

Wichita State University

Expanding Your Horizons (EYH) Workshop Participation Form

Note: This form must be completed by the participant and/or parent or guardian in order to participate in the Wichita State University EYH Workshop. All blanks must be completed, even if the response is "not applicable" – indicate by using "N/A" (for example: no cellular phone number). Failure to complete this form in its entirety will result in the person being ineligible to participate in the Wichita State University EYH Workshop.

CAMP: Expanding Your Horizons 2019

Name _____ Birth Date ____/____/____ Age ____ Female Male
Last First
 Address _____

Parent/Guardian Name _____ Relationship _____ Home Phone _____
 Cellular/Pager _____ Work Phone _____
 Address (if different from child) _____

Parent/Guardian Name _____ Relationship _____ Home Phone _____
 Cellular/Pager _____ Work Phone _____
 Address (if different from child) _____

If parent or guardian cannot be reached, call: (Please notify this person they are listed as an emergency contact)

Name _____ Relationship to child _____
 Phone: (day) _____ (evening) _____ Cellular/Pager _____

PARTICIPANT HEALTH INFORMATION

To be completed by parent/guardian. Name of Family Doctor _____ Phone (____) _____
 Health Insurance Company _____ Policy _____
 Name of Insured _____ Relationship to Participant _____
 My child is in the custodial care of: (check one) ____ both parents ____ mother only ____ father only ____ other _____

HEALTH HISTORY: (check and give approximate dates or explanation)*

Chronic or Recurring Illness ____ Ear Infections _____ ____ Rheumatic Fever _____ ____ Convulsions _____ ____ Diabetes _____ ____ Asthma _____ ____ Nosebleeds _____ ____ Other _____	Allergies ____ Hay Fever _____ ____ Ivy Poisoning _____ ____ Insect Stings _____ ____ Penicillin _____ ____ Other drugs _____ ____ Food _____ ____ Other _____	Immunizations Are all required immunizations current? ____ Yes ____ No Date of last Tetanus immunization: _____ My child has permission to take a non-aspirin pain reliever. ____ Yes ____ No If yes, dosage: _____ Hospital Preference: _____
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Operations or serious injuries within the last five years (date) _____ Is your child taking any medications? ____ Yes ____ No
 If yes, list: _____ Description of any current physical or mental condition requiring medication, treatment, or special restriction or considerations while at the workshop: _____

Any necessary medical dietary restrictions (allergies): _____

*Health History will be kept in participant's confidential file

Please turn over for Code of Conduct & Authorization, Waiver & Publicity Release

(OVER)

WICHITA STATE UNIVERSITY WORKSHOP - CODE OF CONDUCT

As a participant in a Wichita State University Workshop, you are expected to conduct yourself in an appropriate manner. To do that, you must:

- 1) Attend all sessions. If you are unable to attend, please tell the adult in charge.
- 2) Follow hours and room rules established before the workshop begins. You are responsible to know the rules for each workshop event.
- 3) Dress appropriately. The adults in charge will have guidelines to help you.
- 4) Be responsible to know and use respectful and appropriate language and manners.
- 5) Be in the assigned program area (for example: dorms, meeting rooms, motels, etc.) at all times.
- 6) Know that the use of tobacco, alcohol and non-prescription drugs is specifically prohibited at all Wichita State University Workshop events.
- 7) Demonstrate respect for other attendees, officials, facilities and vehicles. You and your parents/guardians will be personally responsible for any damage caused as a result of your behavior.
- 8) Treat fellow participants with respect (as you would want to be treated).
- 9) Know that harassment of any type is inappropriate and prohibited at all workshop events.

MEMBER: I have read the Wichita State University Workshop Code of Conduct above and in consideration of my participation in the workshop; agree to meet the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the future.

Participant Signature _____ Date _____

Authorization, Waiver & Publicity Release

I, _____ (parent/guardian) understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given I understand every effort will be made to contact me immediately, but in emergency situations I authorize and give consent to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief.

In consideration of my child/ward's participation in the EYH Workshop at Wichita State University. I hereby release Wichita State University, the State of Kansas, and their agents, officers and employees, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of my minor child/ward in any Wichita State University Workshop activity.

Wichita State University is hereby granted permission to use any individual or group photographs taken at the EYH Workshop showing my child/ward in workshop activities for publicity and brochure purposes.

No, I do not authorize use of my child's – individual image or voice.

I have read and understand the Wichita State University Workshop Code of Conduct.

Parent/Guardian Signature _____ Date _____

Please send form to:
Wichita State University
1845 Fairmount
Wichita, KS 67260-0136
Or by fax: 316-978-3064