## 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.

EVENT: Expanding Your Horizon	ons Fall 2024	
Name	Birth Da	ate//Age □Female □Male
Last	First	
Address		
Parent/Guardian Name	Relationship	Home Phone
		er Work Phone
Address (if different from child		
Parent/Guardian Name	Relationship	Home Phone
	Cellular/Page	er Work Phone
Address (if different from child	d)	
If parent or guardian cannot be	e reached, call: (Please notify this pe	erson they are listed as an emergency contact)
Name	Relationshi	ip to child
Phone: (day)	(evening)	Cellular/Pager
To be completed by parent/guar Health Insurance Company	dian. Name of Family Doctor	Phone () Policy
Name of Insured		Relationship to Participant
My child is in the custodial care	of: (check one) both parents	Relationship to Participant other
HEALTH HISTORY: (check and	d give approximate dates or explanation	on)*
Ear Infections	Allergies Hay Fever	Are all required immunizations current?
Rheumatic Fever	Ivy Poisoning	YesNo
	Insect Stings	
Diabetes	Penicillin	My child has permission to take a non-aspirit
	Other drugs	
	Food	
Other	Other	
Operations or serious injuries with	thin the last five years (date)	Is your child taking any medications? Yes No
If yes, list:	Description of a	any current physical or mental condition requiring
medication, treatment, or special	restriction or considerations while at	the workshop:
Any necessary medical dietary re		
*Health History will be kept in pa	articipant's confiaential file	

## 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,	onsent to the attending physician to hospitalize, secure my child and affirm that the information set forth in the
In consideration of my child/ward's participation in the EYH Work State University, the State of Kansas, and their agents, officers and of any kind, including claims of negligence, which may arise from University Workshop activity.	employees, from all claims, demands, and causes of action
Wichita State University is hereby granted permission to use any in showing my child/ward in workshop activities for publicity and broad activities for publicity	
$\square$ No, I do not authorize use of my child's – individual image of	r 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 CB 51 Wichita, KS 67260-0051 Or by fay: 316, 978, 3431

Or by fax: 316-978-3431

Or by email: moriah.beck@wichita.edu