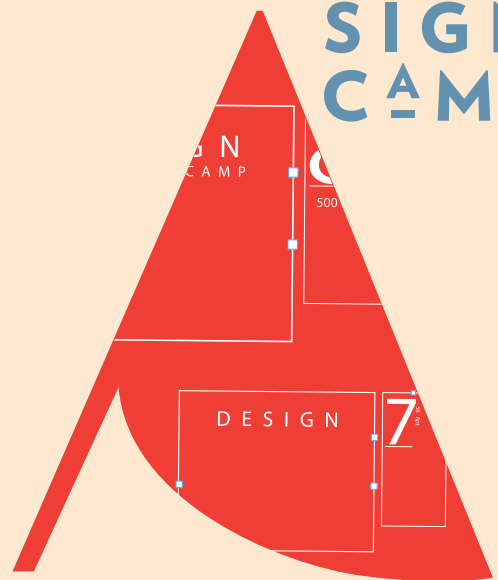


✕ DESIGN  
SIGN  
CAMP



March 1, 2016

Dear Participant,

We are looking forward to your participation in the *Thinking Creatively Design Camp!*

The program will take place at Kean University, located at 1000 Morris Avenue, Union, NJ 07083 from Monday, July 5, 2016 to Thursday, July 28, 2016. The Program shall start at 9:30am and ends at 3:15pm, Monday through Thursday. You should report to the Green Lane Academic Building, fifth floor, on the first day of the program at 9:30 am.

Please find enclosed forms that should be carefully reviewed and completed as soon as possible and returned no later than June 20, 2016. You may send these documents by mail to Rose Gonnella, Kean University Robert Busch School of Design GL522, 1000 Morris Avenue, Union, NJ 07083, fax 908-737-4435 or e-mail at design@kean.edu. Each participant must submit the enclosed forms along with the accompanying Student Medical Information Record fully signed and initialed. Participants who do not complete these forms will not be permitted to participate in the Program until all the required forms are received. You are advised to review the Program Policies and Guidelines enclosed with this letter before attending the Program.

If you have any questions, please contact Nekeisha Blandin at 908-737-4740 or design@kean.edu.

We look forward to seeing you in a few weeks!

Regards,

*Rose Gonnella, Executive Director, Robert Busch School of Design*

*Brian Oakes, Instructor, Design Camp*

*Christopher J. Navetta, Instructor, Design Camp*

Participant Checklist (all forms due by June 20, 2016)

- △ Waiver of Liability and Permission Form
- △ Student Medical Information Record
- △ Health Insurance Certificate
- △ Health Permission Slip and Waiver
- △ Parent Consent for Child to Leave
- △ Review Program Policies and Guidelines

## Program Policies and Guidelines

### A. Kean University General Policies and Guidelines

#### I. Policies

Kean University is committed to providing a campus environment where students can grow intellectually and develop as people. Kean University expects pre-college program Participants to follow its shared values and principles and adhere to its policies that foster these values. Please review the complete list of Kean policies and procedures at <http://www.kean.edu/policies>. Some useful links are also given below:

- Academic Integrity – <http://www.kean.edu/sites/default/files/u8/AcademicIntegrityPolicy.pdf>
- Code of Conduct - <http://www.kean.edu/policies/Code-of-Conduct>
- Student Code of Conduct & Campus Life - <http://www.kean.edu/policies>

#### II. Program Cancellation

Kean University reserves the right to cancel or alter certain parts of the program which may include, but may not be limited to, program dates, location and/or duration due to any unforeseen circumstances or for any other reason. Kean University will not be responsible for any costs incurred by the Participants or their parents/guardians in preparation of the program.

#### III. Transportation

All Participants registered in the Program will be responsible for their own transportation on and off campus unless instructed otherwise in the program specific policies.

#### IV. Parking

If applicable, all Participants must register their vehicles and receive a Parking Decal in order to park in Kean University Parking Lots. Parking Decals are issued at no cost. Decals must be displayed properly on the driver's side of the rear windshield. All vehicles parked on campus property must be registered with Kean University. The issuance of a Parking Decal does not guarantee a parking space. Any person who has a handicap license plate or placard must still register their vehicle with Kean University and display a Parking Decal. For further information please visit the website at: <http://www.kean.edu/parking>

#### V. Participant Dismissal

Kean University, in its sole discretion has the right to dismiss any Participant from the program who the University deems has not adhered to the policies of the University, and who constitutes a threat to the health or safety of the Kean community or to the successful operation of the pre-college program.

## **VI. Health Insurance**

All Participants are required to have medical insurance for the duration of the pre-college program that they are enrolled in. The Participants are required to submit proof of coverage before the start of the program. Participants and parents/guardians will be responsible for all costs associated to medical care or treatment of the Participant including any emergency care provided to the Participant on campus.

## **VII. Illness and Treatment of Minors**

If a Participant is ill the day of the program, it is suggested that the Participant remains home. In the event the Participant becomes ill or injured during the program, the parent/guardian of the Participant shall be contacted to take the Participant to a physician by the Director or an appointed representative of the program. If the program staff are unable to reach the parent/guardian of the Participant, the Participant will be transported to the nearest hospital emergency room by ambulance. Program staff will only provide emergency services, until such time as the Participant is safely transported to the hospital. A Medical Information Records Form must be completed and returned to the program staff before the start of the program. Please contact the program representative for any further information.

## **VIII. Completing Health Forms and other Paperwork**

Participants and/or parents/guardians shall be provided with important forms that must be completed and submitted before the start of the program. Participants will not be able to participate in the program without submitting these forms. Please contact the representative of your program if you have not received these forms.

## **B. Program Specific Requirements – Thinking Creatively Design Camp**

### **I. Program Fees and Requirements**

A deposit of \$300.00 must be submitted along with the registration by **June 20<sup>th</sup> 2016** to secure a placement in the Thinking Creatively Design Camp. The deposit fee shall be counted as an initial payment towards the total tuition fee of \$950.00. The remaining tuition of \$650.00 must be paid in full prior to the start of the Program (**July 5<sup>th</sup>, 2016**). Payment and registration should be made through Kean University's website at [keanevents.afford.com/PayNow?StoreId=1199](http://keanevents.afford.com/PayNow?StoreId=1199).

### **II. Refund**

The full tuition fee, will be refunded if a Participant withdraws his/her application before **June 21<sup>st</sup> 2016**. No fee will be refunded if withdrawals are made after **June 21<sup>st</sup> 2016**. No refunds will be made if a student is dismissed or leaves the Program before its end date.

### **III. Admission Policy and Deadline**

Applications and other requirements for the Program must be submitted on or before **June 20<sup>th</sup> 2016**. Students who submit their application after the due date will not be guaranteed a spot.

#### **IV. What to bring**

If possible, Participants are encouraged to bring their own laptop computers. Although not required, Participants are advised to install Creative Suite version 6 software (which includes photoshop, illustrator, InDesign etc in one package) in the laptops that Participants bring with them. While digital cameras will be supplied, Participants are encouraged to bring their own digital cameras or smart phones for various design projects.

#### **V. What to Wear**

Participants should wear comfortable, casual clothing and shoes.

#### **VI. Materials provided by Kean**

Participants will be provided drawing, design and construction tools for use at the Program. Computer labs and printers are also available for Participants.

#### **VII. Transportation, Pick Up and Drop Off**

Participants are responsible for their own transportation to and from the Green Lane Building on Kean University campus. Participant are expected to report by 9:30 am and leave by 3:15 pm. Robert Busch School of Design shall provide transportation for field trips during the Program.

#### **VIII. Attendance**

Program staff should be notified through phone at 908-737-4740 or email to [design@kean.edu](mailto:design@kean.edu) in advance if a Participant is unable to attend Program due to an illness or any other reason.

#### **IX. Documents to Submit**

Following is a list of documents that must be completed and submitted before the start of the Program:

- Waiver of Liability and Permission Form
- Student Medical Information Record
- Health Insurance Certificate
- Health Permission Slip and Waiver
- Parent Consent for Child to Leave

#### **X. Program Contact**

For questions or information please contact the Robert Busch School of Design at 908-737-4740 or [design@kean.edu](mailto:design@kean.edu). Additional information about the Thinking Creatively Design Camp is also available at at <http://www.kean.edu/summercamps> and <http://design.kean.edu/designcamp>.

## WAIVER OF LIABILITY AND PERMISSION FORM

**NAME:** \_\_\_\_\_ (“Participant”)

In consideration of being permitted to participate in the Thinking Creatively Design Camp (the “Program”) and related events and activities I understand, acknowledge, appreciate and agree that the Program bears known risks that may result in injury, illness or emotional stress or damage to myself or my property. The following describe some, but not all, activities that may result in risks or damages to myself or my property: use of tools, such as utility knives, and spray adhesive to conduct projects that may result in injury.

### **1. AGREEMENT TO PARTICIPATE**

Both you and your parents/guardian understand and accept the risks of participation in the Program, and indicate your understanding and agreement by signing on the appropriate lines below. You and your parents/guardian execute this Waiver of Liability and Permission Form for full, adequate, and complete consideration fully intending to be bound by the same, and I will be responsible to pay any medical costs that may occur as a result of any injury to me.

### **2. PARTICIPANT AGREEMENT**

I wish to participate in the Program from **July 5<sup>th</sup>, 2016 to July 28<sup>th</sup>, 2016** at Kean University. I acknowledge that during my enrollment in the Program I will be involved in activities at both on-and off-campus locations. Further, I understand that I will be responsible for my own transportation on and off campus. I am aware of the risks associated with such activities which may include inherent risks, hazards and dangers that cannot be eliminated, particularly in transportation to and from these activities. I am at least eighteen (18) years of age and am fully competent to sign this Waiver of Liability and Permission Form. If not, I have additionally secured below the signature of my parent or guardian.

### **3. PHOTOGRAPHY**

I consent to and authorize Kean University, its officers, agents, employees and assigns to:

- a) Record my likeness and voice on a video, audio, photographic, digital, electronic, print, and any other medium.
- b) Use my name in connection with these recordings.
- c) Use, reproduce, exhibit, and distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW) these recordings for any purpose that Kean University and its representatives deem appropriate, including promotional or advertising efforts.

I release Kean University and its representatives from liability for any violation of any personal, privacy, or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of Kean University. I waive the right to inspect or approve the finished product in which my likeness appears and I acknowledge that no monetary consideration is being paid to me for my appearance, likeness, statements or recordings.

### **4. RELEASE AND WAIVER**

I agree that neither Kean University, State of New Jersey, the Kean University Foundation and any related parties (collectively, “Kean”) shall be liable for any loss, damage, injury (including death) or claim of any kind arising from or caused by my participation in the Program including, without limitation, any loss, damage or claim arising from an accident or casualty involving me whether or not on or off Kean’s property. I further agree to hold Kean harmless from all loss, liability, damages, costs and expenses (including actual attorney’s fees) arising from or related to same. This Waiver is binding on my heirs, spouse, guardians, executors, administrators or assigns.

I fully understand that the standards of behavior for Kean University students will be in effect and will be enforced during the Program. I have read the Code of Conduct, the Academic Integrity Policy, and the Program Policies and Guidelines and understand that I will be subject to these policies while participating in the Program. I will abide by

Initial \_\_\_\_\_

any decisions made by Kean University, its Board of Trustees, officers, employees or representatives in this regard for the good of all students and myself in the Program. I understand that I am dismissed from the Program for any reason, I will be responsible for any additional expenses incurred due to my dismissal and/or failure to complete the Program in its entirety and no refund will be made.

This Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of New Jersey. If any portion of the Waiver is declared invalid, I agree that the remaining balance of the release and waiver will continue to be applicable.

My consent to the all of the above conditions is fully voluntary. I am aware that important rights are being released and given up. I acknowledge that I have read and fully understood all of the terms of this release.

Participant Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **5. PARENTAL CONSENT**

I am authorizing the enrollment of \_\_\_\_\_, a minor, in the Program at Kean University. I acknowledge that during his/her enrollment in the Program the Participant will be involved in activities at both on- and off-campus locations. Further, I understand that I and the Participant will be responsible for his/her own transportation on and off campus. I am aware of the risks associated with such activities and in transportation to and from these activities.

As the parent or legal guardian of the Participant, if illness or injury should occur during the Participant's participation in the Program, I authorize medical treatment at an appropriate medical facility. I understand that Kean University will make reasonable attempt to contact me prior to such medical treatment using the information I have provided on the Emergency Information Form. I understand that the attending physician may, in case of extreme emergency, operate and/or administer the necessary anesthesia in case I cannot be contacted. I hereby accept full responsibility for the cost of any such emergency medical care and treatment of the Participant. I will not hold Kean University, its employees and agents responsible for the kind and quality of the emergency medical treatment received by the Participant.

I assure Kean University that Participant has consulted with a medical doctor with regard to his/her personal medical needs such that I can, and do further state that there are no health-related reasons or problems which preclude or restrict his/her participation in all the activities of the Program. I further represent that I have arranged for adequate hospitalization/medical insurance to meet any and all needs for payment of medical/hospital costs while Participant participates in the Program.

I certify that I am the parent or legal guardian of the above Participant, that I have read the foregoing Waiver. I join in each and every part of the Waiver (including such parts as may subject me to personal financial responsibility for the participant), and release any claim that I may have against Kean University, both on my own behalf and in my capacity as legal representative of the participant, including without limitation any claim arising as a result of the participant's leaving the supervision of Kean University.

Name of Parent or Guardian (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Initial \_\_\_\_\_

**Parent Consent for Child to Leave**

I authorize and give consent to Kean University to release my child, \_\_\_\_\_, from the Program without parental/guardian supervision. I understand that once my child leaves the supervision of the Thinking Creatively Design Camp staff, my child is considered my responsibility and no longer the responsibility of Kean University staff.

I understand the risk associated with allowing my child to be released unattended and agree, individually and on behalf of my child, that neither Kean University, the Kean University Foundation, and any of its trustee, director, officer, agent, employee, member, volunteer, or any other representative of Kean University, nor any of their respective successors or assigns (collectively, "Kean"), shall be liable for any loss, damage, injury (including death), or claim of any kind to person or property arising from or caused by my decision to allow my child to leave alone at the end of the Program. I, individually and on behalf of my child, further agree to indemnify, defend, and hold harmless Kean from all loss, liability, damages, costs, and expenses (including actual attorney's fees) arising from or related to same. This release and waiver is binding on my heirs, spouse, guardians, executors, administrators or assigns.

This consent will remain in effect for the existing Program season and I agree that I will notify Kean University in writing if I choose to revoke this authorization.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



**Pre-College Program  
Health Permission Slip and Waiver**

Kean University does not administer medication to any participant. If a participant must self-administer prescription medication during the Program, this form must be completed by both a licensed health care provider and a parent/guardian to authorize self-medication by the Participant.

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Name of Medication (All medications must be in the original container appropriately labeled, medication in plastic bags or envelopes shall not be accepted):  
\_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

Side Effects: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Medication Begins: \_\_\_\_\_ Date Medication Ends: \_\_\_\_\_

**Health Care Provider**

I certify that the above Participant requires medication listed above and is permitted to self-administer the listed medication. The Participant has been instructed in the proper techniques of self-administration and has demonstrated to me competence in this technique.

Name of health Care Provider: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

**Parent / Guardian**

I authorize my child to self-administrator the listed medication. This permission includes self-administration of the listed medication during the Program and at times when the Participant is participating in a Program related activity. I understand that Kean University, State of New Jersey, the Kean University Foundation and any related parties (collectively, "Kean") shall not be liable for any injury arising from the self-administration of the listed medication. I further agree to hold Kean harmless from all loss, liability, damages, costs and expenses (including actual attorney's fees) arising from or related to same. This Waiver is binding on my heirs, spouse, guardians, executors, administrators or assigns.

Name of Parent/Guardian: \_\_\_\_\_

Signature and Date: \_\_\_\_\_



**Student Medical Information Record**

Parents or guardian, please fill out the following information:

**GENERAL INFORMATION**

Student's Last Name:	Student's First Name:	Date of Birth:	
Name of Parent/ Legal Guardian:			
Address:	City:	State:	Zip Code:
Home Phone:	Cell Phone:		
Work Place:	Work Phone:		

**HEALTH INFORMATION**

Does your child have any allergies?

YES  NO

If YES, please list all allergies to medications, food, or environmental:


Does your child take any medications?

YES  NO

If the answer to the question above was YES, what medications?


Does your child have any medical conditions?

YES  NO

If the answer to the question above was YES, what conditions?


**EMERGENCY CONTACT LIST**

Please print the name and phone number of additional contacts in case you are not available.

1.	Name of Other Parent/ Legal Guardian:	Phone Number :	Relation to Student:
2.	Second Contact Person:	Phone Number:	Relation to Student:

**CONSENT FOR TREATMENT AND CARE**

**I give my consent to Kean University Health Services to administer first aid measures, deemed necessary, in the care of my son or daughter. In the event of an emergency, I authorize Kean University Health Services and its staff to arrange transportation for my son or daughter to the nearest hospital emergency room, if necessary. I understand I am financially responsible for any medical expenses incurred. I release Kean University Health Services of any and all liabilities for the care given to my son or daughter.**

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**PARENT/LEGAL GUARDIAN'S SIGNATURE**


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**DATE**



**STATEMENT OF HEALTH**

This section is to be filled out by the student’s Health Care Provider.

Please list the dates that each vaccine was administered:

- |             |    |    |    |
|-------------|----|----|----|
| MMR         | 1. | 2. |    |
| Hepatitis B | 1. | 2. | 3. |

Meningitis (within the past 5 years):

Date of last Tdap:

Tetanus:

Please initial one of the following:

\_\_\_\_\_ This student is free from communicable disease and is medically cleared to participate in the program and reside on campus with no restrictions or limitations.

**OR**

\_\_\_\_\_ The student is free from communicable disease and is medically cleared to participate in the program and reside on campus with the following RESTRICTIONS or LIMITATIONS:

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**OR**

\_\_\_\_\_ The student is not medically cleared to participate in the program or reside on campus.

\_\_\_\_\_ Health Care Provider Signature

\_\_\_\_\_ Date

Health Care Provider Stamp: