

Parent Permission and Registration Form and Child Behavior Agreement

Event Name

Event Director

Participant's Name (first and last)

Gender: Male Female

Date of birth: (mm/dd/yy)

High School Graduation Year

Parent/guardian name

Address

City

State

Zip

Phone

Parent Email

Behavior Agreement

As the participant or parent/guardian of a participant registering for this St. Olaf College event, I understand and agree as follows:

- All residential guests must attend event orientation.
- Staff, residents and guests will be treated with dignity and respect.
- Threats, injuries or endangerment of oneself or others physically or emotionally will not be tolerated.
- Participants will adhere to additional rules of conduct specifically designed for your event, classroom, and/or studio set forth by program instructor or campus personnel.
- Participant will remain in the designated event areas only and remain on the St. Olaf campus unless they present a signed permission note from a parent/guardian to the program director.
- Inappropriate use of cameras and digital imaging equipment is prohibited anywhere. Devices may not be used in locker rooms, bathrooms or private spaces.
- Attendance and participation is required at all activities, whether they be instructional or recreational. Any participant needing to be excused due to illness must first report to the program staff.
- Event/college equipment and supplies will be used in a safe and appropriate manner.
- Damage to program/campus property must be paid for by the participant or the participant's parent or guardian.
- Smoking and the use of any tobacco products are prohibited in all St. Olaf buildings and near all building entrances.
- The use or possession of alcohol or illegal drugs is strictly forbidden and will result in dismissal without refund.
- Firearms, weapons and fireworks are not permitted on campus.
- Pets are not permitted in any campus building. Service animals must be clearly identified.
- Failure to follow these guidelines may result in the immediate cancellation of participation in the event.
- No program refunds will be given.
- This waiver will be governed by the laws of the State of Minnesota.
- I have read this waiver carefully, and I understand and agree to be bound by the provisions herein.

Parent/Guardian Waiver

As the parent/guardian of the minor registering for this St. Olaf College event, I consent to his/her participation and I understand and agree as follows:

- My child/ward is healthy and capable of fully participating in all aspects of the event.
- My child/ward has sufficient health insurance to cover her/him during her/his participation in the program.
- I understand that St. Olaf College does not provide insurance for program participants.
- I hereby release pictures of my minor child taken by St. Olaf College for promotional purposes and programming materials including the website.
- I hereby release and discharge St. Olaf College and its regents, officers, employees, agents, successors and assigns, on behalf of myself and my legal representatives, heirs, successors, and assigns, from any and all claims, liabilities, and costs which I or any of my legal representatives, heirs, successors, and assigns may have claim to, have relating to, or arising from my child/ward's injury, illness, or death.
- I agree to indemnify, defend, and hold harmless St. Olaf College and its regents, officers, employees, agents, and assigns, from any and all claims, liabilities, and costs asserted by or on behalf of my child/ward or any of my child/ward's legal representatives, heirs, successors, and assigns, relating to or arising from my child/ward's participation in the program, including and without limitation to my child/ward's injury, illness, and death.

Should the child be restricted from any activity due to health reasons?

No Yes

If yes, please explain: _____

Does your child have any past or current medical condition (physical or mental) that would require special attention (this includes past concussions)?

No Yes

If yes, please explain: _____

Does your child have allergies and/or dietary restrictions?

No Yes

If yes, please explain: _____

Will your child be bringing prescribed and/or over-the-counter medications to the event?

No Yes

If yes, what medications? *(Note: Each child bringing medications will be responsible for taking their own medications.)*

Are there any restrictions regarding who may drop off/pick up your child?

No Yes

If yes, please explain: _____

(Note: If yes, photo identification is required for drop off/pick up of your child.)

In the event of a medical emergency, every effort will be made to contact parent(s)/guardian(s). I, the parent/guardian of the participant, authorize St. Olaf College staff to seek appropriate medical care if a parent/guardian cannot be reached, and I shall be fully responsible for payment of such costs. I also authorize insurance payment directly to the medical facility.

Yes, I agree to the above statement

Insurance and Emergency contact information:

Primary contact name: _____ Relationship to participant: _____

Phone 1: _____ Phone 2: _____

Secondary contact name: _____ Relationship to participant: _____

Phone 1: _____ Phone 2: _____

Insurance Information

Insurance Provider: _____

Policy Number: _____

Insurance Provider Phone: _____

Parent/Guardian Signature

Date

Participant Signature

Date