

APPLICATION FOR ENROLLMENT

Teen Name (Please print) _____

Gender _____ Phone _____

Shirt size _____

Parent/Guardian Information

Parent Name _____

Mother Father Legal Guardian

Home Address _____

Parent Phone Numbers/Contact Information:

Home (____) _____ Work (____) _____

Cell (____) _____ E-mail _____

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 Youth Preparedness Camp.

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 Youth Preparedness Camp.

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 _____