



## EASTERN KENTUCKY UNIVERSITY

*Serving Kentuckians Since 1906*

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May 2, 2017

Dear Scholars,

The Educational Talent Search Program (ETS) will host a 2-day, 1-night camp on the campus of Eastern Kentucky University, June 20-21, 2017. We will be holding a Scrubs Camp to explore career options within the medical field. Any middle school student having participated in the ETS program during this academic year is eligible to attend.

A \$20.00 deposit is required in the form of a money order, certified check, or cashier check made payable to EKV Educational Talent Search (no personal checks or cash will be accepted). The \$20.00 will be returned to the student upon arrival to camp, to be used as spending money. The \$20.00 deposit will not be returned if student does not attend the camp.

Please find enclosed all registration materials required of the camp, all material must be completely filled out and post-marked by May 26, 2017.

If you have any questions please contact Andrea N. Brin, by email at [andrea.brin@eku.edu](mailto:andrea.brin@eku.edu) or by phone (859) 622-5822.

Sincerely,

*Andrea N. Brin*

Andrea N. Brin



**Educational Talent Search**  
**SCRUBS CAMP TENTATIVE SCHEDULE**  
**June 20, 2017**

- 8:00 a.m. Arrive on Campus, Check in at Residence Hall (TBD)
- 8:40 a.m. Meet in Lobby
- 8:50 a.m. Travel to Low Ropes Team Course
- 12:00 p.m. Lunch (Powell Bldg.)
- 1:00 p.m. Emergency Medical Care (Danny Miller)
- 3:00 p.m. Madison County EMS Station 1 (Ron Jackson, Assistant Director)
- 5:00 p.m. Dinner (Powell Bldg.)
- 6:00 p.m. Medical Terminology 101/Anatomy 101
- 7:30 p.m. Movie (Patch Adams PG-13)
- The true story of a heroic man, Hunter Patch Adams, determined to become a medical doctor because he enjoys helping people. He ventured where no doctor had ventured before, using humor and pathos.*
- 9:30 p.m. Return to Residence Hall
- 11 p.m. Lights/Sounds Out

**June 21, 2017**

- 8:00 a.m. Breakfast (Powell Bldg.)
- 9:30 a.m. ECU Bachelor of Science Nursing Program (Lisa Jones)
- 11:30 a.m. Lunch (Powell Bldg.)
- 12:30 p.m. Load Vans/Bus for Med Tech College Richmond KY
- 2:00 p.m. Baptist Health – Richmond (Jill Williams)
- 4:15 p.m. Closing Ceremony/Awards
- 5:00 p.m. Check Out

Educational Talent Search  
ACT Boot Camp  
REGISTRATION CHECK LIST

June 8 – 10, 2017

- ACT REGISTRATION COMPLETED AND TICKET FOR TEST ADMISSION IS INCLUDED WITH REGISTRATION MATERIAL
- COMPLETED ECU Challenge Course and Teambuilding Waiver of Liability Form (WHITE)
- COMPLETED ECU Challenge Course Health Questionnaire (WHITE)
- COMPLETED ECU Educational Talent Search ACT Boot Camp Registration Form (PURPLE)
- COMPLETED ECU Educational Talent Search Waiver of Liability (WHITE)
- COMPLETED ECU Educational Talent Search Parent Medical Consent Form (BLUE)
- COMPLETED ECU Educational Talent Search Behavior Agreement (GREEN)
- DEPOSIT of \$20 in the form of Certified Cashier's Check or Money Order.  
Personal checks and cash will not be accepted.

**POST-MARK DEADLINE is MAY 26, 2017**

EKU Educational Talent Search Program  
Parental Permission and Student Registration  
ETS SCRUB CAMP  
June 20-21, 2017

Please return all pages of the Registration Packet, the postmark deadline is Friday, May 26, 2017.

NAME: \_\_\_\_\_ COUNTY: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

Please Initial below:

PARENT    STUDENT

\_\_\_\_\_    \_\_\_\_\_    The student requests to participate in the Eastern Kentucky University ETS SCRUBS Camp June 20-21, 2017. Student will stay in a residence hall on the campus of EKU. Student will be provided transportation during the camp by the ETS staff in vans/bus.

\_\_\_\_\_    \_\_\_\_\_    I will make transportation arrangement for my son/daughter to be at Eastern Kentucky University at 8 a.m., Tuesday, June 20<sup>th</sup>. (Residence Hall Location TBD)

\_\_\_\_\_    \_\_\_\_\_    I will make transportation arrangement for my son/daughter to be picked up at Eastern Kentucky University at a location TBD at 5 p.m., June 21<sup>st</sup>. Closing Ceremony/Awards will be at 4:15 p.m.

\_\_\_\_\_    \_\_\_\_\_    I understand I must sign-in my son/daughter, on the morning of Tuesday, June 20<sup>th</sup> and sign-out my son/daughter on Wednesday June 21<sup>st</sup> following the Closing/Awards Ceremony.

\_\_\_\_\_    \_\_\_\_\_    If someone other than the parent/guardian will be responsible for transportation to and from EKU, please enclose a parent/guardian signed note of arrangements and this individual will need to sign in and/or sign out the student.

I hereby grant permission for my son/daughter to participate in the above activity sponsored by Eastern Kentucky University's Educational Talent Search Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
ETS Student

\_\_\_\_\_  
Date

**FOR ETS OFFICE USE ONLY**    Postmarked Date: \_\_\_\_\_    Registration Complete: YES    NO

Participation No. \_\_\_\_\_

COMMENTS:

## Reservation Fee

I understand a **\$20 reservation fee** is required for the camp. The reservation fee will only be accepted in the form of **certified cashier's check or money order** made payable to the **Educational Talent Search Program**. **All personal checks will be returned!** The \$20 deposit will be refunded to participants attending camp, if participant does not attend, the deposit will not be refunded due to pre-paid activities.

\_\_\_ I have included a \$20 deposit to Educational Talent Search Program, in the form of:

\_\_\_ Certified Cashier's Check Number \_\_\_\_\_

\_\_\_ Money Order Number \_\_\_\_\_

## Publicity Permission

The Educational Talent Search Program will be taking photos of our students, activities and events throughout the camp. We would like to have your permission to be able to post photos to our ETS Facebook so that family and friends can follow our activities. Photos may be used on the ETS Website and local newspapers upon return. May we have your permission to post and print photos, name, county, school, trip information?

Student Name (please print): \_\_\_\_\_

\_\_\_ Yes \_\_\_ No      Student Signature: \_\_\_\_\_

\_\_\_ Yes \_\_\_ No      Parent Signature: \_\_\_\_\_

## Roommate Request

Individuals who request each other are more likely to be matched as roommates than those who are only requested by one side. Talk with your friends to make sure you are a match. **Please understand this is not a guaranteed room assignment.** We will try to match you with at least one of your mutual requests if at all possible. There will be two students per room.

Roommate Choices:

1. \_\_\_\_\_

2. \_\_\_\_\_

## Cell Phones

My son/daughter will travel with a personal cell phone, they may be contacted by phone call \_\_\_ and/or text message \_\_\_ by any of the program staff. My student's phone (including area code) # is  
(\_\_\_\_)\_\_\_\_\_.

**My T-Shirt Size (Note: Adult sizes only)**

SM

MD

LG

XL

2X

3X

**ETS Summer Camp**  
**TERMS OF AGREEMENT FOR BEHAVIOR**  
Educational Talent Search Program – Eastern Kentucky University

In order for us all to have a safe and great time during camp, we need to observe a few rules that are in line with behaviors that we expect for all to follow. As young teens and as a representative of ETS, your school, hometown, and the state of Kentucky, compliance of the following terms are mandatory in order to continue to participate in the activities sponsored by the Educational Talent Search Program.

**GENERAL--**

- Wear a watch. Our activities will be tightly scheduled.
- Stay with designated buddies at **all** times.
- Stay with your group. If you need to leave the group, let your group leader know.
- No alcohol, tobacco, illegal substances, or weapons permitted on trip.
- No obscene gestures, language, cursing, or use of profanity whether spoken or written.
- Be considerate and respectful of others at all times.
- All trash is to be disposed of appropriately at all times, and taken off the van/bus with each stop.
- Headphones & cell phones are to be off or on vibrate during any tour or when anyone is talking with the group.

**HANDS OFF BEHAVIOR—**

- No horseplay (hitting, shoving, pushing, etc.).
- No displays of affection: (including kissing, petting, hugging, holding hands, etc.).

**INAPPROPRIATE DRESS IS NOT PERMITTED—**

- All shorts and skirts/dresses must be longer than where the end of your longest finger extends when your arm is stretched down by your side (the fingertip rule).
- Halter-tops, tank tops, tube-tops, strapless tops, low cut blouses, muscle shirts, and tops with spaghetti straps are not permitted. Sleeveless blouses must have a shoulder width of at least a credit card.
- Wearing pants excessively low (sagging), wearing see-through clothing, or jeans/pants with holes in inappropriate places are not permitted.
- Exhibiting bare midriffs and exposing undergarments are unacceptable.
- Any decal-type patch or emblem that is obscene, sexually suggestive, disrespectful, or which contains slogans, words or in anyway depicts alcohol, drugs, tobacco, or any illegal, immoral, or racist implication (overt or implied), is prohibited.
- Hats, visors, hoods, bandannas, or other pieces of cloth worn as head coverings, and sunglasses are not to be worn indoors.
- Shoes are to be worn during activities.
- If swim wear is too revealing and does not cover enough, you will be asked to change or put on a T-shirt.

In addition to the above, the ETS staff has the discretion to determine what is acceptable. For your safety, travel in groups of four or more at all times.

**Failure to comply with these rules can result in your parent/guardian being called to take you home immediately at their expense.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Student Health History and Parent Consent Form

## Educational Talent Search (ETS) Program – Eastern Kentucky University

Student: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
                     Last                      First                      MI

Home Mailing Address: \_\_\_\_\_  
   (Street, Apt. No.)    City    Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_ Student is not covered by any Health Insurance.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does student have any limiting physical or health disabilities (whether temporary or permanent) that you or your doctor feel would limit safe participation in the named program/activity?      Yes                      No

Does student have any chronic or recurring injuries?                      Yes                      No

Has student had a kidney transplant?    Yes    No                      Is student pregnant?    Yes    No

### Current Health Status:

Using the health checklist, please indicate if you have any physical disabilities or conditions that would limit participation in the Educational Talent Search (ETS) Program activity. If you are unsure of your activity level, please explain the program to your physician and ask for his/her advice.

<b>Health Checklist:</b>			
Please check the following physical disabilities or conditions you have that may limit your participation.			
Hearing or vision problems	<input type="checkbox"/>	Frequent muscle cramps	<input type="checkbox"/>
Respiratory problems	<input type="checkbox"/>	High or low blood sugar	<input type="checkbox"/>
Back problems	<input type="checkbox"/>	Seizure disorders	<input type="checkbox"/>
Joint problems	<input type="checkbox"/>	Reactions to altitude	<input type="checkbox"/>
Recent serious illness	<input type="checkbox"/>	Heart problems	<input type="checkbox"/>
Recent surgery	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Recent hospitalizations	<input type="checkbox"/>	Serious reaction to high or low temperatures	<input type="checkbox"/>
Other condition not listed:			<input type="checkbox"/>

If you checked any of the above, please give details including any restrictions you may have \_\_\_\_\_

### Allergies: Indicate any allergies (including medications), your reaction, and treatment.

Allergy	Reaction	Treatment

**Medications:** What are you currently taking, for what, and will you need it during the named program? If you need it, make sure you have ample supply for the program.

Medication	Condition	Need medication during program?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Current Physical Condition:** Please check the highest activity level in each category that you feel you can comfortably attain.

Walking	<input type="checkbox"/> 2 miles in 40 min.	<input type="checkbox"/> 4 miles in 80 min.	<input type="checkbox"/> 6 miles in 120 min.	<input type="checkbox"/> Unsure
Jogging	<input type="checkbox"/> 1 mile in 12 min.	<input type="checkbox"/> 3 miles in 36 min.	<input type="checkbox"/> 5 miles in 60 min.	<input type="checkbox"/> Unsure
Cycling	<input type="checkbox"/> 5 miles in 30 min.	<input type="checkbox"/> 10 miles in 60 min.	<input type="checkbox"/> 20 miles in 120 min.	<input type="checkbox"/> Unsure

**Swimming Ability:**

- non-swimmer
- poor
- fair
- good
- very good

**Current Exercise Activity:** List any physical activities you engage in, their frequency, duration, and level of intensity.

Activity	Times/Week	Approximate time/distance	Low	Moderate	High

**Parent/Guardian Permission:**

I hereby give permission for \_\_\_\_\_, to participate in the Educational  
(Name of ETS Student)

Talent Search (ETS) Program activity on \_\_\_\_\_  
(Date)

In case of an injury, I grant permission for (student) \_\_\_\_\_ to receive medical attention deemed necessary, by qualified medical personnel, during the entire time that he or she (listed within) is participating in the ETS Field Trip.

PARENT/GUARDIAN: Every reasonable precaution will be to take to provide safety and care for your son/daughter. Every effort will be made to notify you in the event of an accident or injury, which may require emergency care. If you cannot be contacted, permission is granted to the staff to seek medical attention. All financial responsibility for hospitalization and medical care provided, in the case of an emergency, is to be assumed by the parent or guardian.

\_\_\_\_\_  
Signature of Parent/Guardian (if student is under the age of 18)

\_\_\_\_\_  
Date

**Emergency Contact Information:**

Person to notify in case of emergency:

Name: (print) \_\_\_\_\_ Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Address: \_\_\_\_\_

If the above individual cannot be contacted, please give a second emergency contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Address: \_\_\_\_\_

***This form must be returned along with ETS activity registration materials.***

(Revised 2/9/2012)



## Eastern Kentucky University Challenge Course and Teambuilding

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

THIS IS A LEGALLY BINDING RELEASE, WAIVER, INDEMNIFICATION OF LIABILITY, AND EXPRESS ASSUMPTION OF RISK.

**Please read it carefully, fill in all blanks and initial each paragraph before signing.**

I/My child, \_\_\_\_\_, hereby affirm that I have read this document in its entirety. By my signature below and by my initialing each paragraph, I agree to each and every term and condition of this document.

\_\_\_\_\_ I/My child UNDERSTAND THAT PARTICIPATION IN: EASTERN KENTUCKY UNIVERSITY (EKU) CHALLENGE COURSE AND TEAMBUILDING HIGH/LOW INDOOR /OUTDOOR ELEMENTS (hereafter referred to as "event"), WHICH INVOLVES CLIMBING, SWINGING, JUMPING, LIFTING, CARRIES WITH IT CERTAIN INHERENT RISKS AND DANGERS. THESE RISKS INCLUDE, BUT ARE NOT LIMITED TO: SCRAPES, CUTS, BUG BITES, STRAINS, SPRAINS, BROKEN BONES, PERSONAL DAMAGE, INJURY, PARALYSIS, LOSS, DEATH, OR PROPERTY DAMAGE OR LOSS. I understand that the aforementioned risks are described by way of example only, and that there are numerous other risks inherent in this activity to which I may be exposed. In the event of possible injury, I give permission for EKU to authorize the administration of medical care.

\_\_\_\_\_ I/My child agree that I have met and completed all prerequisites in order to competently participate in this event which include: signing of the Waiver of Liability, Assumption of Risk, and Indemnity Agreement. I am unaware of any physical or mental condition that would a) prevent me from safely participating in the event or b) endanger my health or safety or the health and safety of others due to my participation in the event. I attest that all of my questions regarding this event have been answered to my satisfaction.

\_\_\_\_\_ IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN ANY WAY IN: CHALLENGE COURSE AND TEAMBUILDING HIGH/LOW INDOOR /OUTDOOR ELEMENTS at EKU, on

\_\_\_\_\_ (Today's date): I, on behalf of myself/ my child, my family, heirs, successors, assigns, or anyone claiming interest through me, do hereby KNOWINGLY, INTENTIONALLY, AND VOLUNTARILY RELEASE, WAIVE, DISCHARGE, AND AGREE TO HOLD HARMLESS, Eastern Kentucky University, employees, regents, and volunteers (collectively referred to as "released parties") FROM ANY AND ALL ACTIONS, CLAIMS, DAMAGES, AND LIABILITY (INCLUDING ATTORNEY FEES AND COSTS) THAT I, my family, heirs, successors, assigns, and anyone claiming interest through me, MAY HAVE FOR ANY DAMAGE, INJURY, PARALYSIS, LOSS, OR DEATH TO MYSELF OR ANY OTHER PERSON OR PROPERTY ARISING OUT OF MY PARTICIPATION IN THIS EVENT, whether such damage, injury, paralysis, loss, or death results from NEGLIGENCE of any of the Released Parties or from some other cause.

\_\_\_\_\_ I/My child hereby agree to indemnify all of the above named Released Parties for any and all claims, including attorney fees and costs, which may be brought against any or all of the Released Parties by anyone claiming to have been injured as a result of any injury, including death, to me or my property which may occur as a result of my participation in this event.

\_\_\_\_\_ I/My child understand that the University in no way represents, or acts as an agent for, any third party trip organizer, third party transportation carriers, hotels, and other suppliers of service during this event. I understand and agree that the University is not responsible for losses or expenses due to sickness, weather, strikes, hostilities, wars, natural disasters, or other such causes. Further, the University is not responsible for any disruption of travel arrangements, or any consequent additional expenses that may be incurred therefrom.

If event is off-campus, check one of the following concerning transportation:

\_\_\_\_\_ I/My child desire to travel with the University's group. I fully understand and appreciate the dangers, hazards, and risks inherent in the transportation to, from, and during this event, which dangers include, but are not limited to serious or even mortal injuries and property damage.

\_\_\_\_\_ I/My child do not desire to use the University provided transportation. I choose to use personal

Eastern Kentucky University Challenge Course Health Questionnaire

Participant's Full Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of birth: \_\_\_\_\_

1. Are you feeling healthy and well today? YES NO

2. Do you have any limiting physical or health disabilities (whether temporary or permanent) that you or your doctor feel would limit your safe participation in the named program? (I.e. asthma, a sprain, epilepsy, diabetes, allergies etc.) Please explain: \_\_\_\_\_  
\_\_\_\_\_

3. Are you currently pregnant or have given birth in the past 6 months? YES NO

4. Have you had a kidney transplant or any other surgery that would be aggravated by wearing a waist-harness? YES NO

5. Do you use an Epi-Pen for allergies? YES NO

6. If yes do you have it with you today? YES NO

To the best of my knowledge all information presented above is accurate. I understand that this event may expose me to the risks that may require medical attention and in the event of a possible injury, I give permission to EKV to authorize the administration of medical care or transport.

\_\_\_\_\_  
Signature of Participant Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian if under 18 years of age

Photographic Release

I/My child, consent to allow EKV Adventure Programs, for all purposes to reproduce, sell and/or use photographs of myself/my child participating on the EKV Challenge Course. EKV Adventure Programs (including any agency, client, or periodical or other publication) in all forms and media and in all manners, including trade, display, advertising, editorial, art and exhibition. In giving this consent, I/My child release EKV Adventure Programs, their nominees and designees from liability for any violation of any personal and/or proprietary right I/My child may have to in connection with such sale, reproduction, or use.

\_\_\_\_\_  
Signature of Participant Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian if under 18 years of age

## EKU Challenge Course Frequently Asked Questions

- **What should I wear?**
  - Comfortable clothing that is weather appropriate and allows for un-restricted movements
  - Closed toed tennis shoes, no flip-flops or smooth soled shoes.
  - No loose jewelry such as long necklaces or large earrings.
  - sun protection such as a hat, sunglasses, or sunscreen
  
- **What should I bring?**
  - WATER in a refillable water bottle,
  - Extra sunscreen,
  - Bug spray (if wanted)
  - Any lifesaving medication (Epi-pen, Inhaler)
  
- **What will we be doing?**
  - Jumping, lifting, crawling, swinging, climbing, and tight rope walking
  - Learning to trust, support, communicate and encourage fellow group members
  - Moving outside your comfort zone and experiencing new things
  - Having FUN!
  
- **How do we get there?**
  - EKU is in central Kentucky, about 30 minutes south of Lexington, and just off Interstate 75. You'll enter the challenge course off of Lancaster Avenue (KY 52), just past the EKU driving range, and across from Creekside Subdivision. It looks like a personal residence, but you'll see a gravel road as you turn in that will lead you to our parking area adjacent to our picnic pavilion. Please do not park behind the Funderburk building. This is for EKU fleet vehicles only.
  
- **Is it safe?**
  - Safety is our number one priority. Our course is inspected prior to each event and monthly by our trained staff. An annual inspection is also conducted by a reputable outside agency ensures that our course is in good working order. Our staff also go through rigorous training program to ensure that all participants are safe while on all our high and low elements. Our aim is to provide a safe and supportive environment for all our participants.
  - We aspire to have a culture of "Challenge by Choice" while on the course and you will never be forced to participate in something that you do not feel comfortable doing.
  
- **What if I still have questions?**
  - Please call or email the Course Coordinator: Adrienne Fike at [Adrienne.fike@eku.edu](mailto:Adrienne.fike@eku.edu) or 859-622-5251 for more information.

