**PROGRAM/CAMP ENROLLMENT FORM FOR MINORS**

**GENERAL INFORMATION**

Name of Activity/Camp: Click here to enter text.

Name of Participant: Click here to enter text. Date of Birth: Click here to enter text.

Rising Grade:Click here to enter text.

Mailing Address:Click here to enter text. City/State/Zip: Click here to enter text.

Parent/Guardian Name: Click here to enter text. Email: Click here to enter text.

Daytime Phone: Click here to enter text. Emergency Phone: Click here to enter text.

Parent/Guardian Name: Click here to enter text. Email: Click here to enter text.

Daytime Phone: Click here to enter text. Emergency Phone: Click here to enter text.

**MEDICAL INFORMATION** (allergies, nosebleeds, asthma, bee/wasp stings, etc.) and any other information that you feel would be helpful in caring for your child. Click here to enter text.

**LOCAL EMERGENCY CONTACT WHEN PARENT/GUARDIAN CANNOT BE REACHED**

Name: Click here to enter text. Relationship: Click here to enter text.

Daytime Phone: Click here to enter text. Cell Phone: Click here to enter text.

Name: Click here to enter text. Relationship: Click here to enter text.

Daytime Phone: Click here to enter text. Cell Phone: Click here to enter text.

**NAME OF INDIVIDUAL(S) MINOR MAY BE RELEASED TO**

Name: Click here to enter text. Relationship: Click here to enter text.

Daytime Phone: Click here to enter text. Cell Phone: Click here to enter text.

Name: Click here to enter text. Relationship: Click here to enter text.

Daytime Phone: Click here to enter text. Cell Phone: Click here to enter text.

**MEDIA PERMISSION STATEMENT**

This activity/camp may offer occasions when students will be photographed or videotaped for publication. Please check the appropriate response below:

[ ]  **YES,** I grant permission for my child to be photographed or video-taped for publication.

[ ]  **YES**, I grant permission for my child‘s picture to appear on the University website. The picture will
 not be identified by name.

[ ]  **NO**, I do not grant permission for my child to be photographed or video-taped. I am aware that
 granting this request may cause some inconvenience for my child.

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SIGNATURE DATE

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SIGNATURE OF PARENT/GUARDIAN (if student is under 19 years of age) DATE