Rebel Debate Institute Parent Packet

Middle School Lincoln-Douglas Public Forum Policy Debate (2 & 3 week)
Dear Parent,

Congratulations on choosing the Rebel Debate Institute for your student’s summer debate camp experience. We are excited to work with your student this summer to develop the critical thinking and argumentation skills that will serve them throughout their lives. At the Rebel Debate Institute, our student to staff ratios are among the best in the country, and your students will work with our award winning coaches and debaters. Our summer camp strives to provide one of the best values with the highest quality instruction and support for your student.

We offer multiple different options for a variety of students. This year we are offering a ten day LD camp, a ten day PF camp, a two/three week Policy camp, and three different five day camps specifically designed for middle school students. In addition to a diversity of scholarship options, we have commuter and resident options to fit many different student situations. Our residents will be supervised by adult resident advisors in the evening and have access to a meal plan in the dining commons on campus.

Enclosed, you’ll find a packet of information that contains important forms that must be filled out and returned to us. You can scan and email these forms to rebeldebateinst@gmail.com or return them via mail to:

Jacob Thompson, Ph.D.
Department of Communication Studies, UNLV
4505 S. Maryland Pkwy
Box 454052
Las Vegas, NV 89154-4052

Please remember that the deadline for registration and payment of a $100 deposit is June 11th. We cannot process any application until a deposit is received on behalf of the applicant. Deposits can be sent to the above address.

Thank you for choosing the Rebel Debate Institute for your student’s summer debate camp experience. We know that they will have a fun and memorable summer as we all learn together about the art and science of debate topics!

Best regards,
Jacob Thompson, Ph.D.
Director and Head Coach, UNLV Debate Team
Director, Rebel Debate Institute
REBEL DEBATE INSTITUTE RULES

All participants in the Rebel Debate Institute (RDI) are subject to all University of Nevada, Las Vegas (UNLV) rules and codes of conduct, including the rules pertaining to the use of the UNLV facilities, as well as certain special rules of the Rebel Debate Institute. 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. 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, gender, sexual, ethnic, or racial harassment—of students or staff of the RDI or UNLV 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.** Students involved in such activities may also face legal action.

4. **DAMAGE FEES:** You will be financially responsible for any damage caused to UNLV or RDI property or university facilities.

5. **DRIVING:** Students who are legally able to drive themselves to the institute may do so, but upon arriving at institute, they must surrender their keys to an appointed RDI staff member, and are not allowed to drive until the conclusion of camp each day.

6. **ANIMALS:** Pets are not allowed. Please do not bring any to the institute.

7. **ARRIVAL AND DEPARTURE:** Students are expected to arrive and depart on time. Students may only depart the camp with a parent/legal guardian or a person authorized by a parent/legal guardian to provide transportation for their child.

8. **TIMELINESS:** For commuters, the RDI begins at 9:00 a.m. and concludes at 5:00 p.m. and students are expected to arrive on time and to have secured transportation home on time. Students who are late arriving or departing on more than one occasion may receive an official reprimand, repeated late arrival or departure may result in expulsion from the camp without refund.
9. **FOLLOW DIRECTIONS:** All RDI participants will abide by and are subject to all reasonable requests made by members of the RDI staff. If a student or their parent has a problem with an RDI staff member, they should discuss the matter with Dr. Jake Thompson, Director of Debate.

10. **COMPUTERS:** We highly recommend that students bring a laptop computer with them to the RDI. The RDI and UNLV cannot be held responsible for lost or stolen equipment.
CONSENT TO UNIVERSITY RULES & RELEASE OF LIABILITY

I wish to participate in University of Nevada, Las Vegas' Rebel 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 University of Nevada, Las Vegas, 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 have received a copy of the Rebel Debate Institute Rules and I accept these rules and regulations set forth. I consent to participate in the program. I have been advised that I should look to my own insurance policy in case of injury.

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

Parent or Guardian Name: ________________________________________________________________

Student/Participant Name: ______________________________________________________________

Address: ____________________________________________________________

Primary Phone Number: ___________________________ (home / cell / work / other: _________)

_____________________________________________________________________________________

Student/Participant Signature

Date

_____________________________________________________________________________________

Parent or Guardian’s Signature

Date
RISK AND RELEASE OF LIABILITY

In consideration of my child being permitted to participate in the Rebel Debate Institute ("RDI") sponsored by the University of Nevada, Las Vegas ("UNLV"), I agree to the following:

I understand and agree that the RDI involves certain inherent risks that cannot be eliminated regardless of the precautions taken by the UNLV, including, but not limited to:

1. Accidents;
2. Personal injury, including death, dismemberment or disability;
3. Loss or destruction of personal property;
4. Injuries resulting from my child’s failure to follow UNLV employees’ instructions or failure to ask for information or assistance;
5. Injuries resulting from the actions or omissions of my child or other participants;
6. Injuries resulting from objects falling or thrown from room windows or balconies;
7. Food-related illness or injury; and
8. Risks associated with travel, if applicable, including, but not limited to, risk of disease, ground/air transportation and crimes against person/property.

Despite the risks associated with participation in the RDI, some of which are outlined above, I consent to my child’s participation in the program at UNLV. I understand and agree that my child will be required to abide by all rules and regulations of UNLV, including those related to the dormitories, if applicable. I agree that if my child fails to abide by such rules and regulations, he/she will not be allowed to participate any further in RDP activities.

Release of Liability: I also agree to INDEMNIFY AND HOLD HARMLESS UNLV from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees, arising out of my child's involvement in the RDI.

I expressly agree that the foregoing waiver is intended to be as broad and inclusive as is permitted by the law of the State of Nevada and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

By signing below, I acknowledge that I have read and understand the above statement and knowingly assume all such risks, and assert that my child’s participation in the RDI is voluntary.

Parent or Guardian’s Name: __________________________________________

Relationship to student (circle one): (Parent / Guardian)

Address: ________________________________________________________________

Primary Phone Number: __________________________ (home / cell / work / other: ________)

E-mail Address: ______________________________________________________________________

______________________________________________________________________

Parent or Guardian’s Signature __________________________ Date ______________
Medical Authorization Form

I understand and agree that UNLV cannot be expected to control all of the risks inherent in participating in the RDI and may need to respond to accidents and potential emergency situations. In the event of illness or injury resulting or arising directly or indirectly out of my child’s participation or involvement in the RDP, I hereby give my consent and authorization for any and all medical treatment that may be required during my child’s participation with the understanding that the cost of any such treatment will be my sole responsibility. I agree to hold the Nevada System of Higher Education, on behalf of UNLV, its officers, agents, volunteers and employees harmless from all costs associated with such treatment. UNLV does not carry medical or accident insurance for the activities mentioned unless the participants are informed otherwise. Participation in any RDI activities may not be permitted unless this form is completed and returned prior to registration.

Parent / Guardian Name: ____________________________________________________________

Child’s Name: ____________________________________________________________________

Date of Birth __________________________ Gender ___________ Age __________

Address: ____________________________________________________________________________

Primary Phone Number: ___________________________ (home / cell / work / other: ________)

Primary Physician ___________________________ Physician’s Office # _______________________

If not available in an emergency, please notify:

1. ____________________________________________ Phone (______) ________________________

2. ____________________________________________ Phone (______) ________________________

HEALTH HISTORY (circle all that apply):

Allergies  Asthma  Diabetes  Ear Infections  Fainting

Recent Injury  Heart Murmur  Migraines  Seizures  Other

Please explain: ____________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

CURRENT MEDICATIONS (be as specific as possible): ________________________________
INSURANCE INFORMATION

Insurance Company: __________________________________________________________

Policy/GRP #: __________________________________________________________

Policy Holder’s Name: ______________________________________________________

Relationship to Student: __________________________________________________

Insurance Co. # (for pre-approval): __________________________________________
ADDITIONAL INFORMATION

Unfortunately, the Student Health Center at the University of Nevada, Las Vegas cannot provide health services to participants of the Rebel Debate Institute. As a result, we will take students to the hospital only under the most serious situations. Listed below is information on three local health facilities near campus. We suggest that you keep a copy of this sheet for your own records. These three medical centers are within 2 miles of UNLVs Campus:

Sunrise Hospital & Medical Center
3186 S Maryland Parkway
Las Vegas, NV 89109
Telephone: (702) 731-8000
Fax: (702) 731-8668

Information: Founded in 1958, Sunrise Hospital and Medical Center is the largest comprehensive acute-care medical complex in Nevada and one of the largest proprietary hospitals in the country. There is an emergency room open 24 hours per day.

Desert Springs Hospital Medical Center
2075 East Flamingo Road
Las Vegas, NV 89119
Telephone: (702) 733-8800
Information: Desert Springs Hospital Medical Center, a 286-bed acute care facility located in southeast Las Vegas, has been providing quality healthcare to the residents of Southern Nevada since 1971. The hospital provides 24-hour emergency services, including a designated area in the ER to treat less acute patients.

Harmon Medical Center, Quick Care
150 E Harmon Ave
Las Vegas, NV 89109
Telephone: (702) 796-1116
Information: Open Monday through Friday 8:00 am – 5:00 pm. Harmon Medical Center is the only independently-owned and operated medical facility on the Las Vegas Strip. Harmon Medical Center’s staff consists of physicians, registered nurses, licensed practical nurses, and medical assistants. In addition, Harmon offers the AT&T interpretation line for all languages.
PARENT/ GUARDIAN MEDICAL AUTHORIZATION

By signing below, I acknowledge that the information provided on this Medical Authorization Form is, to the best of my knowledge, accurate and not excluding any serious medical conditions that my child may have. Unless explicitly mentioned in this Medical Authorization Form, I understand that my child is able to participate in all prescribed RDP activities. In the unlikely event the staff is required to take my child to the UNLV Student Health Center, a local health facility, or the hospital emergency room, the parent/guardian will be contacted. I understand treatment will proceed before contacting me only if the situation is urgent and does not permit delay. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the RDI directors to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Parent or Guardian Name: ____________________________________________________________

Child’s Name: ____________________________________________________________________

Address: _________________________________________________________________________

Primary Phone Number: ____________________________ (home / cell / work / other: ________)

__________________________________________________________ Date

Parent or Guardian’s Signature
LIBRARY USE FORM

Please write and sign your name and the date in the spaces below.

By signing, you certify that you have read, understand, and will comply with the library terms of use found at https://www.library.unlv.edu/sites/default/files/documents/pages/expectations_for_user_current_2.18_v2.0_big_header.pdf

____________________________________________________________________________________
Student/Participant Signature

____________________________________________________________________________________
Parent or Guardian’s Signature

____________________________________________________________________________________
Date

____________________________________________________________________________________
Date
MEDIA RELEASE

I authorize University of Nevada, Las Vegas, the Sanford I. Berman Debate Forum, and the Rebel Debate Institute to use materials my child develops during the 2018 Rebel Debate Institute for use in debate-related research and educational, public service, and public relations programs. I also authorize University of Nevada, Las Vegas to audiotape, videotape and/or photograph my child’s image and/or voice for use in debate-related research and educational, public service, and public relations 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. I understand that this authorization is not a condition of participation in the Rebel Debate Institute.

Parent or Guardian Name: ________________________________________________________________

Child’s Name: _______________________________________________________________________

Address: __________________________________________________________________________

Primary Phone Number: __________________________ (home / cell / work / other: _________)

___________________________________________    ________________________
Parent or Guardian’s Signature                  Date

UNLV
UNIVERSITY OF NEVADA LAS VEGAS
Assumption of Risk/Release of Liability Agreement and Consent to Emergency Medical Treatment (Minor Participants)

I, ____________________________ ("Parent"), in consideration of my child’s ____________________________ ("Child") participation in the ____________________________________________ ("Event"), on behalf of myself, my assigns and my heirs, expressly and knowingly agree to indemnify, defend and hold harmless the Board of Regents of the Nevada System of Higher Education, on behalf of the University of Nevada, Las Vegas (hereinafter “Sponsor”), its officers, agents, employees and volunteers, for any and all claims, demands and/or causes of action for property damage, personal injury or death sustained by my child arising out of the Event conducted by or under the auspices of Sponsor, including, but not limited to, the selection and/or provision of emergency medical services. In consideration of my child being permitted by Sponsor to use its facilities and/or participate in the Event, I agree to the following:

I understand and agree that Sponsor cannot control all of the risks associated with the Event, and may need to respond to accidents and other emergency situations. Therefore, I hereby give my consent to the administration of any medical treatment that may be deemed by Sponsor to be required for my child relative to his/her participation, with the understanding that the costs of such treatment will be my sole responsibility. I agree to hold UNLV, its officers, agents, volunteers and employees harmless from all costs associated with such treatment. I acknowledge that Sponsor does not carry medical or any other insurance for participants in the Event. Therefore, I must provide my child with his/her own medical, disability or other appropriate insurance.

By signing this Agreement, I acknowledge the inherent risks associated to my child for participating in the Event and that such risks include, but are not limited to, the following:

- Risk of physical injury, illness, accident or death in traveling to and from, and participating in, the Event;
- Property loss, theft or damage;
- Exposure to dust, gas, fumes or chemicals;
- Tripping, slipping or falling;
- Problems related to exposure to the elements: for example, heat exhaustion, dehydration, sunburn, frostbite, and allergic reactions.

I hereby certify that my child is in good physical and mental health and has had no previous, and does not have a pre-existing, medical conditions or injuries affecting his/her ability to participate in the Event, nor has he/she been declared medically ineligible for any athletic competition.

I hereby grant to UNLV the right to photograph, videotape or otherwise digitally collect my child’s likeness, voice and sounds. I understand that video and/or audio recordings taken of my child by UNLV shall be used for educational purposes and to promote such purposes, including dissemination of information for public service announcements.
I understand that UNLV is committed to providing equal access to its programs and services for students who experience disabilities. The Disability Resource Center (DRC) was established to support these goals and to provide assistance with college learning through provision of recommended academic adjustments, auxiliary services, and advocacy. Students with disabilities who may require a reasonable accommodation to participate in the Program must submit a request for an accommodation in writing to the DRC. Please see the DRC’s website for additional information: http://studentlife.unlv.edu/disability.

This Agreement contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the Event. The provisions of this Agreement will continue in effect after the conclusion of the Event, whether said conclusion is by agreement, operation of law or otherwise.

I have read the foregoing Agreement and have knowingly and willingly signed it with a full understanding of its purpose. I affirmatively represent that I am competent to execute this Agreement, intend to be bound by it, and agree that it shall be governed by the laws of the State of Nevada. I further understand that all incidences of noncompliance with any Event rules will result in my child’s dismissal from the Event.

Parent or Guardian’s Name: __________________________________________________________
Local Address: ______________________________________________________________________
Phone No.: ________________________________________________________________________

Parent or Guardian’s Signature __________________________ Date ____________

EMERGENCY NOTIFICATION INFORMATION:
Child’s Name: _________________________________________________________________
Date of Birth: ___________________________________________________________________
Emergency Contact’s Name: _______________________________________________________
Emergency Contact’s Address: ______________________________________________________
Emergency Contact’s Phone No.: _________________________________________________