Station, and others. These organizations fully expose youth to what a university offers.

The Arts & Athletics Camp will consist of two different weeklong sessions running from June 3rd- 7th and 10th - 14th, 2019. Selected campers will be allowed to attend only one of the weeklong sessions. Camp hours are from 7:30am – 5:30pm. Campers should be dropped off at the Thagard Building on FSU's campus no later than 7:45am. Campers need to be picked up by 5:30pm daily.

We provide campers with a light breakfast, lunch, and an afternoon snack. If your camper has any dietary preferences or food restrictions, please indicate and describe these in the application below so that we may accommodate these to the best of our ability.

We ask all campers come dressed comfortably, as they will be participating in athletic activities daily. Please ensure your child wears closed toe shoes, and clothing appropriate for extensive outdoor activity. Please no spaghetti straps, tank tops with oversized armholes, short shorts, or extremely oversized clothing. We also suggest campers bring an umbrella and/or a poncho.

Additionally, camp has a strict no phone policy. Campers may not use their phone at any time during camp. If you need to reach your child, you may contact the Program Director or Camp Director to facilitate contact.

Please complete all forms in the packet. Incomplete packets will not be considered for admission to the camp. A checklist is provided at the end of the packet for your convenience.

We look forward to potentially hosting your child with our camp, and thank you for your interest and consideration!

Best,

Virginia Scott

2019 Arts & Athletics Camp Director

csw-arts-athletics@fsu.edu





Florida State University College of Social Work

2019 Arts and Athletics Camp

Camper Application



Applications due May 3, 2019 Selections made by May 10, 2019

Submit application online to: Virginia Scott at csw-arts-athletics@fsu.edu

Mail application to: FSU College of Social Work, c/o Shalay Jackson, 296 Champions Way,

PO Box 3062570, Tallahassee, FL 32306 -2570

Student Data

Parent/Guardian Data

| Name | | | | | Gender: |
|------------------|--------|----------------|-------|------|----------------|
| First | | Middle Initial | Las | st | |
| Birthdate: | / | | Age: | Grad | e Entering: |
| Mon | th Day | Year | | | |
| School: | | | | | |
| | | | | | Asian-American |
| Mailing Address: | | | | | |
| | Street | | | | |
| | | | | | |
| | City | | State | | Zip Code |
| | | | | | |

Parent/Guardian #1:

Name

Email (must be valid as this is the primary form of communication

Best Contact Number

Parent/Guardian #2:

Name

Email (must be valid as this is the primary form of communication

Best Contact Number

| Contact: | |
|---|--|
| Name | |
| | |
| | |
| Relationship and Contact Number | |
| | |
| Student Health | |
| | |
| Does your student have any special needs (food allergies, medical needs, etc.) camp staff show | uld be aware of? |
| YESNO | |
| (Note: This information not taken into consideration in the camper selection process. This information is for our couns of the camper.) | elors to adequately prepare to take care |
| If YES, please describe: | |
| | |
| | |
| | |
| | |
| Does your student have any medications he/she must take regularly? YES | NO |
| If YES, please describe: | NO |
| | |
| | |
| | |
| | |
| I,, hereby affirm all student health information is accurate | te and fully disclosed. |
| Parent/Guardian | |
| Signature | Date |

In Case of Emergency

Other

This camp has a strict no phone policy. If you need reach your camper, you may contact the Camp Coordinator or the Head Counselor to facilitate contact. Please initial your acceptance of this policy. ______

Camp Hours are from 7:30 a.m. – 5:30 p.m. Campers may be dropped off no later than 7:45am and must be picked up no later than 5:30pm each day. Please initial your acceptance of this policy.

There are two one-week sessions of camp this year. Campers can only attend one of the sessions.

Please Indicate camper availability and preference below. We will attempt to assign campers to their first preference, however it is not guaranteed.

| Week | Available | 9 | Preference | | |
|------------|-----------|----|------------------|------------|------------|
| June 3-7 | Yes | No | First preference | Second | No |
| | | | | Preference | Preference |
| June 10-14 | Yes | No | First preference | Second | No |
| | | | | Preference | Preference |

Feel free to provide additional camper preference information in the space below (i.e., wanting to be with a sibling or friend):

What do you want to be when you grow up?

What are your hobbies talents, and/or interests?

Why do you want to come to camp?





STATEMENT OF VOLUNTARY CONSENT

In consideration of my minor child's participation in the 2019 Florida State University College of Social Work Arts & Athletics Program (hereafter referred to as the Program) and having actual knowledge and appreciation of and those risks involved in the Program, I voluntarily consent to my minor child's participation in the Program and assume the risks arising therefrom.

In consenting to involvement, I also acknowledge that I have been informed regarding activity, skills, risks, and specific guidelines associated with participation in the Program, as outlined in the following summary.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE FSU BOARD OF TRUSTEES OR ITS AGENTS ("FSU") USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM FSU IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND FSU HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I HEREBY CONSENT, declare and represent, as evidenced by my signature below, that I am on notice that The Florida State University has no insurance to cover me, or my child in the event that the undersigned participating child is under eighteen years of age, in the event of injury or death and I specifically release and hold harmless Florida State University, Florida State University Board of Trustees, its employees, and personnel from any and all liability connected with this activity and assume all risks, liabilities and responsibilities for any and all accidents, injury or property loss arising therefrom, and it has been strongly recommended to me that I obtain medical insurance prior to the aforementioned activities.

Finally, I hereby declare and represent that in making, executing, and tendering this Statement of Voluntary Consent, I fully understand and acknowledge that I am relying wholly upon my own judgment, belief and knowledge of the circumstances involved in my minor child's participation in the described activity, and that I have read this statement, understood its contents and executed it of my free will and choice.

I acknowledge on behalf of my minor child that my minor child is in good physical condition and does not have a problem, which would preclude my child's participation in the activities as a consequence of any and all injury, loss or damage, directly or indirectly sustained by my child through participation in the aforementioned activity.

| Participant Name: | | |
|---|-----------|------|
| Parent/Guardian Name (if participant is under age18) | Signature | Date |
| Notary | Signature | Date |

PHOTO/MEDIA RELEASE

 $I \square do \square do not grant Florida State University's CSW Arts & Athletics Program and persons acting for, or through them, the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of me and/or my minor child for use in materials they may create.$

Signature

Date

This year, at the Florida State University College of Social Work Arts & Athletics Camp, we are conducting a study to better understand how arts and athletics in a summer camp impact youth. Specifically, we are interested in how the camp impacts youths' self-esteem, confidence, and interest in attending college. We are inviting all children participating in the Arts & Athletic Camp to be part of a research study called *Promoting Positive Youth Development through Arts and Athletics for At-risk Youth.* Participating is completely voluntary. Your decision to allow your child to participate in the study does not influence their involvement in the camp.

If you agree for your child to be in this study, then your child will:

1) be told about the study and then asked to sign a form saying she/he is willing to be in the study

2) take a survey on the first day of camp that has questions about his/her self-esteem, confidence, and interest in going to college,

3) on the last day of camp take the same survey taken on the first day

4) participate in one short small group interview the last day of camp to talk about the camp.

The small group interview will be recorded, but the names of children will not be included in the transcripts. Additionally, throughout the camp, if you choose for your child to be in the study, then copies of their poetry and artwork will be made to be used in the study. Your child will keep the original poetry and artwork. Your child's identity will not be revealed in any publication that comes from this study.

There are two potential risks associated with your child participating in the study; all of which are unlikely. First, this study include your child talking about her/his experiences in a small group interview and doing so in a group may also lead to feeling uncomfortable. If your child feels uncomfortable, a group facilitator or I are available to discuss any issues or concerns privately. Your child does not have to answer any questions if she/he chooses. Second, in small group interviews, although confidentiality will be discussed and promoted by the focus group facilitator, there is the risk of a group member sharing something disclosed by another participant outside of the group. The risk to your child's privacy and confidentiality is small and we will make all efforts to minimize the risk.

Your child's participation is voluntary. Your child's involvement is not a condition of being involved with the camp. Your child can leave the study at any time without any penalty.

Any information your child provides will only be available to members of the research team. None of the information will be shared with any other else to the extent allowed by law. We will keep all information in locked filing cabinets or on secure computer drives.

The benefit of your child being in this study is the opportunity to provide feedback about how arts and athletics in a summer camp format can help youth. However, there is no direct benefit to your child for being in the study.

We want to make sure that you understand the study and answer all of your questions. Please contact me at 850-645-5935 or <u>LSchelbe@fsu.edu</u> for more information.

If you are interested in your child being in the study, please sign the attached consent form.

Thank you for your consideration.

Best,

Lisa Schelbe,

Assistant Professor

Florida State University College of Social Work



Permission to Take Part in a Human Research Study

03/13/2019 IRB Approval Date

Title of research study: Promoting Positive Youth Development through Arts and Athletics for At-risk Youth

Investigator: Lisa Schelbe, Ph.D., MSW

Key Information: The following is a short summary of this study to help you decide whether or not to be a part of

this study. More detailed information is listed later on in this form. Why am I being invited to take part in a research

study?

We invite your child to take part in a research study to examine how arts and athletics in a summer camp impact youth. Your child was selected because she/he is part of the Florida State University College of Social Work Arts & Athletics Camp. If you give permission for your child to be in this study, then we will invite him/her to sign an assent form if she/he wishes to be in this study.

What should I know about a research study?

- Someone will explain this research study to you.
- Whether or not your child takes take part is up to you.
- You can choose your child not to take part.
- You can agree to have your child take part and later change your mind.
- Your decision will not be held against your child or you.
- You can ask all the questions you want before you decide.

Why is this research being done?

The purpose of this study is to better understand how arts and athletics in a summer camp contribute to positive youth development. Specifically, we are interested in how the camp impacts youths' selfesteem, confidence, and interest in attending college.

How long will the research last and what will I need to do?

We expect that your child will be in this research study for one week.

If you agree for your child to be in this study, then your child will: 1) be told about the study and then asked to sign a form saying she/he is willing to be in the study, 2) take a survey on the first day of camp that has questions about his/her self-esteem, confidence, and interest in going to college, 3) on the last day of camp take the same survey taken on the first day, 4) participate in one short small group interview the last day of camp to talk about the camp.

More detailed information about the study procedures can be found under "What happens if I say yes,

I want to be in this research?"

Is there any way being in this study could be bad for me?

There are two potential risks associated with your child participating in the study; both of which are unlikely. First, this study includes your child talking about her/his experiences in a small group interview and doing so in

a group may also lead to feeling uncomfortable. Second, confidentiality may not be kept by one of the other youth in the small group interview.

More detailed information about the risks of this study can be found under "Is there any way being in this study could be bad for me? (Detailed Risks)"

Will being in this study help me in any way?

There are no benefits to your child for taking part in this research. We cannot promise any benefits to others from your taking part in this research. However, possible benefits to others include improving future camps.

What happens if I do not want to be in this research?

Participation in research is completely voluntary. You can decide for your child to participate or not to participate. Your child's alternative to participating in this research study is to not participate.

Detailed Information: The following is more detailed information about this study in addition to the

information listed above.

Who can I talk to?

If you have questions, concerns, or complaints, or think the research has hurt you, talk to Dr. Lisa Schelbe at 296 Champions Way, College of Social Work, Tallahassee, FL 32306, or 850-645-5935, or lschelbe@fsu.edu.

This research has been reviewed and approved by an Institutional Review Board ("IRB"). You may talk to them at 850-644-7900 or <u>humansubjects@fsu.edu</u> if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get information or provide input about this research.

How many people will be studied?

We expect about 20 children will be in this research study out of 25 children each week of camp.

What happens if I say "yes" to being in this research?

If you agree for your child to be in this study, then your child will: 1) on the first day of camp be told about the study and then asked to sign a form saying she/he is willing to be in the study, 2) take a survey on the first day of camp that has questions about his/her self-esteem, confidence, and interest in going to college, 3) on the last day of camp take the same survey taken on the first day, 4) participate in one short small group interview the last day of camp to talk about the camp. The small group interview will be recorded, but the names of children will not be included in the transcripts.

Additionally, throughout the camp, if you choose for your child to be in the study, then copies of their poetry and artwork will be made to be used in the study. Your child will keep the original poetry and artwork.

What happens if I say "yes," but I change my mind later?

Your child can leave the research at any time it will not be held against you.

Is there any way being in this study could be bad for me? (Detailed Risks)

There are two potential risks associated with your child participating in the study; both of which are unlikely. First, this study includes your child talking about her/his experiences in a small group interview and doing so in a group may also lead to feeling uncomfortable. If your child feels uncomfortable, a group facilitator or I are available to discuss any issues or concerns privately. Your child does not have to answer any questions if she/he chooses. Second, in small group interviews,

although confidentiality will be discussed and promoted by the focus group facilitator, there is the risk of a group member sharing something disclosed by another participant outside of the group. The risk to your child's privacy and confidentiality is small and we will make all efforts to minimize the risk.

What happens to the information collected for the research?

Efforts will be made to limit the use and disclosure of your child's personal information, including research study and medical records, to people who have a need to review this information. We cannot promise complete secrecy. Organizations that may inspect and copy your information include the IRB and other representatives of this organization.

Can I be removed from the research without my OK?

The person in charge of the research study can remove your child from the research study without your approval. Possible reasons for removal include if the child does not complete the survey or participate in the focus group.

What else do I need to know?

There is no compensation to participate in this study.

Your signature documents your permission for the named child to take part in this research.

Printed name of child Signature of parent or individual legally authorized to consent to the Date child's general medical care ParentIndividual legally authorized to Printed name of parent or individual legally authorized to consent to consent to the child's general the child's general medical care medical care (See note below) Note: Investigators are to ensure that individuals who are not parents can demonstrate their legal authority to consent to the child's general medical care. Contact legal counsel if any questions arise. Signature of parent Date Printed name of parent If signature of second parent not obtained, indicate why: (select one)

The IRB determined that the permission of one parent is Second parent is incompetent

Second parent is not reasonably available

| Second parent is deceased | Only one parent has legal responsibility for the Second parent is unknown | care and |
|---------------------------|---|----------|
| custody of the child | | |

Obtained Assent

sufficient.

□ Not obtained because the capability of the child is so limited that the child cannot reasonably be consulted.

Signature of person obtaining consent and assent

Date

03/13/2019

Printed name of person obtaining consent

IRB Approval Date

