

Western Carolina University
Division of Educational Outreach

PROGRAM PARTICIPATION AGREEMENT FOR MINORS

PARTICIPANT INFORMATION: please print

Name (Last Name, First Name, Middle Initial)

Date of Birth

Permanent Address

City, State, Zip

Home Phone #

GENDER: Male Female

PARENT/GUARDIAN INFORMATION:

Full Name of Parent or Guardian

Daytime Phone w/ area code

Emergency Contact Number w/ Area Code

Evening Phone w/ area code

Street Address

City, State, Zip

Hospital/Health Insurance Company Name

Name of Policy Holder / Policy #

Please indicate any health conditions, including food or medication allergies, we should be aware of. Also, please list any medications your child will be bringing or may need assistance in taking during the program. Attach additional list of medications or directions if needed.

PARENT CONSENT FOR PARTICIPATION, AUTHORIZATION TO PROVIDE EMERGENCY CARE, AND CONSENT TO PHOTOGRAPH

By signing below, I hereby certify that I am the custodial parent or legal guardian, that I understand the nature of the activities of the camp or program as well as the associated risks, and that I grant permission for my child to participate fully in this camp or program.

By signing below, I hereby authorize Western Carolina University to do any acts which may be necessary or proper to provide for the health care of my child, including assisting with the administration of medications listed above and responding to medical emergencies.

By signing below, I hereby authorize Western Carolina University to take photographs of my child (1) record my child's likeness and/or voice on video, audio, photographic, digital, electronic or any other medium, (2) use his/her name in connection with these photographs and/or recordings, and (3) use, reproduce, exhibit or distribute these recordings for any purpose, including promotional or advertising efforts.

Print Full Name of Parent or Legal Guardian

Signature

Date