



# YOUTH DAWGS

Development, Achievement, Wellness, Growth, and Self-Confidence

## Summer Recreation Camp

Ages 5-12

June 26-30, 2017

\$99/per child

contact us at [fitness@saffairs.msstate.edu](mailto:fitness@saffairs.msstate.edu)



MISSISSIPPI STATE UNIVERSITY™  
UNIVERSITY RECREATION

# YOUTH DAWGS

Development, Achievement, Wellness, Growth, and Self-Confidence

## PHILOSOPHY:

The Youth Dawgs Summer Recreation Camp will provide youth ages 5-12 a weeklong opportunity to participate in structured indoor and outdoor recreation activities. The camp provides age- and developmentally- appropriate, engaging instruction that promotes and fosters active participation.

The camp will provide campers and their families the tools and motivation to make healthy lifestyle choices, which includes exercise, proper nutrition and self-confidence. Campers engage in team building events, non-competitive team sports, lifelong physical fitness activities, and most importantly, FUN!

## Frequently Asked Questions

- How much will this camp cost?
  - The YOUTH DAWGS Summer Camp is per family -\$99 for each child
- When will drop off and pickup be?
  - **Drop-off** will be from 8:30am to 9:00am at the Joe Frank Sanderson Center Lobby.
  - **Pick-up** will be from 4:00pm to 4:30pm in the Joe Frank Sanderson Center Conference Room and Officials Training Center.
- What items will campers need daily?
  - Lunch
  - Sunscreen
  - Towel
  - Water Bottle
  - Tennis Shoes- No Sandals
  - Bug Spray (optional)
  - GREAT ATTITUDE!
- What types of food should I pack for my child(s) lunch?
  - Lean meat or sandwiches, fruit, nutritious snacks, and Water! Water! Water!
  - \*\*\*Please try to refrain from foods such as candy bars, chips, snack cakes, sodas, sports drinks, and high sugar drinks!
- What types of activities will my child participate in?

Badminton  
Basketball  
Body Weight Exercises  
Calisthenics  
Dancing  
Disc Golf

Dodge Ball  
Flag Football  
Jump Rope  
Soccer  
Softball  
Spikeball

Swimming  
Ultimate Frisbee  
Volleyball  
Rock Climbing  
Water Volleyball

Send Youth Dawgs Recreation Camp questions or inquiries to  
Will Jordan or Jason Townsend at:  
[fitness@saffairs.msstate.edu](mailto:fitness@saffairs.msstate.edu)

# REGISTRATION PACKET

## CAMPER INFORMATION:

(Please print or type and fill in completely)

### Camper #1

Camper: \_\_\_\_\_ Gender: M/F T-Shirt Size: \_\_\_\_\_  
(Last First Middle)

Home Address: \_\_\_\_\_  
(Street Number) (City, State, Zip Code)

Age :(at time of camp) \_\_\_\_ Grade Entering: \_\_\_\_

### Camper #2

Camper: \_\_\_\_\_ Gender: M/F T-Shirt Size: \_\_\_\_\_  
(Last First Middle)

Home Address: \_\_\_\_\_  
(Street Number) (City, State, Zip Code)

Age :(at time of camp) \_\_\_\_ Grade Entering: \_\_\_\_

### Camper #3

Camper: \_\_\_\_\_ Gender: M/F T-Shirt Size: \_\_\_\_\_  
(Last First Middle)

Home Address: \_\_\_\_\_  
(Street Number) (City, State, Zip Code)

Age :(at time of camp) \_\_\_\_ Grade Entering: \_\_\_\_

## PARENT OR GUARDIAN INFORMATION:

(Please print or type and fill in completely)

Parent or Guardian #1: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number) (City, State, Zip Code)

Parent or Guardian #2: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number) (City, State, Zip Code)

**Unauthorized  
individuals not listed  
will not be cleared to  
pick-up campers**

### Additional Individual(s) Authorized for Camper(s) Pick Up

\_\_\_\_\_  
(Name) (Phone)

\_\_\_\_\_  
(Name) (Phone)

# MEDICAL AUTHORIZATION/ INSURANCE RELEASE:

(Please print or type and fill in completely)

## Medical Information:

Please state any health conditions that may need special consideration or attention (allergies, epilepsy, bee stings, diabetes, asthma, etc.)

Significant Health Problems: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Behavioral Issues: \_\_\_\_\_

**(This will not impact your child's registration – it will help staff in providing the best experience)**

Are there any sports activities your child cannot participate in? \_\_\_\_\_

## Health Insurance

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Group #: \_\_\_\_\_

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

(Street Number)

(City, State, Zip Code)

Insured's Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Parent or Guardian Signature

Date

## PHOTO RELEASE:

Photo Location: *Joe Frank Sanderson Center – YOUTH DAWGS Summer Recreation Camp*

Camp Date: June 26<sup>th</sup>-June 30<sup>th</sup>

I hereby grant permission to Mississippi State University (MSU), or anyone authorized by MSU, to use and reproduce any and all photographs that have been taken on the above date of me and/or my child (ren), without compensation to me. All negatives and positives (whether digital or film), together with any prints, are owned by MSU. MSU reserves the right to crop and edit the photographs and to use these photographs in any form, including but not limited to print and electronic publications, broadcasts, or billboards. MSU may choose not to use the photographs at all, or may choose to use the photographs at its discretion at a later date. MSU reserves the right to discontinue use of photos without notice.

I acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child(ren)'s Name(s) (please print)

## PARENTAL CONSENT:

In accordance with the rules of the YOUTH DAWGS SUMMER RECREATION CAMP, I hereby give my consent for \_\_\_\_\_ (applicant) to participate in the recreational and instructional activities that are a part of the camp. The undersigned applicant and parent/guardian understand that the applicant will be engaging in physical fitness during the program, which contains an inherent risk of physical injury and the undersigned assumes the risk, indemnifies, and releases Mississippi State University, its officers, directors, agents and employees from any and all liability for personal injury and property damage arising out of the applicant's participation in the Camp program. If at any time it is necessary for the applicant to receive outside or professional medical attention, we hereby give our consent to the Camp staff to select and secure such medical services as are deemed necessary or desirable and to secure whatever transportation is deemed necessary. I understand that while at camp, the applicant is eligible to use the Mississippi State University Health Center on campus. I also understand that there is a fee for these medical services. I authorize the release of any medical or other information necessary to process any insurance claim. I authorize payment of medical benefits to the supplier of medical services. I accept responsibility for charges not covered by insurance

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name (Please Print) - Camper 1

\_\_\_\_\_  
Child's Name (Please Print) – Camper 2

\_\_\_\_\_  
Child's Name (Please Print) – Camper 3

## GENERAL INFORMATION:

How did you hear about YOUTH DAWGS Summer Camp? (Check all that apply) University

Recreation Website \_\_\_\_\_ Joe Frank Sanderson Center \_\_\_\_\_ Newspaper \_\_\_\_\_

Social Media \_\_\_\_\_ Other Please State: \_\_\_\_\_

What is your relationship to the university?

\_\_\_\_\_ Employee \_\_\_\_\_ Affiliate \_\_\_\_\_ Student \_\_\_\_\_ Alumni \_\_\_\_\_ Community Member

***By signing, I understand that all reservations are final after June 12<sup>th</sup>.  
Failure to cancel before this date will result in loss of payment***

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Return completed forms to the  
Joe Frank Sanderson Center Member Services office,  
Mail to or Email to:  
**Jason Townsend, Camp Co-Director | Will Jordan, Camp Co-Director**  
Joe Frank Sanderson Center – University Recreation  
Attn: Youth Dawgs Recreation Summer Camp  
PO BOX 6285 | Mississippi State, MS 39762  
662.325.8964 | [fitness@saffairs.msstate.edu](mailto:fitness@saffairs.msstate.edu)

***For credit card payment, visit COURSES at [play.urec.msstate.edu](http://play.urec.msstate.edu) or the Member Services Office For check payment, please make payable to Mississippi State University***

***\*\*\*APPLICATION DEADLINE IS JUNE 21, 2017\*\*\****