

NCSMI ACADEMY CODE OF CONDUCT

UNC OFFICE FOR THE PROTECTION OF MINORS PARTICIPANT CODE OF CONDUCT

PARTICIPANT NAME (PLEASE PRINT/TYPE)

PARENT/GUARDIAN NAME (PLEASE PRINT/TYPE)

PARTICIPANT DATE OF BIRTH (PLEASE PRINT/TYPE)

The North Carolina Scholastic Media Institute Academy (NCSMIA) has established rules and standards of conduct for all participants. Violation of any of these may result in being dismissed from the program at the parents'/guardians' expense. It is the responsibility of the parent/legal guardian and the participant to review the program rules and standards of conduct. Dismissed participants will not be eligible for a refund of any fees or expenses. The parent/legal guardian will be responsible for all costs associated with removing the participant from the program due to his/her misconduct, including but not limited to transportation costs to return the participant home.

Important: Each participant and parent/guardian must sign this form, and the student must bring this form to the North Carolina Scholastic Media Institute registration desk on Monday, June 17. This signed form must be in the hands of workshop staff before registration will be considered complete.

EXPECTATIONS OF PARTICIPANT BEHAVIOR & CONDUCT

Participants will:

- Not violate University code, policy or regulation.
- Complete assigned individual projects on time.
- Challenge themselves to learn and advocate for their needs, including requesting help or accommodation when they need it.
- Follow staff, volunteer and guest instructions and raise concerns respectfully.
- Plan ahead for personal needs so that they can arrive on time and participate in all activities.
- Be active bystanders and do what they can to help others or find help when needed.
- Be accompanied by a parent or guardian if arriving by car.
- Refrain from using tobacco, alcohol and drugs. Use of tobacco products is prohibited on all University of North Carolina at Chapel Hill (University) property. Smoking, drinking or possessing alcoholic beverages, and using or possessing illegal drugs, fireworks, guns and other weapons is prohibited are not allowed. All rules in effect at the participant's respective high schools are in effect at the North Carolina Scholastic Media Institute.
- Make their whereabouts known to workshop counselors at all times.
- Refrain from the inappropriate use of cameras, imaging, and digital devices, including use of such devices in showers, restrooms, or other areas where privacy is expected by participants.
- Not drive or maintain cars on or off campus during the workshop. There are no exceptions.
- Be respectful of others. No violence, including sexual abuse or harassment, will be tolerated. Hazing of any kind along with verbal, physical and cyber bullying are prohibited.
- Refrain from inappropriate, dangerous or rude behavior in the dorms and misuse of or destruction of University property. Charges will be assessed against those participants who are responsible for damage or misuse of University property.
- Not commit theft. Regardless of owner, theft of property will not be tolerated.
- Be in classes when classes are in session. Attendance will be taken in each class, and assistants will notify workshop directors of students missing class. A 10:30 p.m. time to be in the dorm and an 11:30 p.m. time for all students to observe quiet in their own rooms are set for every night.

PARTICIPANT AGREEMENT

I have read the NCSMIA acceptance letter and understand that I must abide by all camp rules and policies. I understand that as a condition for participating in the program I must comply with the program's rules and standards of conduct and follow all reasonable direction of the program staff. Failure to comply with the program's rules and standards of conduct or failure to comply with the reasonable direction of program staff will result in my being dismissed from the program.

PARTICIPANT SIGNATURE

DATE

Program staff will:

- Ensure a safe and fun experience, while creating an environment that welcomes everyone and gives everyone the opportunity to succeed.
- Conduct respectful communication with all participants and their parents/guardians.
- Address concerns/problems that are brought to attention.
- Any Authorized Adult or Program Staff or other Mandatory Reporter, who, under North Carolina law has reasonable cause to believe that suspected child abuse has occurred, will immediately report the suspected abuse to the University Police Department if in immediate danger, to the Child Protective Services Division in the Orange County Department of Social Services (DSS) 919-245-2818 or 919-968-2000, the Protection of Minors on Campus Office 919-843-8995 or protectionofminors@unc.edu.

Parents/guardians will support their child's participation in this program by:

- Making arrangements for the participant to arrive on time and prepared to attend each part of the program. Any scheduling of other appointments during the program will be avoided.
- Not making inappropriate requests of staff that conflict with program guidelines.
- Working together with program staff to resolve issues that arise with a participant.
- Communicating accommodation requests, dietary needs and any concerns well in advance of the event.

PARENT/LEGAL GUARDIAN AGREEMENT

I have read the NCSMIA acceptance letter and understand that my child will be subject to the rules and standards of conduct of the program, and the University of North Carolina-Chapel Hill. I further understand that my child's violation of the rules and standards of conduct or failure to comply with the reasonable direction of program staff or University employee may result in my child's dismissal from the program. I accept responsibility for all costs that may be associated with removing my child from the program, including but not limited to transportation costs to return the participant home. I understand that dismissed participants are not eligible for a refund of any fees or expenses.

PARENT/GUARDIAN SIGNATURE

DATE

In case of emergency, please contact (please print or type):

FIRST NAME, MI, LAST NAME

RELATIONSHIP TO PARTICIPANT

(DAYTIME NUMBER) AREA CODE & EXT

(EVENING NUMBER) AREA CODE & EXT

FIRST NAME, MI, LAST NAME

RELATIONSHIP TO PARTICIPANT

(DAYTIME NUMBER) AREA CODE & EXT

(EVENING NUMBER) AREA CODE & EXT

RELEASE AND INDEMNITY AGREEMENT & CONSENT FOR MEDICAL TREATMENT

As a part of the consideration for my/my child's participation in the North Carolina Scholastic Media Institute Academy, I hereby release, hold harmless and forever discharge The University of North Carolina at Chapel Hill, its employees and agents, as well as Granville Towers facilities and/or employees, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or my child or to any property belonging to me or my child while participating in such activity, except damages or injuries that are attributable to the negligence of the University, its employees or agents. I am aware of the risks and hazards associated with this activity, including travel to and from the activity, and I acknowledge that I am/my child is required to follow the code of conduct. I acknowledge that my/my child's participation in this activity is elected by me and not required. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury, including death, and any property damage that may be sustained by me or my child as a result of such activity. I hereby give permission to N.C. Scholastic Media Association to use my/my child's name and photographic likeness in all forms and media (e.g., videos, website or other local media) where coverage of the North Carolina Scholastic Media Institute Academy may appear.

By return of this form, I agree to inform the N.C. Scholastic Media Association of any health or medical condition or need that may affect my/my child's participation in this program. I understand that I must make provision before my/my child's arrival in Chapel Hill for continuation of medical treatments such as prescriptions or special diets. In the event of illness or injury, I hereby authorize the program directors, staff, or other agents to obtain emergency or other medical treatment for me/my child as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the University to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable.

This release and hold harmless agreement is binding on myself, my child, my heirs, my assigns, and personal representatives. By signing on the line designated for signature of parent or guardian below, I acknowledge that I am the parent or guardian of _____, that I am 18 years old or more, and that, if my child is age 18 or more, I am signing this form to indicate that I am aware of its contents and the contents of the code of conduct.

NAME OF PARTICIPANT

SCHOOL NAME

SIGNATURE OF PARTICIPANT

DATE

NAME OF PARENT/GUARDIAN

PHONE

SIGNATURE OF PARENT/GUARDIAN

DATE

ADDRESS

CITY

STATE

ZIP

INSURANCE COMPANY

POLICY NUMBER

SPECIAL DIET OR PRESCRIPTIONS (TO BE SUBMITTED BY JUNE 1)