

UNIVERSITY OF WYOMING YOUTH PROGRAM REGISTRATION/GENERAL INFORMATION FORM

World Languages Day 2018

PARTICIPANT INFORMATION

Participant Name _____

Date of Birth _____ Grade as of 2018 _____ Gender: M F

Please indicate here _____ if Participant needs an accommodation to participate. Please provide details on the Medical Information Form. Formal accommodations may be requested by contacting Mollie Hand, 307-766-4177, mhand4@uwyo.edu

PARENT/GUARDIAN CONTACT INFORMATION

First Parent/Legal Guardian Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Second Parent/Legal Guardian Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

EMERGENCY CONTACT INFORMATION

Provide 2 people who may be called in the event we cannot reach either parent/guardian:

Emergency Contact #1 Name	Home Phone #	Work Phone #	Cell Phone #	Relation
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Emergency Contact #2 Name	Home Phone #	Work Phone #	Cell Phone #	Relation
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In the case the Participant becomes ill, violates any program policy, or for any other reason must leave the Program, Program Staff will contact the parent/guardian listed first and then the parent/guardian listed second. If the parent/guardian is unable to be reached, the Participant's emergency contact will be notified. It is the responsibility of the parent/guardian or emergency contact to arrange for the participant to be picked up as soon as possible.

In the event of an emergency impacting the entire Program, Program Staff will contact the individuals listed above in the same order and provide specific information and instructions based on the nature of the emergency. (Program to insert specific emergency communication information here)

TRANSPORTATION

Authorized Person(s) for pick-up (as listed on ID): _____

Participants must be picked up at _____ (location) by _____ (date time). Participants will not be released to any person not listed on this form. Any person authorized to pick up a participant must be listed on this form. Authorization by telephone will not be accepted. Pick up individuals must have ID available when picking up Participant.

Please indicate whether you plan to keep a vehicle on campus (circle one): YES NO
(Program to insert parking instructions here.)

COMMUNICATION

If an emergency arises and you need to communicate with a Participant during the Program you may contact (Program to insert instructions for communication).

Non-emergency communications to the Participant during the Program may be made by (Program to insert instructions for and limitations on communication).

Any concerns regarding the Program, reports of violations of the University’s Policy on Minors, or any other concerns should be addressed to (Program to insert instructions).

Participant Name _____ Parent/Guardian Name _____
Participant Signature _____ Parent/Guardian Signature _____
Date _____ Date _____

UNIVERSITY OF WYOMING YOUTH PROGRAM RULES AND DISCIPLINARY PROCEDURES

PROGRAM NAME

PROGRAM RULES:

1. The possession, distribution, or use of alcohol or drugs is prohibited.
2. Fireworks, firearms, guns, knives, archery equipment and other weapons are prohibited.
3. The operation of motor vehicles by Minors is prohibited while attending and participating in the Program. Permission for a Minor to drive from the Program at the Program's conclusion must be authorized by the parent/legal guardian. Use of bicycles, skateboards, rollerblades, skates and other related items is discouraged and any use must be in accordance with University Policy. Hover boards are prohibited.
4. Participants are to remain on campus for the duration of the program unless program activities require otherwise. If a participant needs to leave campus for some reason, Program Directors must receive prior written permission from the parent or guardian, and grant specific permission.
5. Participants must attend all Program activities including workshops, classes, and planned social or recreational activities.
6. No violence, including sexual abuse or harassment, will be tolerated.
7. Hazing of any kind is prohibited. Bullying including verbal, physical, and cyber bullying are prohibited.
8. No theft of property, regardless of owner, will be tolerated.
9. Use of tobacco products and smoking instruments including electronic cigarettes and vaporization devices will not be tolerated by participants. Smoking is prohibited in all University buildings.
10. Misuse, damage, tampering, moving, modifying, or theft of University property is prohibited. Charges will be assessed against those participants who are responsible for damage or misusing University property.
11. Misuse, damage or theft of the property of others is prohibited.
12. The inappropriate use of cell phones, cameras, imaging, and digital devices is prohibited including use of such devices in showers, restrooms, or other areas where privacy is expected by participants.

ADDITIONAL PROGRAM RULES FOR PROGRAMS USING DINING FACILITIES:

13. A Conference Meal Card is required for entrance to the UW dining room. Dining room privileges are non-transferable. A card used by anyone other than owner may be confiscated by Program Staff or dining personnel.
14. Unlimited trips to serving lines are allowed during each visit to the dining room but only one entree is allowed per time through the serving line.
15. Throwing food or objects or causing them to be thrown in the dining room is prohibited.
16. Shirts, shoes and appropriate clothing must be worn at all times in the dining room.
17. Large equipment bags and equipment must be stored in guest rooms or other appropriate locations and are not allowed in the dining room.
18. Beverage containers of any kind including water bottles, mugs, etc. are not allowed in the dining room.
19. Plates, silverware, and other dining services property must remaining within the dining room.

20. Participants must take trays, dishes, trash and other dining service items to the designated areas when finished dining and prior to leaving the dining room.
21. Participants must remain in the public/designated portions of the dining facility. Entrance into the kitchens, storerooms, loading dock, food preparation areas, and other non-public areas is prohibited.

DISCIPLINARY PROCEDURES:

Each participant has a reasonable expectation to enjoy a positive program experience. Therefore, the misbehavior of one participant, or a group of participants, should not be permitted to impact negatively on the program experience of others. Most programs are short in duration, so prompt action is required when problems occur. Parents and participants should be aware of the rules and disciplinary policy.

First Offense: Participants failing to adhere to Program Rules, assisting or encouraging others to break Program Rules, or exhibiting bad or disruptive behavior, will be warned by Program Staff.

Second Offense: Subsequent misconduct will result in a discussion between the Program Staff and Participant and Program Staff will contact the Participant's parent/guardian.

Third Offense: Subsequent misconduct will result in expulsion from Program.

ANY OF THE STEPS OUTLINED ABOVE MAY BE OMITTED OR REPEATED AT THE DISCRETION OF PROGRAM STAFF. PARTICIPANTS DISMISSED FROM PROGRAM FOR DISCIPLINARY REASONS WILL NOT RECEIVE A REFUND OF ANY FEES PAID TO ATTEND PROGRAM.

This procedure is intended to provide a reasonable and consistent method for dealing with the type of behavior that can be disruptive to a program or other University activities or functions, but is not so egregious as to warrant immediate dismissal from the program. It in no way precludes immediate dismissal from the program for more serious disciplinary problems or violations of campus or program regulations. A serious disciplinary problem is defined as one in which the program staff determines that a child is engaging in inappropriate behavior that includes, but is not limited to the following: actions which put the participant, other participants, or program staff member's safety in jeopardy; physical, emotional, or electronic harassment/harm against self, program staff or fellow program participants; inflicting physical or emotional harm on self or others, vandalism or destruction of University property; theft of University property or the property of another participant; consistently disrupting the program or other programs or University functions; possession of alcohol, drugs, or weapons; fighting; or sexual harassment.

Disciplinary decisions are solely in the discretion of Program Staff and the decision of Program Staff is final.

With my/our signature below

I/we understand the disciplinary procedures described above. I/we understand failure to demonstrate proper conduct during the Program may result in early dismissal from the Program without any refund of fees paid to attend. I/we pledge to abide by all Program Rules and to exercise good behavior.

Participant Name _____

Parent/Guardian Name

Participant Signature _____

Parent/Guardian Signature _____

Date _____

Date _____

UNIVERSITY OF WYOMING YOUTH PROGRAM MEDICAL INFORMATION AND RELEASE FORM

PROGRAM NAME

Completion of this form by a parent/guardian is required before a minor can participate in the Program. The information requested on this form is intended to help inform Program Staff of any pre-existing medical conditions. If Participant has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. ***This information will be kept in strict confidence and will only be shared with your permission.*** The University requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment for Participant. You are accountable for providing an accurate medical history. Please answer all questions. **Incomplete forms will be returned to you for the missing information.** Attach any specific recommendations from your physician to this form. **Final determination about whether to participate is the responsibility of the Participant, Participant's parent/guardian, and Participant's physician.** If Participant has any health issue that is not requested below, but which you think is important, please include that information. It is recommended that you consult with a physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating.

GENERAL INFORMATION

Participant Name _____

Date of Birth _____ Gender: M F

First Parent/Legal Guardian Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Second Parent/Legal Guardian Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Emergency Contact #1 Name	Home Phone #	Work Phone #	Cell Phone #	Relation
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_____	_____	_____	_____	_____
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Emergency Contact #2 Name	Home Phone #	Work Phone #	Cell Phone #	Relation
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MEDICAL INFORMATION

Physician Name: _____

Physician Address: _____

Physician Telephone: _____

Date of most recent tetanus toxoid immunization: _____

Do you have health/accident insurance? YES/NO

Note: The Program XXXXXXXXXXXX (DOES or DOES NOT) provide accident insurance to cover emergency medical care for the Participant during the Program.

Insurance Company Name: _____

Insurance Company Claim Address: _____

Insurance Policy #: _____

Does participant have any limiting medical conditions or chronic/recurring illnesses that would limit camp participation? YES/NO
If yes, identify and explain:

Is participant currently taking medication that may interfere with ability to safely participate in Program? YES/NO
If yes, please indicate the medication and the condition being treated:

Does participant have a history of allergies or reactions to medications, insect stings, plants, food, or other substances? YES/NO
If yes, please explain:

Does participant have a history of, or currently suffer from, medical condition(s) of which we need to be aware? YES/NO
If yes, please explain:

Does Participant have any behavioral condition(s) of which we need to be aware? YES/NO
If yes, please explain:

Does the Participant wear any medical appliances (glasses, contacts, orthodontia, etc.)? YES/NO
If yes, please explain:

AUTHORIZATION FOR CARE

As the parent/guardian of the Participant I understand the University is not equipped to make mental or medical health diagnoses/determinations or provide mental or medical health care (other than any pre-arranged accommodations) during the Program and any care needs that arise during the Program may require the Participant discontinue attendance at the Program to seek appropriate care. In cases where emergency medical attention is necessary, parents/guardians/emergency contacts will be contacted for approval when possible. However, I hereby grant permission for the University to give or authorize emergency medical treatment to my child during his/her participation in the Program if, in the sole discretion of the University, such care is necessary. I understand and agree that the University assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment. I will assume the financial responsibility for any cost of care for my child that may occur during the Program.

As a Participant/parent/guardian I understand and acknowledge that failure to disclose relevant information may result in harm to Participant and/or others during this Program. By signing my name I represent and warrant that I have provided all important information pertaining to Participant's medical, mental and physical condition and that the information provided is accurate and complete. I agree to notify the University of any change in the Participant's mental, physical or medical condition prior to or during the Program.

Except to the extent I have requested a formal accommodation by the University, which requires a separate interactive process, I understand that by revealing or disclosing the above medical information I am providing critical information but it will not be used by the University to determine the Participant's ability to participate safely in the Program activities. I understand that, if Participant chooses to participate in activities, he/she do so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility Participant, Participant's parent/guardian, and any medical or other advisor Participant engages in assisting what that decision.

Participant Name _____

Parent/Guardian Name _____

Participant Signature _____

Parent/Guardian Signature _____

Date _____

Date _____

UNIVERSITY OF WYOMING YOUTH PROGRAM SELF-ADMINISTRATION OF MEDICATION FORM

PROGRAM NAME

Participant Name _____

Parent/Legal Guardian Name _____

If at all possible, medication should be administered at home. Medications will be allowed at the Program only when failure to take such medicine would jeopardize the health of a Participant and he/she would not be able to attend the Program if the medicine were not made available.

Legal prescription and over-the-counter medications, including medications for conditions such as food, drug or insect allergies, diabetes, asthma, or epilepsy may be brought to the Program under the condition that the participant can self-manage care and delivery of the medication. All medications (prescription and over-the-counter) must be in the original product packaging and clearly labeled with the Participant's name. Prescription medication(s) must also include a label with the medication's name and dosage instructions, as well as the prescribing physician's name and telephone number. Containers must hold only the amount required for the time the Participant will be attending the Program.

List the specific prescription or over-the-counter medication(s) the Participant is bringing to the Program, the reason for the medication, and the daily dosage, times taken and other relevant administration information below:

Medication Name	Diagnosis/Reason(s) for Medication	Daily Dosage/Time(s) Taken/Administration
1.		
2.		
3.		
4.		

All medications will be kept securely locked. Access to all medications will be limited to approved Program Staff. The need for emergency medication may require that a Participant carry the medication on his/her person or that it be easily accessed (i.e. inhalers, EPI-pens, insulin injections). Program staff will NOT purchase or administer medications of any type (prescription or over-the-counter) for a participant of any age. Program staff may monitor the self-administration of medications. It is NOT permissible for a participant to share any medications with any other participants. It is the responsibility of the parent(s)/legal guardian(s) to be sure that the participant's medications brought to the Program are not left behind at the end of the Program. Failure to do so will result in the medications being destroyed after the Participant's last day at the Program. Absolutely no medications will be returned via mail regardless of circumstance.

I authorize and recommend self-medication by my child for the above medication(s). I affirm that my child has been instructed in the proper self-administration of the prescribed medication by his/her physician. I affirm that my child has been instructed in the proper self-administration of the over-the-counter medication by me or by his/her physician. I will indemnify and hold harmless the Program Staff, the University of Wyoming, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my child's self-administration of prescribed medication(s).

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

**UNIVERSITY OF WYOMING YOUTH PROGRAM
RELEASE, ASSUMPTION OF RISK & AGREEMENT TO HOLD HARMLESS**

PROGRAM NAME: World Languages Day 2018

**PROGRAM LOCATION: University of Wyoming: College of Education Auditorium, Lab School
Gymnasium, Ed. Annex, CR, Planetarium, Union Ballroom**

PROGRAM DATES: March 2-3, 2018

I am in receipt of a Program itinerary and description of the activities of the Program referenced above. I, the undersigned, wish for my child, identified as the Participant below, to participate in all of the activities of the above referenced Program on the dates listed above and in consideration of my child being allowed to participate I agree as follows:

I am aware that while participating in the Program there are dangers, hazards and inherent risks, both known and unknown, to which my Child may be exposed and participating involves a risk of injury or injuries ranging from minor injuries such as bruises, cuts or scrapes, to serious injuries such as paralysis or even death. I am aware that such an injury can limit my child's future life activities, including future earning capacity. I am aware that there are also risks of property damage or loss.

I hereby grant permission for the University to give or authorize emergency medical treatment, if necessary, and such action by the University shall be subject to the terms of this Agreement. I understand and agree that the University assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

In consideration of the University of Wyoming, providing my child with the opportunity to participate, I hereby assume all the associated risks and agree to hold the University of Wyoming, its trustees, officers, employees, agents, representatives, instructors, and volunteers and the State of Wyoming harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my child's participation. The terms hereof shall serve as a release and assumption of risk for myself, my child, and my child's and my heirs, estate, executor, administrator, assignees and for all members of our family.

I have read the above statement and fully understand the contents, consequences and implications of signing this document.

Participant Name _____

Participant Address _____

Parent/Guardian Name _____

Parent Guardian Signature _____

Date _____