

ARKANSAS TECH UNIVERSITY

# CERT ACADEMY

**JUNE 12-14, 2018**

**COST:**

*free*

*Open to students ages 15-18*

**3 DAYS / 2 NIGHTS**

**ON ATU CAMPUS**

**LEARN VALUABLE SKILLS: DISASTER  
PREPAREDNESS, DISASTER MEDICAL  
OPERATIONS, FIRE SUPPRESSION, TEAM  
BUILDING, AND SEARCH & RESCUE.**

*More Information:*

**ATU DEPARTMENT OF EMERGENCY MANAGEMENT**

**479.356.2092**

[emwall.com](http://emwall.com)

\*\$200 Scholarship Per Student Provided by Arkansas Department of Emergency Management for Inaugural Camp

**APPLICATION FOR ENROLLMENT**

**Teen Name (Please print)** \_\_\_\_\_

**Parent/Guardian Information**

Parent Name \_\_\_\_\_

Mother  Father  Legal Guardian

Home Address \_\_\_\_\_

\_\_\_\_\_  
(Please provide street address, P.O. Box not acceptable)

Parent Phone Numbers/Contact Information:

Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Alternate Contact Person (In Case of Emergency)**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Numbers:

Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

*I hereby certify that the information contained in this application is true and correct to the best of my knowledge. Arkansas Tech is authorized to conduct any investigation of my personal history information that is deemed necessary for consideration to participate or continued participation in the CERT Academy.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

***For Official Use Only***

Date/Time Received \_\_\_\_\_ / \_\_\_\_\_

History Check Date/Time \_\_\_\_\_

Administrator Signature \_\_\_\_\_

**LIKENESS WAIVER**

**Release and Waiver of Liability**

I am an adult (aged 18 or older) and/ or the parent/legal guardian of a minor child.

I authorize Arkansas Tech to use my name and display my image and likeness, or the likeness of said minor child, on the Arkansas Tech website or in media publications, brochures, broadcasts, telecasts or newspaper articles.

This authorization shall remain in effect until revoked by me in writing.

By offering my signature below, I acknowledge acceptance of this waiver and agree to allow the use of my or said minor child’s likeness from any photos or video taken that specifically involve activities related to the Arkansas Tech CERT Academy.

I understand that the photos or video could be used to advertise and/or promote Arkansas Tech’s community relations activities.

\_\_\_\_\_  
**Minor Child’s Name**

\_\_\_\_\_  
Participant or Parent/Legal Guardian Authorizing Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant or Parent/Legal Guardian Name (please print)

**Teen Medical Information**

Allergies: \_\_\_\_\_

Medicine: \_\_\_\_\_

Other Info: \_\_\_\_\_

Do you carry medicine for allergies?  YES  NO

If YES, please specify \_\_\_\_\_

Is there any physical or medical condition (such as asthma) that limits your physical activity?

YES  NO

If YES, please specify \_\_\_\_\_

Do you carry medicine for this medical condition?  YES  NO

If YES, please specify \_\_\_\_\_