

## National Youth Sports Program 2018

Dear Parent/Guardian:

The school year will be over before you know it. That can only mean one thing; summer and the National Youth Sports Program (NYSP) will soon be here. To participate in NYSP, **campers must be between the ages of 8 and 15**. A child must be age 8 by the end of August, and no exceptions will be made, due to the popularity of this program.

Each summer we provide daily swimming lessons and professional instruction in a variety of sports such as softball, basketball, tennis, and soccer. We also plan an array of enrichment lessons to provide children with opportunities and experiences that contribute to their personal development. This not only adds variation to the daily schedule, but gives campers the opportunity to explore subject matter related to careers, math, technology, reading, and wellness, just to name a few of the topics. In other words, we have a fun filled summer planned that is much more than sports.

We continue to be grateful for the many WVU and Morgantown community businesses and members that have supported the camp and helped sustain this program for so many years. The services again this year include bus transportation provided by Monongalia County Board of Education, free physical exams from doctors at WVU School of Medicine, and a daily lunch prepared by WVU Dining Services and assisted financially by the Summer Food Service Program.

The expectations of NYSP are that all campers are **active participants and have fun**. In order to do this, they must be respectful of others at all times, have a willingness to learn new things, be a good sport, follow some simple rules, and be dressed appropriately. All campers must wear closed toed shoes (no sandals or flip-flops) and clothing that is comfortable and easily allows for movement during physical activities. An example of appropriate attire is shorts, tee shirt, and sneakers. While only here for a few weeks of summer, our goals are to teach campers the importance of being physically active, what having a healthy lifestyle means, respect, and how being a good sport is needed throughout life, and not just in sporting games.

All the important camp information is included with this letter or can be found on the web site <http://nysp.wvu.edu>. We look forward to seeing your camper(s) and to another exciting summer of NYSP.

Sincerely,



Dana D. Brooks  
Dean, College of Physical Activity and Sport  
Sciences & NYSP Project Administrator

# 2018 NYSP Enrollment Guidelines and Registration Process

## 1. Complete the following forms:

- Registration Form
  - Rule and Regulations Form
  - Consent to Participate
  - Media Release Form
  - Free and Reduced Lunch Form
  - Health History Form
- **Free and Reduced Lunch Form** must be completed by all participants, regardless of qualification, because it eases the administration and adherence of the summer food program for our NYSP site.
  - **Health History/Physical Exam Form:** Complete the first page (health history) of form and mail along with all other forms. Your child needs to be present on Orientation Day (**June 18, 2018**) to receive **FREE physical exam** provided at the camp. **NYSP supplied physical examinations cannot be used for any other summer camps or programs and is only intended for the purpose of NYSP.**

If you choose to have a physical exam done by your family doctor or medical agency, please mail, fax, or bring proof of recent exam (**within the last year**). **NYSP does not share any expense incurred for a physical exam given by your family doctor or medical agency.**

**All forms must be completed and on file in order for your child to be registered and participate.**

## 2. Registration Fees: Please use the table below to determine registration fee.

### NYSP Registration Fees Based on Annual Household Income:

Yearly Household Income	Fee for 1 child	Overall fee for one family with 2 or more children enrolled
Under \$20,000	<b>\$20.00</b>	<b>\$35.00</b>
\$20,001 - \$30,000	\$50.00	\$80.00
\$30,001 - \$40,000	\$80.00	\$110.00
\$40,001 - \$55,000	\$115.00	\$140.00
\$55,001 - \$75,000	\$150.00	\$185.00
\$75,001 - \$100,000	\$190.00	\$230.00
Over \$100,001	\$230.00	\$270.00

**Note:** All fees are for entire 4-week program. No weekly fees and no refund of fees given for schedule conflicts or changes in personal schedules.

All checks made payable to **West Virginia University**

**Payment/Registration Options:**

**Mail:** When sending registration by mail, payment should be in the form of check or money order made payable to **West Virginia University**.

**All materials sent to:** WVU CPASS  
**Attn:** National Youth Sports Program  
PO Box 6116  
Morgantown, WV 26506-6116

**On-line:**

Go to web site [www.lifetimeactivities.wvu.edu](http://www.lifetimeactivities.wvu.edu)

Find the NYSP information and then click on "Register Today"

**Note:** Registration will not be complete until all registration forms/materials are received in the office.

**Walk-in:**

The College of Physical Activity and Sport Sciences (CPASS) building is located at **375 Birch Street** on the Evansdale Campus. All completed forms accepted in person at the Lifetime Activities Program Office (**Room 281 CPASS – Health and Education Building**) during business hours.

- Monday through Friday 9:00 am – 4:30 pm

Acceptable forms of payment are cash, money order, check, or credit card. Checks payable to **West Virginia University**.

**Contact Info:** Please direct any questions or concerns to WV Lifetime Activities in the College of Physical Activity and Sport Sciences

**Stephanie Martin** [Stephanie.martin@mail.wvu.edu](mailto:Stephanie.martin@mail.wvu.edu)

**Phone:** 304-293-0859

**Fax:** 304-293-4641.

# 2018 NYSP General Information

- Website:** <http://nysp.wvu.edu> All NYSP information and registration forms.
- Ages:** 8 to 15. Must turn 8 by the last day of August to attend (no exceptions).
- Fee:** See sliding annual income scale for registration fees.
- Dates:** **June 18 through July 13, 2018.** **No camp June 20 or July 4**
- Hours:** Monday through Friday **8:45 a.m. to 12:45 p.m.** Daily supervision will begin at 8:30am, please **do not drop children off before 8:30am.** All children must either take the bus home or be **picked up by 12:55 p.m.**
- Location:** WVU Shell Building (near the Coliseum) Evansdale Campus.
- Orientation Day:** **June 18, 2018.** The only day **free physicals** are provided by NYSP. Campers will not swim or do sport activities this day. Purpose of orientation day is to complete all physical exams and learn camp rules.
- Physical Exams:** All campers must have a completed physical examination before participating in camp. **NYSP will provide free physicals on Orientation Day (06/18/2018) only.** NYSP physical examinations cannot be used for any other camps or programs. If participants are not in attendance on June 18, physical exams must be completed by a family physician at one's own expense.
- Lunches:** Provided daily. **All participants must have a completed free or reduced lunch form on file, even if they are not eligible for the service.** All children are served the same lunch unless special medical/dietary requests are made in advance with proper paperwork on file with NYSP office.
- Attire:** All campers are expected to dress appropriately. **Closed toes shoes required.** Examples of appropriate and acceptable attire consist of shorts, t-shirt, sneakers (comfortable clothes that allow for movement during activities). **No sandals (open toed shoes) or flip-flops permitted for any activity, other than swimming.**
- Swimming:** Each participant will need to bring his/her own swim suite/trunks and towel (goggles if needed) for daily swimming. One-piece bathing suits recommended for females.
- All Activities:** It is the expectation that everyone attending camp participate in all activities, including swimming. Any child being disruptive or disrespectful of others participating, will be sent home. Activities take place indoors and outdoors, and sunscreen is recommend for outdoor activities.
- Inclusion:** Any child with a disability requesting additional assistance with activities will be asked to complete some additional forms to provide information.
- Transportation:** Monongalia County School buses provide transportation to and from camp each day. Summer bus schedules can be found on web site. Please **call 304-983-8204** for any bus route or transportation questions. We will be sending emails out with the schedule before the first day of camp.



## 2018 National Youth Sports Program Registration Form

**Camper's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Male ☐ Female ☐ \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade for 2018/19 School Year: \_\_\_\_\_  
Date of Birth Age

School Name: \_\_\_\_\_ Have you attended NYSP before? No ☐ Yes ☐ # of years \_\_\_\_\_

Camper requests to be in a group with: \_\_\_\_\_

Will camper be riding the bus? No ☐ Yes ☐ **shirt size:** SM ☐ MED ☐ LG ☐ XL ☐

**Parent/Guardian:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City

State

Zip Code

**Email Address:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work /Mobil Phone: \_\_\_\_\_

**Emergency Contact:** (Other than Parent or Guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

**Signature of Parent or Guardian**

**Office Use Only**

**Check#** \_\_\_\_\_ **Cash** ☐ **Credit** ☐ **On-line** ☐

**Age:** \_\_\_\_\_ **Group #:** \_\_\_\_\_ **Fee Paid: \$** \_\_\_\_\_

**Medical Form:** Yes ☐ No ☐

**Media Release:** Yes ☐ No ☐

**Lunch Form:** Yes ☐ No ☐

**Program Release:** Yes ☐ No ☐

**Special dietary or other needs:** Yes ☐ No ☐



## 2018 National Youth Sports Rules and Regulations Form

***The NYSP creed:*** I will be a good sport at all times and will conduct myself with decency and honesty. I will do my best to get along with others and will have pride in myself. I will put forth my best effort in all competition and always compete fairly.

Although it is very important for campers to have fun, it is equally important that **everyone is included** and gets to partake in a safe environment. To meet the objectives, it is important that our campers learn and understand why specific guidelines must be followed for everyone's safety. All students enrolled shall behave in a manner that promotes a nurturing, orderly, safe, and conducive environment.

Students are expected to:

1. Help create an atmosphere free from bullying, intimidation and harassment.
2. Demonstrate honesty and trustworthiness
3. Treat others with respect, use good manners, and be considerate
4. Demonstrate responsibility
5. Demonstrate fairness / play by the rules
6. Wear clothing that covers the body's torso, shorts reaching the mid-thigh portion of the leg, no spaghetti straps or halter tops, and children must wear closed toe shoes.
7. Attend every scheduled swim lesson and participate in the water
8. Show respect towards camp employees, aquatics director/ lifeguards, bus drivers, volunteers, visitors, and students.
9. Keep hands to yourself
10. Be ready to participate and learn new things
11. Refrain from using cell phones during the hours of the camp!

All campers are expected to follow

WVU/NYSP guidelines and rules designed for their safety in participation of camp sports and activities. If children do not follow camp policies and procedures, disciplinary steps provided in the pages following will be taken.

I acknowledge that I have read the above information with my child, had the opportunity to ask questions about, and understand that this form and the terms herein are contractual and not a mere recital.

---

**Parent/Guardian Signature**

---

**Date**

---

**Child's Signature**

---

**Date**

# NYSP Discipline Policy

Regardless of number of times the rules are reviewed and explained, somebody will want to test those rules just to see if you actually mean what you say. We want you, the group leader and instructors, to take control and have some flexibility in dealing with the campers. We also recognize the fact that there needs to be options available to you.

Each staff member/group leader is responsible for maintaining order to his/her own group and dealing with any discipline issues. If a child will not behave after reasonable conversation, the staff member shall excuse the individual to the sidelines for a given length of time. If a child continues to be disruptive, they should be brought by the staff member to the NYSP Office for discussion of the situation in detail. If the child is not cooperative at this point, he/she may be sent home and/or suspended from the program.

- 1. Informal camper conference (first offense):** Remind the camper privately of the, rules and regulations and how their current behavior is unacceptable. Make suggestions for improvement and reinforce the good things they do. **Be sure to make notes of the day, date and nature of the infraction and discussion with the child.** This will allow you to be more consistent throughout the duration of the camp and with all campers. By documenting each step, should the need arise; you will have reasons for sending the camper to the office and/or phoning the parents, particularly in those situations where the behavior is more annoying than serious.
- 2. Verbal Warnings (second offense):** Remind the camper of the informal meeting and whether or not their behavior has improved some, a lot, or not at all. A phone call to the parent is probably in order. Again, document incident and keep a record of all calls and reasons for the calls.
- 3. Written Warnings (third and final offense):** A call to parent informing them of child's behavior with written documentation sent home with child. This is not a suspension, but a way the parent is informed of the seriousness of the continued problem. Be sure that a copy of the incident report is on file in the camp office.

*Camper should be removed from activity any time there is disruptive behavior.* This time away from the activity may be enough for them to reconsider their behavior. If child exhibits aggressive behavior that jeopardizes others safety, call for assistance so the camper can be brought to the office to calm down. Once the camper reaches the office a variety of options will be used depending on the situation and severity of the behavior. The parent will be contacted by phone whenever possible, and also in writing. From this point some of the options to considered are:

- Parent conference with office staff/counselor and camper

- One to three day suspension from camp
- Switching camper to another group
- Removal from camp

As the camp progresses, keep in mind that these may be high risk kids and we are not in as structured of an environment as school. We are a camp with broad limitations for them to enjoy and learn from within. Whenever possible discipline should be handled with the group leader, however, if the only apparent solution appears to be that the camper should be sent home, do not hesitate to do so. .

Obviously, situations arise when it is not practical to follow a set protocol or follow all the steps. Some examples of unacceptable behavior that will not be tolerated at any level or in any circumstances include, but are not limited to, the following:

- Bullying or threatening others.
- Possession of alcohol and/or other drugs (including snuff or other tobacco products).
- Possession of dangerous non-sport related items, such as knives.
- Fighting during camp
- Misbehaving or bullying while riding the bus to/from camp
- Abusive and/or disrespectful behavior.
- Running away from camp.
- Profanity.
- Destruction of/or vandalism to equipment or property.



## General Activity/Program Release

### 2018 Consent to Participate:

I agree to allow my child to participate in NYSP summer camp, and affirm that such participation is voluntary. In consideration for the privilege of my child's participation in camp, I hereby agree to the following clauses:

1. I understand that there are risks inherent in the activities my child will engage in at camp. A non-exhaustive list of particular risks includes cardiovascular stress, sprains, abrasions, dislocations, fractures, concussions, contusions, blisters, and reckless conduct of other NYSP campers. I also understand that, despite all reasonable efforts on the part of NYSP to provide instruction and safety precautions, there is no guarantee that a child will not get injured given the nature of the activities.
2. With the intention of binding myself and my child, and our respective heirs, assigns, and legal representatives, I hereby WAIVE and RELEASE any and all rights and claims for damages which I or my child may have against NYSP, the College of Physical Activity and Sport Sciences, West Virginia University, and its Board of Governors, for any and all injuries suffered by my child while participating in summer camp, except for those arising out of the willful misconduct, gross negligence or intentional torts of the above parties.

**All campers must have all required forms completed and a physical exam before they can attend and participate in NYSP summer camp.**

I hereby give my consent for my child to participate in all daily physical activities, field trips, and enrichment lessons scheduled as part of NYSP summer camp.

---

**Parent/Guardian Signature**

---

**Date**

---

**Printed Name**

**Media Recording/Usage Release**

**2018 Media Release:**

For the privilege of participating in activities for West Virginia University, I hereby give my consent for the image and likeness of my child to be photographed, videotaped, and/or audiotaped, for the following purposes:

- Educational/Instructional media
- Recruitment/Outreach media
- Development media
- Newsworthy media documentation
- Other University projects as needed or desired

I further authorize West Virginia University, WVU College of Physical Activity and Sport Sciences Lifetime Activities Program, NYSP Summer Camp, the National Inclusion Project and their component parts to use this electronic media and/or photographs in any manner – whole or part.

This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions thereof for the production of educational, instructional, promotional, or institutional advancement materials which support the educational and outreach activities of West Virginia University.

I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs and I release West Virginia University and its component parts from all liability, which could result from its use.

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

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

---

**No** ☐

**I (parent/guardian)\_\_\_\_\_ DO NOT give NYSP  
and the College of Physical Activity and Sport Sciences Permission to release  
any of the above stated materials of (child)\_\_\_\_\_.**

# National Youth Sports Program (NYSP) Provides Summer Food Service Program

The National Youth Sports Program announces its sponsorship of the federally funded Summer Food Service Program. The camp will be held at the WVU Shell building from June 18- July 13, 2018 (no camp June 20 or July 4).

Meals will be provided to all eligible children free of charge. (To be eligible to receive free meals at a residential camp or an enrolled program, children must meet the income guidelines for reduced price meals in the National School Lunch Program. The income guidelines for reduced price meals by family size are listed below.) Children who are part of households that receive SNAP and/or TANF assistance are automatically eligible to receive free meals.

-----  
Eligibility is based on the following income guidelines:

## GUIDELINES TO DETERMINE STUDENT ELIGIBILITY 2018 SUMMER FOOD SERVICE PROGRAM

### Annual Family Income Before Deductions

Federal Income Chart For School Year July 1, 2017 – June 30, 2018		
Household Size	Yearly	Monthly
1	\$22,311	\$1,860
2	30,044	2,504
3	37,777	3,149
4	45,510	3,793
5	53,243	4,437
6	60,976	5,082
7	68,709	5,726
8	76,442	6,371
Each additional	7,733	645

For more information about the National Youth Sports Program Summer Food Program, please call 304-293-0859.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) MAIL: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;  
(2) FAX: (202) 690-7442; or  
(3) EMAIL: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

# Free and Reduced-Price Meal Household Application for 2017-2018 – West Virginia Dept. of Education

USE BLACK OR DARK BLUE **INK**, PRINT NEATLY, COMPLETE ONE APPLICATION PER HOUSEHOLD

## 1. Names of ALL Children in School, Center, or Camp

Last Name	First Name	MI	Date of Birth MM/DD/YY	Mark if Foster	Grade	School, Center, or Camp
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		

## 2. SNAP/TANF NUMBER

If any member of your household receives SNAP or TANF, indicate which program and provide the **10-digit case #**  
(If any, SKIP TO PART 5)

SNAP

TANF

☐
☐

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## 3. HOMELESS, MIGRANT, RUNAWAY

If the child you are applying for is **homeless, migrant, or runaway**, check the appropriate box and call your county contact at \_\_\_\_\_.

Homeless

Migrant

Runaway

☐
☐
☐

## 4. HOUSEHOLD MEMBERS AND GROSS INCOME FROM LAST MONTH

List each person in the household. For each person who receives income, write the amount received and fill in how often it is received.

Name (Last, First) List <b>everyone</b> in the Household. Attach a separate sheet if needed.	Monthly Earnings from Work (Before Deductions)	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Other Monthly Income	Check if no Income
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>

**Total Number of Persons in Household** \_\_\_\_\_ **Total Monthly Income Before Deductions \$** \_\_\_\_\_

## 5. Signature and Social Security Number (Adult must sign.)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school system may get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose meal benefits, and I may be prosecuted.

Today's Date

--	--	--	--	--	--	--	--

Last 4 Digits of Social Security Number

*	*	*	*	*					
---	---	---	---	---	--	--	--	--	--

☐ I do not have a Social Security Number

Signature

Printed Name

Home Phone Number

Work Phone Number

--	--

Mailing Address

City

State

ZIP Code

## 6. Children's Race and Ethnicity - (You do not have to complete this part to receive free and reduced price meals.)

Mark one or more racial identities from this group:

☐ Asian
 ☐ American Indian or Alaska Native
 ☐ White  
☐ Black or African American
 ☐ Native Hawaiian or Other Pacific Islander

And mark one ethnic identity from this group:

☐ Hispanic or Latino
 ☐ Not Hispanic or Latino

## 7. Other Benefits - (You do not have to complete this part to receive free and reduced price meals.)

☐ Yes, school officials may use the information provided on this application to determine my child(ren)'s eligibility for free textbooks, workbooks, and other school supplies.

**Do not fill out this part. This is for sponsor's use only.** Annual Income Conversion: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12

Categorically Eligibility: ☐ -OR- Income Eligibility: ☐ ☐ Free Meals

☐ Reduced Meals

☐ Denied: Reason: \_\_\_\_\_

Signature/Stamp of Approving Official \_\_\_\_\_ Date Approved \_\_\_\_\_ Date Withdrawn \_\_\_\_\_

Verification: Confirming Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Follow-up Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Free and Reduced-Price Meal Household Application for 2017-2018 – West Virginia Dept. of Education**USE BLACK OR DARK BLUE INK, PRINT NEATLY, COMPLETE ONE APPLICATION PER HOUSEHOLD**8: Free and Low-Cost Health Care**

If your children get free or reduced price school meals, they may also be able to get free or low-cost insurance through Medicaid or the West Virginia Children's Health Insurance Program (WVCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

If you would like information about WVCHIP or Medicaid, please call toll-free anytime at 1-877-982-2447 or visit [www.chip.wv.gov](http://www.chip.wv.gov). You may also apply online at [www.wvinroads.org](http://www.wvinroads.org).

**Your children may qualify for free or reduced price meals if your household income does not exceed the limits on this chart.**

<b>FEDERAL INCOME CHART</b>					
<b>For School Year July 1, 2017 – June 30, 2018</b>					
<b>Household size</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
1	\$22,311	\$1,860	\$930	\$859	\$430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
Each additional person:	7,733	645	323	298	149

**Privacy Act Statement:** This explains how we will use the information you give us.

**The Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Non-discrimination Statement:**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) MAIL: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

(2) FAX: (202) 690-7442; or

(3) EMAIL: [program.intake@usda.gov](mailto:program.intake@usda.gov).

**This institution is an equal opportunity provider.**

# 2018 NYSP Health History Form & Physical Exam Form

## Medical/Physical Examination Record (intended for WVU NYSP participation only)

This information is kept confidential and only made available to necessary camp administrative personnel and medical personnel when it is needed.

**Camper's Name:** \_\_\_\_\_  
First Middle Last

Male ☐ Female ☐ \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth Age

**Address:** \_\_\_\_\_  
Street City State Zip

**Family Doctor:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

### Heath History:

**Does your child have any known health issues requiring medications?** Yes ☐ No ☐ If yes, briefly describe and list medication(s) taken.

---

---

**\*Does your child have any known disabilities?** Yes ☐ No ☐ If yes, briefly describe disability and any additional support that may be needed.

---

**\*There are additional forms that will need to be completed for disabilities requesting extra support.**

**Does your child have any known allergies?** Yes ☐ No ☐ If yes, briefly describe allergy and any additional support that may be needed.

---

---

**\*Does your child have any known medical dietary needs?** Yes ☐ No ☐ If yes, briefly describe dietary needs and any additional support that may be needed.

---

**\*There are additional forms that will need to be completed if requesting special dietary needs.**

**To Be Completed by NYSP Camp Staff & Medical Personnel or Primary Medical Doctor**

**Camper's Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Height** \_\_\_\_\_ in. **Weight** \_\_\_\_\_ lbs. **Pulse** \_\_\_\_\_ bpm **Blood Pressure** \_\_\_\_\_/\_\_\_\_\_ mmHg

Area Checked	Normal	If Abnormal Describe Here	Follow Up with Parent/Guardian Recommended
Eyes (reflexes, movements, visual acuity)			
Ears (hearing, cerumen)			
Nose, Sinuses			
Mouth, Gums, Teeth			
Neck, Throat			
Skin			
Lungs, Breathing			
Chest			
Lymph Nodes			
Heart			
Abdomen			
Back			
Bones, Joints, Muscles			
Nervous System			

**Overall Physical Condition: Child may participate in NYSP Program:**    Yes ☐                      No ☐

Any additional comments: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Signature of Examining Physician/Medical Personnel**

\_\_\_\_\_  
**Date**