Instructions

Please fill out the following forms and email them to debate@msu.edu by Friday, June 3rd, 2016. Some requests, including roommate and suite mates, will not be honored if student forms are not returned before that date. Please read the Information Packet before making any travel plans. Email is the preferred way of submitting these forms. Please do not mail a hard copy or fax them.

If you have any questions please email debate@msu.edu or call the Spartan Debate Institute Office at (517) 798-6269. The Michigan State Debate team will be travelling throughout March and April and may take longer to respond to phone messages. Email is the fastest form of communication.

Thank you for taking the time to fill these forms out. We look forward to hosting your student this summer!
Institute Rules & University Release Form

You are subject to all of the rules pertaining to the use of the MSU residence halls and other facilities, as well as certain special rules of the Spartan Debate Institutes. The following is a partial list which highlights some of the most important rules:

1. USE OF CONTROLLED SUBSTANCES IS PROHIBITED: Campus and Institute regulations strictly forbid any possession or use of drugs or alcohol. This includes access to tobacco while in attendance at the camp. Violations will result in immediate expulsion from the camp without refund. Students involved in such activities may also face legal action.

2. DESTRUCTIVE BEHAVIOR AND HARASSMENT OF ANY TYPE WILL NOT BE TOLERATED: Destructive behavior such as tampering with or defacing fire equipment, elevators, halls, rooms, equipment, etc. is forbidden. Harassment—including but not limited to physical, verbal, sexual, or racial harassment—of students or staff of the SDI or MSU is forbidden. Violations will result in immediate dismissal from the camp without refund. Students involved in such activities may also face legal action.

3. WEAPONS OF ANY KIND ARE NOT ALLOWED.

4. DAMAGE FEES: You will be financially responsible for any lost keys, lost meal cards, or damage that you do to your room, suite, or other university property.

5. CURFEW: The dormitories lock at 10:00pm. Students must be in the building at that time. Bed checks will be used to verify students’ presence.

6. HOUSING AND RELATIONSHIPS: For security, you will be issued a key to your room and we ask you not to be in other people’s rooms without their permission. Everyone should be in their own rooms at bed check. Sexual relationships between students will lead to students being sent home.

7. DRIVING: Students are not allowed to drive themselves to the institute or to have access to a vehicle during the institute.

8. RESIDENCE LIFE ASSISTANTS: In addition to the SDI staff, MSU provides their own trained residence life staff that is there to assist campers and to enforce hall regulations. Their instructions are also to be followed.

9. PETS: Pets are not allowed. Please do not bring any to the institute.

MICHIGAN STATE UNIVERSITY CONSENT FORM AND RELEASE

I wish to participate in Michigan State University’s Spartan Debate Institute. I understand that there are risks inherent in any activity. I assume these risks and accept the consequences involved in my participation in the program.

I understand that participation in this program is voluntary and I may withdraw at any point during the program. I understand that participation may not benefit me directly in any way. I hereby release Michigan State University, its Board of Trustees, employees and students from any and all costs, claims, injury or illness resulting from my participation in the program.

I acknowledge that I understand the program in which I will participate. I accept the rules and regulations set forth and I consent to participate in the program. I have been advised that I should look to my own insurance policy in case of injury.

All deposits are non-refundable for accepted students. Any tuition paid beyond the deposit is refundable before the start of the program. After the start of the program, all tuition and payments are non-refundable. By making a payment to the Spartan Debate Institute, you are hereby consenting to this refund policy and agree that decisions regarding refunds are made at the sole discretion of the Director of the Spartan Debate Institutes and are final.

I have read and fully understand this document. All blank spaces were filled in and/or sections crossed out prior to my signing below.
Spartan Debate Institute

Student Name: ____________________  
Session: ____________________

Additional Information

Do you have any food allergies or unique dietary needs?

________________________________________________________________________

________________________________________________________________________

Do you need any special accommodations?

________________________________________________________________________

________________________________________________________________________

Are you planning on bringing a laptop computer to camp? (Circle one)  Yes  No
Are you planning on debating paperless? (Circle one)  Yes  No

Partner Request: ________________________________

Roommate Request: ________________________________

(Each room is double-occupancy. These requests will only be honored if the students are the same sex and are all attending the same session of the SDI. Requests **MUST** be mutual. We need to have this information written in advance and cannot honor requests received after the deadline.)

Is the student planning on leaving the Institute for any reason during the camp? Are any people authorized (or explicitly **not** authorized) to check this student out from the camp? Please note that information here.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Additional Release Form

I authorize Michigan State University to use materials my child develops during the Spartan Debate Institute for use in debate-related research, educational, and public service programs. I also authorize Michigan State University to audiotape, videotape and/or photograph my child’s image and/or voice for use in debate-related research, educational, and public service programs. I understand and agree that these written materials, audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, and reformatted, in any manner without payment of fees, in perpetuity. This includes use on social media (e.g. the Spartan Debate Institute Facebook page and Twitter). I understand that this authorization is not a condition of participation in the Spartan Debate Institute.

Childs Name
___________________________________

(please print)

Parent or Guardian
Name:
___________________________________

(please print)

Parent or Guardian
Signature:
___________________________________

Address:
___________________________________
___________________________________

Telephone:
____________________

Date:
____________________
Spartan Debate Institute

Student Name: _____________________________

Session: _____________________________

### Travel Information Form

- [ ] I will provide all of my own transportation to the SDI
- [ ] I will be flying in and am requesting shuttle arrangements
  ($15 each way for Lansing; $25 each way for Flint; $5 each way for Amtrak/Michigan Flyer drop-off)
- [ ] Other (please contact the SDI office)

If you require the SDI to provide shuttle service, we MUST know your flight information by Friday, June 3, 2016. Please be sure to complete the entire following chart:

<table>
<thead>
<tr>
<th>Date</th>
<th>Airport (LAN/FNT)</th>
<th>Airline</th>
<th>Flight Number</th>
<th>Arrival Time in LAN/FNT</th>
<th>Departure Time from LAN/FNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Departure</td>
<td></td>
<td></td>
<td></td>
<td>----</td>
<td></td>
</tr>
</tbody>
</table>

Additional Flight Information (such as connecting flights/itinerary):

______________________________________________________________

______________________________________________________________

Are you planning on arriving early or late to the camp?

______________________________________________________________

______________________________________________________________
Travel Information Form

SHUTTLE CONSENT FORM – MUST BE RETURNED IF REQUESTING SHUTTLE SERVICE

I, _______________________________, the parent/guardian of _______________________________, am requesting that the Spartan Debate Institutes (SDI) provide my student shuttle service to/from _______________________________.

I understand that the SDI is only responsible for meeting my student at the airport/station at the time specified on the previous form, and for providing them with transportation to the airport/station by the departure time specified. I understand that the SDI is not responsible for making sure that my student is on their flight aside from providing them with transportation to the airport/station, nor is the SDI responsible for my student’s behavior/actions while at the airport/station.

I further understand that the SDI meets students at a designated group pick-up spot at the airport and drops them off outside the terminal, and that staff members do not accompany students to the gate or check them in to their flight. As such, the SDI is unable to accommodate unaccompanied minors, and SDI staff members will not accept responsibility for waiting with students at the airport or meeting them at their gate. If my student is too young to travel on their own, I accept responsibility for traveling with them or finding them suitable travel options that do not rely on SDI staff members.

_________________________________________  ____________________________
Parent Signature                             Date

[Signature]

[Date]
Medical Release Form

Your son/daughter will be involved in a Michigan State University program on the above date(s). We are asking you to complete this form to give an appropriate medical facility permission to treat him/her for minor injury or medical problems. In the event of serious injury or illness, you will be contacted; treatment will proceed before contacting you only if the situation is urgent and does not permit delay.

Child’s Name _________________________________________ Date of Birth _____________________________________________

Name of Primary Care Physician ______________________________

Address ______________________________________________ Address ______________________________________________

Phone ___________________________ Phone ___________________________

INFORMATION NEEDED ABOUT CHILD: YES NO IF YES - INDICATE OR LIST BELOW

Is there any chronic problem or illness?                ____________________________

Has the person been treated recently for some medical problem?                ____________________________

Are there any allergies to medications or local anesthesia?                ____________________________

List any medications now being taken for treatment of any medical problem                ____________________________

Date of last Tetanus Shot: ____________________________

HEALTH INSURANCE INFORMATION:

Policyholder’s Name and Relationship to Patient ________________________________

Policyholder’s Address ______________________________________________

Policyholder’s Date of Birth: ____________________________

Name and Address of Insurance Co. ______________________________________________

If you have HMO or PHP insurance - list the emergency treatment authorization phone number ____________________________

Name and Address of Employer ______________________________________________

All Policy Numbers (please identify) ____________________________

I, ____________________________, as parent/legal guardian of ____________________________
do hereby authorize Casey Harrigan to seek any medical and/or surgical treatment necessary for the care of my child.

The above-designated Program Director is hereby authorized to incur medical costs necessary to provide medical treatment for said child, for which I shall be fully responsible. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature _________________________________________ Relationship to Child ____________________________

Daytime/Work EMERGENCY PHONE NUMBER ____________________________

Address:________________________________________________________________________________________
PLEASE INCLUDE A COPY OF THE STUDENT'S INSURANCE CARD ON THIS PAGE.