Lincoln University Cooperative Extension
(LUCE)
Participant Information

HIP HOP CAMP 2K11

Tuesday, August 2 – Thursday, August 4, 2011

PART I – STUDENT:

Name_____male ____ female ____

Mailing Address_____

City_____State_____Zip_____

Phone_____ Date of Birth _____Current Grade _____

Student Signature _____ Date _____

Please place a checkmark in one box below for the track you will attend, according to your grade level.

3rd- 6th Grade

☐ Track A

- Hip Hop Dance
- Rapping 101
- Poetry
- Video Editing
- Character Development
- African Jewelry
- Carver Farm

☐ Track B

- Stepping 101
- Rapping 101
- Poetry
- Video Editing
- Character Development
- Graffiti
- Carver Farm

7th – 12th Grade

☐ Track A

- Hip Hop Dance
- Debate
- Video Editing
- Character Development
- Poetry
- Rapping 101

☐ Track B

- West African Dance
- Debate
- DJ Basics
- Character Development
- Poetry
- Rapping 101

☐ Track C

- Stepping 101
- Debate
- Graffiti
- Character Development
- Poetry
- Rapping

PART II – PARENT/GUARDIAN

Name_____

Address_____

City_____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Lincoln University Cooperative Extension is an equal opportunity employer and provider

Emergency Contact other than Parent/Guardian:_____
Phone_____

Does your son/daughter have any drug or food allergies? Yes_____ No_____ If yes, please explain:
_____

I agree to allow my son/daughter, _____, to attend Lincoln University Cooperative Extension Hip Hop Camp 2011. **I understand my son/daughter will be staying overnight on the Lincoln University campus, under adult supervision, for the duration of the program and be provided with all meals, lodging and participation at no cost.**

In order for your child to participate in Lincoln University Cooperative Extension Hip Hop Camp 2011, the following RELEASE must be signed by a Parent or Legal Guardian: I/we give permission to **Lincoln University Cooperative Extension** and its representatives to secure care and/or treatment for on behalf of my child, including but not limited to: emergency care and procedures, hospitalization, medications, X-rays, diagnostic test, laboratory, other health or medical test, surgeries, invasive procedures, anesthesia, injections, and the administration of other generally accepted medical, dental, and health care procedures. I/we fully indemnify and completely hold harmless **Lincoln University Cooperative Extension** and its representatives from liability from any injuries, death, and /or medical, dental and/or health, treatment, care, and procedures selected and/or administered.

I give permission for the Lincoln University Cooperative Extension to use the photos of my son/daughter participating in this Camp for recruiting/printing/publicity purposes. All photographs taken by Lincoln University Cooperative Extension become the property of Lincoln University Cooperative Extension. By signing, you understand that you are signing all rights and titles in and to the photograph (s) to Lincoln University Cooperative Extension. As owners of the photographs, Lincoln University Cooperative Extension has all rights to use and publish the photograph (s) and no compensation is made or owed for use of the photograph (s). Photograph (s) will not be given or sold to any other company or individual.

The signature of one Parent or Guardian shall bind the other (s).

Signature_____Date_____

Mail completed form to:

LUCE Central Missouri Youth Development
Attention: Adrian Hendricks II
900 Chestnut St., 102 Allen Hall
Jefferson City, MO 65102-0029

Or fax to: (573) 681-5546

Cooperative Extension