

Hello Parents and Guardians,

We are excited that you are interested in The Florida State University College of Social Work Arts & Athletics Program!

My name is Sabrina Sprott and I am the 2020 Camp Director. This is my third year with the program 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.

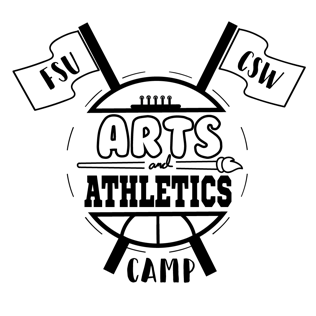
The Arts & Athletics Camp introduces youth ages 11-14 to the university environment and works to promote positive youth development. The program aims to enhance self-awareness, confidence, emotional literacy, and interpersonal relationship skills while cultivating a resilient mindset.

We provide campers with an evening snack. If your child has any dietary preferences or food restrictions, please indicate them in the application. We will make accommodations to the best of our ability.

We ask that all campers come dressed comfortably, as some sessions involve athletic activities. Please ensure your child wears closed toe shoes, and clothing appropriate for 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 and a reusable water bottle.

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. A checklist is provided at the end of the packet for your convenience. Thank you for your interest and consideration!

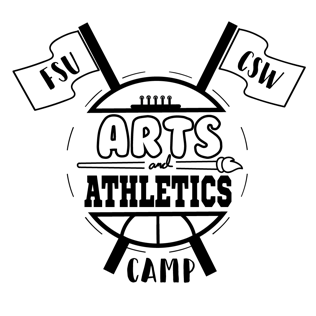


Best,

Sabrina Sprott, BSW

2020 Arts & Athletics Camp Director

csw-arts-athletics@fsu.edu

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**Florida State University College of Social Work**

**2019 Arts and Athletics Camp**

**Camper Application**

Applications due December 6, 2019

Email application to: Sabrina Sprott at [csw-arts-athletics@fsu.edu](mailto:nramos2@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**

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender**: \_\_\_\_\_\_\_\_\_\_\_\_\_

*First Middle Initial Last*

**Birthdate**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**:\_\_\_\_\_\_\_\_\_\_\_\_ **Grade Entering**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Month Day Year*

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Race/Ethnicity: \_\_\_\_\_\_** Black/African-American \_\_\_\_\_\_\_White \_\_\_\_\_\_\_Hispanic/Latino \_\_\_\_\_Asian-American

\_\_\_\_\_\_ Native American \_\_\_\_\_\_ Multiracial Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City State Zip Code*

**Parent/Guardian Data**

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*

**In Case of Emergency**

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Relationship and Contact Number*

**Student Health**

Does your student have any special needs (food allergies, medical needs, etc.) camp staff should be aware of?

\_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_\_\_\_ NO

(*Note: This information is not taken into consideration in the camper selection process. This information is used to adequately prepare to meet the needs of your child.)*

If YES, please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your student have any medications he/she must take regularly? \_\_\_\_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_\_NO

If YES, please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby affirm all student health information is accurate and fully disclosed.

*Parent/Guardian*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Date*

**Other**

This program has a strict no phone policy. If you need reach your child, you may contact the Program Director or Camp Director to facilitate contact. Please initial to indicate understanding and acceptance. \_\_\_\_\_\_\_\_\_\_\_\_\_

Program hours are from 5:30 p.m. – 7:30 p.m. Children must be picked up no later than 7:30 p.m. each day. Please initial to indicate understanding and acceptance. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camper T-shirt Size (please check one):**

\_\_\_\_\_\_ Adult Small \_\_\_\_\_\_\_ Adult Medium

\_\_\_\_\_\_Adult Large \_\_\_\_\_\_\_Adult X-Large

**Short Essay Questions (to be completed by prospective camper)**

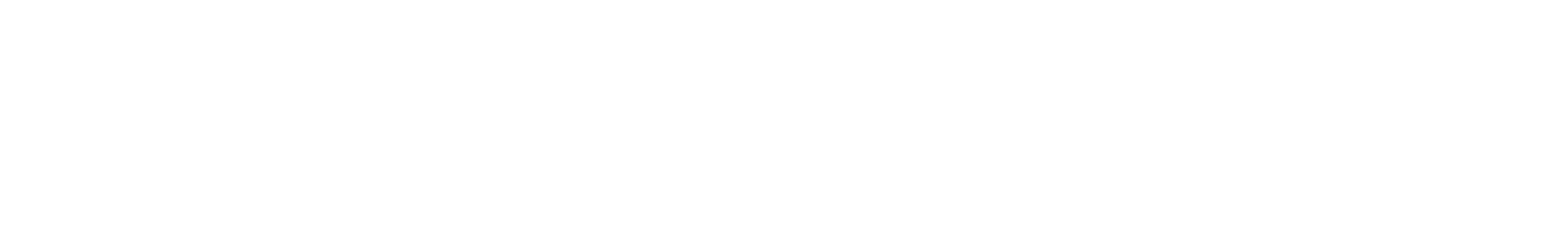
What is your best quality?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want to participate in the arts and athletics program?

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**Florida State University**

**College of Social Work**

**2020 Arts & Athletics Program**

**STATEMENT OF VOLUNTARY CONSENT**



In consideration of my minor child’s participation in the 2020 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.

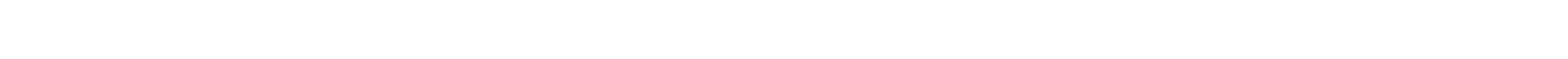
Finally, I hereby declare and represent that in making, executing, and tendering this Statement of Voluntary Consent, I fully understand and acknowledge that I am relying wholly upon my own judgment, belief and knowledge of the circumstances involved in my minor child’s participation in the described 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 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.

do

Signature Date

Application Checklist

☐ Completed Camper Application

☐ Completed Statement of Voluntary Consent

☐ Completed Photo/Media Consent

☐ Submit Application

Applications due December 6th, 2019. Late applications will not be considered.

Applicants will be notified via email of their acceptance.

Submit via email to:

Sabrina Sprott at [csw-arts-athletics@fsu.edu](mailto:nramos2@fsu.edu)

Submit application via mail to:

FSU College of Social Work

c/o Shalay Jackson

296 Champions Way, PO Box 3062570

Tallahassee, FL 32306 -2570