



Summer Apprenticeship Program 2019 Registration Documents

Programming Dates: July 7th to 26th, 2019

Documents Due by June 10th

Return these forms to:

Kentucky State University
400 East Main Street
Cooperative Extension Building
Frankfort, KY 40601
ATTN: Jeremy Sandifer

Or Fax to: (502) 597-5933

Or email to: Jeremy.Sandifer@kysu.edu

Summer Apprenticeship Program (SAP) Registration Documents Checklist

- Acceptance and Contractual Agreement**
Review, complete, and sign
- Code of Conduct**
Review, discuss these rules with your child, and sign
- Waiver and Release of Liability**
Review and sign this legal document
- Photo/Video and Media Release**
Review, complete, and sign
- Physical Examination & Consent and Release**
Parts I and II must be completed by Parent or Guardian
Part III must be completed by a licensed, practicing physician
We will accept a valid physical dated between 07/07/2018 and 07/07/2019
- Emergency Contact and Medical Information for a Minor**
Review, complete, and sign. Provide copy of Insurance Card.
- Parental Permission to Administer Medication**
Review, complete, and sign
- Receipt of Handbook**
Review and sign



Acceptance and Contractual Agreement

I, _____, **accept/decline** the offer of participation in the
(participant's printed name) (please circle one)

2018 Summer Apprenticeship Program at Kentucky State University.

I have read and signed the accompanying Code of Conduct. I acknowledge that it is my responsibility to remember the contents thereof. I understand and agree to abide by the rules and regulations defined in all program materials while participating, as indicated by my above stated acceptance and signature below. Failure to follow rules and regulations will result in disciplinary action up to and including immediate dismissal, thereby voiding the offer to participate.

The signatures below indicate the collective intent to comply with the distributed rules and regulations as defined in the Code of Conduct and/or interpreted by either the Program Director or Administrators of the College of Agriculture, Communities, and Environment (CACE).

Participant Signature Date

Parent/Guardian Signature Date

Participant Printed Name

Parent Printed Name

It is the policy of Kentucky State University not to discriminate against any individual in its educational programs, activities or employment on the basis of race, color, national origin, sex, disability, veteran status, age, religion, or marital status.



SUMMER APPRENTICESHIP PROGRAM (SAP) Code of Conduct

Dear SAP Participant and Parent/Guardian:

The goal of the Summer Apprenticeship Program (SAP) is to introduce and expose rising junior and senior high school students to the fields of Science, Technology, Engineering, and Mathematics (STEM) career opportunities through hands-on experiential learning, research, and college-prep projects. Kentucky State University is fully committed to ensuring that the experience is safe and free from discrimination of any form by university personnel, those external persons who are affiliated with the program, and student participants.

Due to the diversity of the groups served by our programs, and the fact that program participants represent families of varied backgrounds, customs, and beliefs, the university has established a standard of conduct for all persons who participate in KSU-sponsored activities, regardless of cultural and other differences. Specifically for youth development initiatives, guidelines have been defined that will provide consistent direction and boundaries for student participation.

All SAP participants and parents/guardians are required to accept and respectfully abide by the guidelines, which are provided in detail below. Please initial each guideline to certify having read each guideline, and your acceptance and agreement of the guidelines.

The participant should at all times:

1. **Respect the rights of other participants.**

- a. Do not touch or remove any items that do not belong to you.
- b. Do not use profanity or any other inappropriate language while participating in the program.
- c. Display an attitude that is respectful of others and self at all times.
- d. Dress appropriately for all events associated with participation (such as but not limited to: no sagging or tight pants/shorts/skirts; no shirts that are revealing or tight-fitting). Please see “Unacceptable Clothing” on the Suggested Packing List.

____ Participant Initials ____ Parent/Guardian Initials

2. **Respect and follow the direction of the Program staff.**

- a. Follow the instructions of the Program Director, Teachers, Counselors, Dorm Supervisors, and other recognized authority figures at the university.
- b. Be in assigned dorm room and in bed at the designated time.

____ Participant Initials ____ Parent/Guardian Initials

3. **Listen quietly and attentively to speakers and others during scheduled activities.**

- a. Conduct oneself in a manner that demonstrates an interest in learning while performing tasks associated with the scheduled activities.

____ Participant Initials ____ Parent/Guardian Initials

4. **Participate in all scheduled activities.**

- a. Report to the scheduled activities on time and remain there until instructed otherwise by an appropriate university employee.
- b. Actively participate in all recreational activities.
- c. Assist in clean-up of living quarters, common areas, and instructional/work site or labs space.

____ Participant Initials ____ Parent/Guardian Initials

5. **Abide by the KSU policy for usage of cell phones, pagers or other portable electronic devices in the classroom.**

____ Participant Initials ____ Parent/Guardian Initials

- 6. **Refrain from possession or use of alcohol, tobacco, and illegal drugs before or during the participant’s stay on campus. Detection of such a violation shall result in immediate dismissal.**
 - a. Do not improperly use prescription or non-prescription drugs. See a program staff member for additional instruction on proper use.
 - b. Follow the Medication Administration Policy as outlined in the Handbook.
 - c. Follow all regulations of the university, including use of university property, and prohibitions against alcohol, firearms, and unauthorized removal/use of the property of others.

Participant Initials _____ Parent/Guardian Initials _____

- 7. **Abide by the safety and behavior guidelines of Kentucky State University and its partnering companies during field trips.**
 - a. Do not engage in behavior that has the potential to or effect of harm or detriment to self or others.

Participant Initials _____ Parent/Guardian Initials _____

- 8. **Refrain from leaving Kentucky State University or field trip sites under any circumstances without permission from Lead Teacher/Program Director and completing the proper sign-out procedure. Detection of such a violation shall result in immediate dismissal.**

Participant Initials _____ Parent/Guardian Initials _____

- 9. **Refrain from using computers or other university equipment in any manner that violates instructed or recommended use by a supervising adult. Damage to university or university affiliates’ property may result in financial liability for program participants and their Parent/Guardian. Detection of such a violation may result in immediate dismissal.**

Participant Initials _____ Parent/Guardian Initials _____

- 10. **Observe all University rules and guidelines, including the Kentucky State University Student Handbook (<http://www.kysu.edu/studentLife/studentHandbook.htm>) and the Code of Conduct.**

Participant Initials _____ Parent/Guardian Initials _____

The SAP adhere to a progressive discipline system. Violation of the above guidelines will result in, but is not limited to the following disciplinary actions. **In some instances, disciplinary actions may require immediate implementation of the 3rd Offense measure.**

1 st Offense:	Verbal reprimand and time-out from the current or next scheduled activity. Parent/Guardian will be contacted. Participant Initials _____ Parent/Guardian Initials _____
2 nd Offense:	Counseling session with Program Director. Parent/Guardian will be contacted. (The youth may be required to write an essay explaining their behavior/actions.) Participant Initials _____ Parent/Guardian Initials _____
3 rd Offense:	Parent/Guardian will be contacted regarding youth’s dismissal from the program. Participant Initials _____ Parent/Guardian Initials _____

I, _____, as a SAP Participant, understand and agree to abide by the Code of Conduct and observe all prohibitions therein.

I, _____, as the Parent of a SAP Participant, understand and agree with the Code of Conduct that my child has agreed to follow. If my child is dismissed from the program, I understand that it is my responsibility as a parent to provide transportation home.

Participant’s Signature

Date

Parent/Guardian Signature

Date

Waiver and Release of Liability

1. In consideration for receiving permission to participate in the SUMMER APPRENTICESHIP PROGRAM (herein referred to as "SAP-Activity"), sponsored jointly by College of Agriculture, Communities, and Environment (CACE), College of Arts & Sciences (CAS), and College of Business and Computational Sciences (CBCS), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes Kentucky State University, its Board of Regents, officers, servants, agents, volunteers, or employees (herein referred to as "KSU" or "University") from any and all liabilities, claims, demands, or injury, including death, that may be sustained by me while participating in such activity, or while on the premises owned or leased by KSU, including injuries sustained as a result of the negligence of KSU. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. Participant Initials Parent/Guardian Initials

2. I am fully aware that there are inherent risks involved with travel and with this activity and I choose to voluntarily participate in the activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, which may be sustained by me as a result of participating in said activity, including injuries sustained as a result of the negligence of KSU. I further agree to indemnify and hold harmless KSU for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my participation in said activity. Participant Initials Parent/Guardian Initials

3. I understand that KSU may not maintain an insurance policy to cover every circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. With my signature I certify that I have insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Activity, and hereby release the University, and its employees, faculty members, students, volunteers and agents from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) that I may incur because of those injuries or illnesses. Participant Initials Parent/Guardian Initials

4. I understand that, although the University will attempt to maintain the Activity as it has been described to me, it reserves the right to change the Activity, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that neither the University, or its employees and agents, shall be responsible or liable for any expenses or losses I may sustain because of the changes. Participant Initials Parent/Guardian Initials

5. I understand that the University reserves the right to decline to retain me in the Activity at any time should my actions or general behavior, in the sole discretion of the University, be determined to impede or obstruct the progress of the Activity in any way. Participant Initials
Parent/Guardian Initials

6. I understand that, although the University has made every reasonable effort to assure my safety while participating in the Activity that there are unavoidable risks in travel, and I hereby release and promise not to sue the University, or its employees and agents, for any damages or injury (including death) caused by, deriving from, or associated with my participation in the Activity, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the employees or agents of the University. _____ Participant Initials _____ Parent/Guardian Initials

7. I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect. This agreement represents my complete understanding with the University concerning the University's responsibility and liability for my participation in the Activity, supersedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence. I further agree that, should there be any dispute concerning my participation the Activity that would require the adjudication of a court of law, such adjudication will occur in the courts of Franklin County, and be determined by the laws of the Commonwealth of Kentucky. _____ Participant Initials _____ Parent/Guardian Initials

8. I represent that I am at least eighteen years of age or, if not, that I have secured below the signature of my parent or guardian as well as my own. _____ Participant Initials _____ Parent/Guardian Initials

9. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Kentucky. _____ Participant Initials _____ Parent/Guardian Initials

In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

SIGNED on this _____ day of _____, 2019

Summer Apprenticeship Program Participant Signature:

Participant's Printed Name: _____

Parent or Legal Guardian Signature: _____

Parent's or Legal Guardian's Printed Name: _____

Photo/Video and Media Release

In an effort to further promote and chronicle the history of the Summer Apprenticeship Program (SAP) we will photograph our program staff and participants. In addition, we will contact various media outlets in our community for press releases.

We respectfully request your authorization to photograph and videotape your child as they participate in scheduled activities and/or allow them to participate in media interviews.

I HEREBY AUTHORIZE Kentucky State University (KSU) and the College of Agriculture, Communities, and Environment (CACE) and those acting pursuant to its authority to:

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

I release KSU and those acting pursuant to its authority from liability for any violation of any personal 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 KSU. I have read and fully understand the terms of this release.

Participant Name: _____
(Please print)

Parent Signature: _____ Date: _____

I DO NOT give authorization for my child, _____, to be
(print child's name)
photographed, videotaped or interviewed for media release.

Parent Signature

Date

Physical Examination Form/Consent and Release

Part I – Student Information

Last Name _____ First Name _____ MI _____

Address _____ City _____

State _____ Date of Birth: _____ Birth Place (County, State): _____

Part II – Medical History

This part must be completed by parent and student and presented to the authorized health care provider before the physical. CHECK THE APPROPRIATE RESPONSE TO EACH ITEM:

	YES	NO
1. Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had surgery of any kind (e.g., tonsillectomy)	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (Medicine, bees, or other insects)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had racing of your heart?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has anyone in your family died of heart problems before 50?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have any skin problems? (itching, rashes, acne)	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever had a seizure or suffer from epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had heat related problems?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you cough heavily, or breath heavily during activity?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you use any special equipment (e.g., knee brace)?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones?	<input type="checkbox"/>	<input type="checkbox"/>
23. Are you missing one of any paired organs (e.g., eyes)?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever been diagnosed with any form of asthma?	<input type="checkbox"/>	<input type="checkbox"/>
25. Are you using an inhaler for asthma?	<input type="checkbox"/>	<input type="checkbox"/>
26. Are you diabetic?	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you administer insulin to yourself?	<input type="checkbox"/>	<input type="checkbox"/>
28. Are you presently using tobacco in any form?	<input type="checkbox"/>	<input type="checkbox"/>

Student Last Name _____ First Name _____

Part II – Medical History (continued from page 1)

- 29. Do you have a history of sickle-cell anemia in your family?
- 30. Have you had any other medical problems?
- 31. Have you had a medical problem or injury within the last year?
- 32. Can you swim?
- 33. When was your last tetanus shot? _____

Please explain any YES answers from question 1-31.

This health history is correct as far as I know, and my son/daughter/ward has my permission to engage in all prescribed activities, except as noted by the physician and me. In case of a serious injury or illness, notify me/emergency contact. If I can not be reached in an emergency, I hereby give my permission to the physician to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my son/daughter/ward. I also agree not to hold Kentucky State University, its partners nor the field trips site(s) liable for any personal injury or accident while at camp.

Parent/Guardian (print name) _____

Parent/Guardian Signature _____

Date _____

Part III – Physical Examination

Summer Apprenticeship Program Emergency Contact and Medical Information for a Minor

Must be completed by an authorized health care provider

NAME: _____ SEX: _____

HEIGHT: _____ WEIGHT: _____ BP: ____/____ PULSE: _____

VISION: R-20/____ L-20/____ BOTH-20/____ CORRECTED? Y or N

	Normal	Abnormal	Comment
Heart			
Rhythm (Regular/Irregular)			
Murmur (supine)			
Murmur (standing)			
ENT			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Dental			
Other			

After having reviewed the data above and the student's medical history, I make the following recommendations on participation:

1. Cleared _____
2. Cleared after additional evaluation for _____
3. Restricted from participating in the sports of _____
4. Cleared only to participate in the sports of _____

Recommendations/Restriction (attach additional if necessary) _____

I have examined the physical condition of the student and find the said student to be physically fit to participate in the Summer Apprenticeship Program (SAP) activities.

Authorized signature	Date
Authorized Provider's Name (please print)	
Address	Phone
Date	City, State, Zip

Participant's First Name		Last Name		Date of Birth		M F Gender
Mother's/Guardian's First Name		Last Name		Father's/Guardian's First Name		Last Name
()		()		()		()
Home Phone		Work Phone		Home Phone		Work Phone
()		()		()		()
Mobile Phone		Alternate Phone		Mobile Phone		Alternate Phone
Home Address				Home Address (if different)		
City		State	ZIP	City		State ZIP
Email:				Email:		
Alternative Emergency Contacts						

Primary Emergency Contact Name			Secondary Emergency Contact Name			
()		()	()		()	
Home Phone		Work Phone	Home Phone		Work Phone	
()		()	()		()	
Mobile Phone		Alternate Phone	Mobile Phone		Alternate Phone	
Address				Address		
City		State	ZIP	City		State ZIP
Email:				Email:		
Medical Information						

Family Physician			() Physician Phone			
Medical Insurance Carrier			Policy Number:			
Allergies			Special Health or Dietary Considerations			
Current Medications						

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies in the event that neither parent/guardian can be reached in the case of an emergency.

Mother/Guardian Signature			Date			
Father/Guardian Signature			Date			

MEDICATION ADMINISTRATION POLICY

The Summer Apprenticeship Program follow a strict Medication Policy. The policy is designed to protect all program participants and staff.

Prescription Medication

- All prescription medications should be in original containers with the proper dosage and administration instructions.
- All medications **must be listed on the Permission to Administer Form** (two forms are enclosed...if you need more, please copy our blank form).
- All medications should be in a single Ziploc (or similar) plastic bag and labeled with the participant's first and last name.
- All medications and Permission to Administer forms will remain in the possession of the Dorm Supervisor for the duration of the program.
- The SAP Dorm Supervisors will maintain a daily medication log which provides a record of the medication, date, time, dosage, food or drink administered, and the staff member's signature administering the medication.
- Medications will be administered **ONLY** by a professional staff member (Program Director, Dorm Supervisor, or Lead Teacher).
- Medications will **NOT** be administered by counselors or other participants.

Over the Counter (OTC) Medications

- We are unable to administer OTC medication unless we have permission from the parent or guardian. If you would like to provide Tylenol, Motrin, Advil, Benadryl, Tums, vitamins, diet supplements, cough drops/suppressant, eye drops, allergy medicines, topical ointments/creams, etc., **please send the OTC medication and list it on the Permission to Administer Form.**

Emergency Situations

- In an emergency, 911 will be contacted immediately, followed by parent, guardian, or emergency contact person.

Compliance

Failure to comply with the SAP Medication Policy will result in **IMMEDIATE DISMISSAL** of the participant or staff member respectively. This policy applies to any medication administered from first aid kits as well.

Questions regarding this Medication Policy may be discussed with the Program Director.

Parental Permission to Administer Medications

As the parent of _____, I give permission to the Summer Apprenticeship Program professional staff (Program Director, Dorm Supervisor, Lead Teacher) to administer the following medication(s) which I have provided for my child, as a part of his/her daily regimen, or as needed for pain/fever, for the duration of the SAP he/she is attending.

Parent Name (printed) _____ Date _____

Parent Signature _____

Medication Name: _____ Expiration Date: ___/___/___

Dosage: _____ Refrigerate: ___ Yes ___ No

Dates to be Given: _____

Times to be Given: ___ AM/PM ___ AM/PM ___ AM/PM ___ AM/PM

Special Instructions (i.e., take with a specific food or drink): _____

Possible Reactions: _____

Medication Name: _____ Expiration Date: ___/___/___

Dosage: _____ Refrigerate: ___ Yes ___ No

Dates to be Given: _____

Times to be Given: ___ AM/PM ___ AM/PM ___ AM/PM ___ AM/PM

Special Instructions (i.e., take with a specific food or drink): _____

Possible Reactions: _____

Medication Name: _____ Expiration Date: ___/___/___

Dosage: _____ Refrigerate: ___ Yes ___ No

Dates to be Given: _____

Times to be Given: ___ AM/PM ___ AM/PM ___ AM/PM ___ AM/PM

Special Instructions (i.e., take with a specific food or drink): _____

Possible Reactions: _____

Parental Permission to Administer Medications

As the parent of _____, I give permission to the SAP professional staff (Program Director, Dorm Supervisor, Lead Teacher) to administer the following medication(s) which I have provided for my child, as a part of his/her daily regimen, or as needed for pain/fever, for the duration of the SAP he/she is attending.

Parent Name (printed) _____ Date _____

Parent Signature _____

Medication Name: _____ Expiration Date: ___/___/___

Dosage: _____ Refrigerate: ___ Yes ___ No

Dates to be Given: _____

Times to be Given: ___ AM/PM ___ AM/PM ___ AM/PM ___ AM/PM

Special Instructions (i.e., take with a specific food or drink): _____

Possible Reactions: _____

Medication Name: _____ Expiration Date: ___/___/___

Dosage: _____ Refrigerate: ___ Yes ___ No

Dates to be Given: _____

Times to be Given: ___ AM/PM ___ AM/PM ___ AM/PM ___ AM/PM

Special Instructions (i.e., take with a specific food or drink): _____

Possible Reactions: _____

Medication Name: _____ Expiration Date: ___/___/___

Dosage: _____ Refrigerate: ___ Yes ___ No

Dates to be Given: _____

Times to be Given: ___ AM/PM ___ AM/PM ___ AM/PM ___ AM/PM

Special Instructions (i.e., take with a specific food or drink): _____

Possible Reactions: _____

RECEIPT OF SUMMER APPRENTICESHIP PROGRAM (SAP) HANDBOOK

By signing my name below, I am certifying that I have received and reviewed the *Handbook* for the program I am attending, and that I understand and agree to abide by the contents contained therein.

Participant Name (printed)

Date

Participant Signature

Parent or Guardian Name (printed)

Date

Parent or Guardian Signature