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: 2023 Expanding Your Horizons

Name		Birth Date/	_/Age □Female □Male	
Last	First		-	
Address				
Parent/Guardian Name		- I	Home Phone Work Phone	
Address (if different from chil	[d]			
Parent/Guardian Name		Relationship	Home Phone	_
		Cellular/Pager	Work Phone	
Address (if different from chil	(d)			

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. N	Name of Family Doctor	Phone ()
Health Insurance Company		Policy
Name of Insured		Relationship to Participant
		mother only father only other
HEALTH HISTORY: (check and give a	pproximate dates or explanat	tion)*
Chronic or Recurring Illness		Immunizations
Ear Infections		Are all required immunizations current?
Rheumatic Fever		
		Date of last Tetanus immunization:
Diabetes		
Asthma	Other drugs	pain reliever Yes No
Nosebleeds		-
Other		
If yes, list:	Description of	_ Is your child taking any medications? Yes No f any current physical or mental condition requiring tt the workshop:
Any necessary medical dietary restrictio *Health History will be kept in participa		
1100000000000000000000000000000000000	m s confidential file	

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

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

____ (parent/guardian) understand participants will be supervised and that, if 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 I. 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