



## *SkillsUSA Ohio Summer Leadership Camp July 15-19, 2019*

**The Campference:** The Ohio State University-Scott House- 160 W. Woodruff Avenue, Columbus, OH 43210- The Campers will stay in the Scott House and all events will take place around campus with the greatest concentration at The Ohio Union. Parking will be available for buses or school vehicles at an off-site location.

**SkillsUSA Ohio Code of Conduct:** All camp participants (students and adults) will be expected to follow the Code of Conduct established by the SkillsUSA Ohio Board of Directors (see copy attached). This must be signed and brought with you to camp. **Students will not be permitted to participate in the camp without a signed copy.**

**Advisors:** Each school is required to send an Advisor to camp with the students. The advisor is responsible for supervision of the students while at the camp. Advisors will be responsible for taking students to the cafeteria and supervision of the students. Students are not permitted to leave the college campus unless they are with their school advisor and the advisor has notified the SkillsUSA Director.

**What to Bring:** You will need to bring your own bedding, and bath supplies (sheets, blankets, towels, or sleeping bag and pillow). Bring a flashlight, bug repellent, towels, soap, and other toilet articles. Also, bring bathing suits, sportswear, neat camp clothes with shoes (two pairs; shoes must be worn at all times for safety reasons), and your camera. All portable players must have headphones.  
**Note:** A set of old clothes will be needed for the co-initiative courses on Monday and Tuesday, as well as the Community Service Project; tennis shoes or other closed toed shoes are required. Pack lightly as you will need to carry what you bring.

**What Not to Bring:** Do **not** bring expensive or valuable items or large amounts of cash. SkillsUSA Ohio will not be responsible for any lost or stolen items. Students will not be permitted to have cell phones on or use them during structured activity times. *At no time may clothes be worn that depict drugs, alcohol, violence, abusive language, or are sexually explicit.*

**Transportation:** Transportation is the responsibility of the local school. **Students are not permitted to drive to camp.** All camp activities are in walking distance from the dormitories. Transportation to off-site community service projects will be provided by SkillsUSA if necessary.

**Arrival Times/Monday Drop Off Information:** The Ohio State University – Scott House – 160 W. Woodruff Avenue, Columbus, OH 43210 – Click on link below for map/directions.

<https://ohiostateun.weebly.com/uploads/4/6/0/7/46070085/map.jpg>

Students should be dropped off between 10:00 a.m. and 1:00 p.m. The group will depart for the first activities at 1:15 p.m. All vehicles will be parked at Fort Hayes Career Center. Parking is free.

**Before you leave the school for camp, make sure all paperwork is in order as we will not have access to phones, copiers, etc. at the dorms and cannot register students without complete registration. BRING ALL PERMISSION SLIPS. DO NOT MAIL THEM TO SKILLSUSA OHIO.**

If you run into a problem while traveling to camp, please contact the SkillsUSA Ohio Office at 614-466-8782.

**Departure Times/Friday Pick Up:**

The camp will conclude at approximately 12:00 p.m. with the Statesman's Awards Ceremony. Campers may be picked up between 12:00 p.m. and 1:00 p.m. in front of the Student Center.

**The first meal to be served will be dinner on Monday.** Consequently, students should plan to stop for lunch in route to the camp. There are a variety of fast food restaurants nearby. The last meal served will be breakfast on the day of our departure from camp. **All meals throughout the week will be provided at the College Cafeteria. Advisors will be given meal cards for their students.**

**Free Time:** You will have free time for sports, swimming and special interest activities.

**Advisors:** SkillsUSA Ohio is offering Professional Development training for instructors. Instructors attending the Summer Leadership Camp this year will be asked to participate in the camp leadership activities in a facilitating role along side their students. Advisors participating in the activities and completing Statesman's Activities will be eligible for CEU's. Our goal is to link the training to their activities as they work with students throughout the week.

**IMPORTANT:** Please note the attached Personal Liability/Medical Release/Photograph Release, Code of Conduct and Parental Permission Agreement. These forms **must** be completed by both students and advisors and brought to camp. If you come to camp without these forms, you will not be permitted to take part in camp. If you do not find these forms attached, please call the SkillsUSA Ohio Office immediately at 614-466-8782.

**Disabilities/Special Needs:** If an individual is disabled and needs special assistance, please notify SkillsUSA Ohio by June 9, 2019.

**Medical Form:** Advisors will be required to either have school emergency medical information or use the SkillsUSA medical form. You will not turn these in, but will need to show them at registration.

*The Ohio Department of Education and SkillsUSA Ohio does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in the provision of services.*

# Personal Liability / Medical Release / Photograph Release

All children, students, and adults who attend any conference require this form. No conference attendee is allowed to participate unless this form is received. Parents and chapter advisors: Please make a copy of this completed form for your records.

Name \_\_\_\_\_ Home telephone \_\_\_\_\_

Home street address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Advisor \_\_\_\_\_ School \_\_\_\_\_

School telephone \_\_\_\_\_ School street address \_\_\_\_\_

City/state/zip \_\_\_\_\_

## MEDICAL INFORMATION (children and students only)

1. Allergies (drug or otherwise) \_\_\_\_\_

2. Current medication \_\_\_\_\_

3. Describe any history of heart condition, diabetes, asthma, epilepsy, or rheumatic fever, etc.  
\_\_\_\_\_  
\_\_\_\_\_

4. Physician's name \_\_\_\_\_ Physician's telephone \_\_\_\_\_

5. Insurance Company \_\_\_\_\_ Plan Number \_\_\_\_\_

6. Group Number \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

7. Emergency Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

"I hereby agree to release SkillsUSA Ohio, its representatives, agents, servants and employees from liability for any injury to above named person at any time while attending the SkillsUSA Ohio activities, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees."

"I do voluntarily authorize local chapter advisors, state advisor, state director, assistants and/or designees to administer and/or obtain routine or emergency medical treatment for the above-named person as deemed necessary in medical judgment."

"I agree to indemnify and hold harmless SkillsUSA Ohio and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards."

"I hereby authorize any physician member of the Department of Emergency Medicine of an accredited hospital or any member of the medical staff of an accredited hospital to render medical treatment, which in his/her judgment is deemed necessary in the care of the above named person (child or student) while attending the SkillsUSA Ohio activity, including time traveling to and from the conference."

"I permit SkillsUSA Ohio to use video footage and photographs of my child for publicity that might include but is not limited to website, PowerPoint presentations, promotional videos, flyers or news publications."

\_\_\_\_\_  
Signature of parent or guardian (if child or student)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's or advisor's signature

\_\_\_\_\_  
Date

**A COPY OF THIS FORM MUST BE KEPT BY THE CHAPTER ADVISORS AT THE CONFERENCE AND GIVEN TO APPROPRIATE MEDICAL AUTHORITIES IN THE EVENT OF A MEDICAL EMERGENCY.**



## SkillsUSA Ohio - Personal Liability and Medical Release and Code of Conduct Form

Student Name \_\_\_\_\_ School \_\_\_\_\_

Advisor Attending Conference \_\_\_\_\_

I hereby agree to release SkillsUSA Ohio, its representatives, agents, servants and employees from liability for any injury to the named person, resulting from any cause whatsoever occurring to the named person at any time while attending the SkillsUSA Ohio Summer Leadership Camp, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of representatives, agents, servants and employees. I voluntarily assume all risk and danger relating to the conference, whether occurring prior to, during or after the event.

I do voluntarily authorize the SkillsUSA Ohio Director, assistants and/or designees in coordination with the school to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the named person as deemed necessary in medical judgment. Parents/guardians of participant will allow emergency medical treatment to be administered as needed. Any further treatment will require parental/guardian consultation.

I agree to indemnify and hold harmless SkillsUSA Ohio and said Director and/or assistants and designees for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

Having read and understood completely the "Code of Conduct" of SkillsUSA Ohio, I do hereby agree to follow the procedures and practices described. I fully understand that this is an educational activity and will, to the best of my ability, apply myself for the purpose of learning and will uphold at all times the finest qualities of a person representing SkillsUSA Ohio.

Audio- or videotaping of conference speakers is not permitted.

NOTE: All persons under legal age must have a parent or guardian sign this form (see other side). If you are age 18 or older, please indicate that on other side of this form. Otherwise, this form will be returned for parent/guardian approval. All participants must check this form.

### Code of Conduct Agreement

SkillsUSA Ohio's Summer Leadership Camp is designed to be an educational function, and all plans are made with that objective. It is approved as a significant educational activity by the Ohio Trade and Industrial Supervisor Association and the Ohio Department of Education – Office of Career- Technical Education.

SkillsUSA Ohio wants every person to have an enjoyable experience with every attention paid to safety and comfort. All participants will be expected to conduct themselves in a manner best representing the nation's greatest student organization.

In order that everyone may receive the maximum benefits from participation, the "Code of Conduct," as established by SkillsUSA Ohio's board of directors, must be followed at all times.

Note that attendance is not mandatory. By voluntarily participating, you agree to follow the official conference rules and regulations or forfeit your personal rights to participate. SkillsUSA Ohio is proud of its students and knows that by signing this "Code of Conduct" you are simply reaffirming your dedication to be the best possible representative of your state.

1. Camper's conduct shall be the responsibility of School Advisor working with the State SkillsUSA Association.
2. Campers will strictly abide by the curfew established and shall respect the rights of others by being as quiet as possible after curfew.
3. Campers shall be prompt and prepared for all sessions and activities.
4. Campers shall keep their group leader/advisors informed of their activities and whereabouts at all times.
5. Campers shall wear identification wristbands at all times.
6. Campers shall not deface Ohio State University property. Any damages to property or furnishings at Ohio State University will be paid for by the individual camper.
7. Campers shall spend the nights at college in assigned dorm room.
8. Campers shall be prohibited from having alcoholic beverages or drugs in any form. Prescription drugs will be dispensed by the camp nurse/school advisor.
9. Campers shall not be permitted in dorm rooms other than the one assigned.
10. Campers shall not be permitted to smoke while at camp.
11. Campers shall not leave the camp unless permission from the camp director has been obtained.
12. Campers shall adhere to the dress code at all times.
13. Campers are required to wear shoes at all times.

14. Campers are required to adhere to recreational safety rules set forth by Ohio State University.
15. Campers shall not publicly display affection.
16. Campers are not permitted to use cell phones during structured meeting activities.
17. Internet usage must be in accordance with school policy and supervised by school advisor.

**Violations and Penalties**

I agree that if, for any reason, I am in violation of any of the rules of the conference, I may be brought before the appropriate disciplinary committee for an analysis of the violation. I also agree to accept the penalty imposed on me. I understand that any penalty and reasons for it will be explained to me before it is carried out. I further realize that the severity of the penalty may increase with the severity of the violation, even to the extent of being immediately sent home at my own expense.

1. Violations of Items 1 through 11 of the “Code of Conduct” may be grounds for immediate removal from office and relinquishment of awards and recognition. In addition, the violator will be sent home at his or her own expense. Notification of the violation and the action taken will be sent to the participant’s state department of education and parents or guardians. The participants from the participant’s state could be disqualified as well.
2. Violations of Items 12 through 17 may result in a warning and reprimand. Notification of the violation and the action taken will be sent to the participant’s state department of education and parents or guardians. Repeated violations of Items 12 through 17 may result in the participant being sent home at his/her own expense.

**Photography and Sound Release**

By my attendance at the conference, I hereby grant SkillsUSA Ohio permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by SkillsUSA Ohio to use the finished silent or sound pictures and/or sound recordings as deemed necessary. I understand that my name may or may not appear with my photo, sound picture or sound recording.

Further, I hereby relinquish to SkillsUSA Ohio all rights, title, interest in and income from the finished sound or silent motion pictures, still pictures and/or sound recordings, negatives, prints, reproductions and copies of the originals, negatives, recording duplicates and prints, and further grant SkillsUSA the right to give, sell, transfer and/or exhibit the same to any individual, business firm, publication, television station, radio station or network, or governmental agency, or to any of their assignees, without payment or other consideration to me.

My agreement to perform under camera, lighting and stated conditions is voluntary. I do hereby waive all personal claims, causes of action or damages against SkillsUSA Ohio’s and the employees thereof arising from a performance or appearance.

Signature of Participant	Date	Signature of Parent/Guardian	Date
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**School Instructions:**

1. Each participant attending the Summer Leadership Camp should complete this form.
2. Each School is to turn in a copy of this form for each student at Registration.
3. School Advisors are to bring copies of school emergency medical form.
4. It is the School Advisor’s responsibility to chaperone students and to be onsite and accessible at the conference.

## *Parental Permission Agreement*

It is our desire for your son/daughter to enjoy their camp experience and profit to the greatest extent possible from it. The conference, in addition to the leadership training program, will have the usual recreational activities and the camp officials will exercise all reasonable precautions. However, the consent of you, as parents, is requested before your son/daughter will be permitted to participate in certain activities.

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*As parents, you are asked to fill in the following blanks including your signature:*

1. Complete Code of Conduct.
2. Complete Personal Liability/Medical Release/Photograph Release.
3. In consideration of the camp management exercising reasonable and necessary precautions to safeguard the health and safety of my son/daughter, I hereby release Ohio State University and Ohio SkillsUSA from responsibility for any injury which he/she may suffer while attending camp.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone #: Day time ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Local Physician's Telephone Number: ( ) \_\_\_\_\_

