



Originally Issued: August 20, 2018
Reviewed: October 15, 2020
Reviewed: September 30, 2022

PROGRAM/CAMP ENROLLMENT FORM FOR MINORS

GENERAL INFORMATION

Name of Activity/Camp:

Name of Participant:

Date of Birth:

Rising Grade:

Mailing Address:

City/State/Zip:

Parent/Guardian Name:

Email:

Daytime Phone:

Emergency Phone:

Parent/Guardian Name:

Email:

Daytime Phone:

Emergency Phone:

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

LOCAL EMERGENCY CONTACT WHEN PARENT/GUARDIAN CANNOT BE REACHED

Name:

Relationship:

Daytime Phone:

Cell Phone:

Name:

Relationship:

Daytime Phone:

Cell Phone:

NAME OF INDIVIDUAL(S) MINOR MAY BE RELEASED TO

Name:

Relationship:



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Daytime Phone:

Cell Phone:

Name:

Relationship:

Daytime Phone:

Cell Phone:

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.

SIGNATURE

DATE

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

DATE