UNIVERSITY OF WYOMING YOUTH PROGRAM
REGISTRATION/GENERAL INFORMATION FORM

PROGRAM NAME: Cowboys Sing On!
LOCATION: Buchanan Center for the Performing Arts
DATES: March 4-5, 2022

PARTICIPANT INFORMATION
Participant Name: ________________________________________________________

Date of Birth: _______________ Grade as of 12/10/2021: _______________

☐ Please check the box if this Participant needs an accommodation to participate.
If so, please provide details on the Medical Information Form. Formal accommodations may be requested by contacting Lexis Hamilton (lhamil10@uwyo.edu) by February 1st, 2022.

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: _______________
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 Number: ___________________________________________________________________
Work Phone Number: ___________________________________________________________________
Cell Phone Number: ___________________________________________________________________
Relation: ____________________________________________________________________________

Emergency Contact #1 Name: _____________________________________________________________
Home Phone Number: ___________________________________________________________________
Work Phone Number: ___________________________________________________________________
Cell Phone Number: ___________________________________________________________________
Relation: ____________________________________________________________________________

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.

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
Parking is enforced on Friday, March 4th. There are three options for short term and day use parking:
1. **Day Permits:** Day permits are available in a couple of different forms; a printable online permit or a hard copy scratch off permit. The fee for a pay permit is $5.50 per day and allows the permit holder to park in an "A", "C" or "R" space. Please note that day permits do not allow for parking in reserved spaces or metered spaces. Parking in an accessible parking space is allowed with a day permit only when the appropriate state/city disability placard or license plates are displayed. [http://www.uwyo.edu/tps/parking/index.html](http://www.uwyo.edu/tps/parking/index.html)

2. **Shuttle Service:** The Express Shuttle Lot, is located at 30th Street and Willett Drive. There is always plenty of parking available (no hunting necessary) and a shuttle departs approximately every 6 to 8 minutes. Try the South Express Shuttle located at 15th and Spring Creek. This shuttle provides continuous service to the Wyoming Union from the shuttle lot every 6 to 8 minutes.

3. **Stadium Parking:** Parking in this lot, on non-game days, is free and is a short walk from the BCPA building.

**COMMUNICATION**

If an emergency arises and you need to communicate with a Participant during the Program you may contact Lexis Hamilton at (559) 284-5364 (Personal Cell Phone to be used only in emergency).

Non-emergency communications to the Participant during the Program may be made by contacting Lexis Hamilton at (307) 766-5139.

Any concerns regarding the Program, reports of violations of the University’s Policy on Minors, or any other concerns should be addressed to Lexis Hamilton at lhamil10@uwyo.edu or (307) 766-5139.

Participant Name: ___________________  Parent/Guardian Name: ___________________

Participant Signature: ___________________  Parent/Guardian Signature: ___________________

Date: ___________________  Date: ___________________
UNIVERSITY OF WYOMING YOUTH PROGRAM
RULES AND DISCIPLINARY PROCEDURES

PROGRAM NAME: Cowboys Sing On!

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.

13. Guests of participants (other than a parent/legal guardian and other program participants), if allowed, are restricted to visitation in the building lobby and/or floor lounges and only during approved, specified hours with supervision. Guests must follow all Program/Participant Rules.

14. Tampering with any fire or safety equipment (fire extinguishers, fire alarms, smoke detectors, exit signs, etc.), any security system, or locks (including propping open locked doors, sharing of
combinations, and duplication of keys) is prohibited. Making or communicating false alarms or threats 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 are 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: ___________________________
PROGRAM NAME: *Cowboys Sing On!*

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 condition s, it is your responsibility to consult with your own physician prior to participating.

**GENERAL 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 #1 Name: ____________________________________________
Home Phone Number: _________________________________________________________________
Work Phone Number: _________________________________________________________________
Cell Phone Number: _________________________________________________________________
Relation: __________________________________________________________________________

Emergency Contact #1 Name: ___________________________________________________________
Home Phone Number: _________________________________________________________________
Work Phone Number: _________________________________________________________________
Cell Phone Number: _________________________________________________________________
Relation: __________________________________________________________________________

MEDICAL INFORMATION

Physician Name: _____________________________________________________________________
Physician Address: _________________________________________________________________
Physician Telephone: _________________________________________________________________
Date of most recent tetanus toxoid immunization: ____________________
Do you have health/accident insurance? YES / NO

Insurance Company Name: _____________________________________________________________
Insurance Company Claim Address: _____________________________________________________
Insurance Policy Number: ____________________________________________________________

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

2. 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:

3. Does participant have a history of allergies or reactions to medications, insect stings, plants, food, or other substances? YES / NO
   If yes, please explain:
4. 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:*

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

6. 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 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.
PROGRAM NAME:  *Cowboys Sing On!*

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:

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Diagnosis/Reason(s) for Medication</th>
<th>Daily Dosage/Time(s) Taken/Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: Cowboys Sing On!
PROGRAM LOCATION: Buchanan Center for the Performing Arts
PROGRAM DATES: March 4-5, 2022

☐ 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: ___________________________________________________________________________
MODEL RELEASE

I, _______________________________, (________), do hereby authorize the University of Wyoming, its agents, successors, and assigns, and the Cowboys Sing On!, to use and reproduce photograph(s) in which I appear in official University of Wyoming and Cowboys Sing On! publications, including social media posts and videos for the University of Wyoming.

I waive any right that I may have to inspect and approve said photograph (or any copy that may be used in connection therewith) or to receive compensation for the use of said photograph.

____________________________________________________________________________________________________________________________________________________

Student Signature                                              Parent or Guardian Signature*

*If student is under the age of 18, a parent or guardian is required to sign.

____________________________________________________________________________________________________________________________________________________

City, State and Zip Code                                              Phone Number

____________________________________________________________________________________________________________________________________________________

Date