Participant’s Information:

Last Name:Click or tap here to enter text. First Name:Click or tap here to enter text.

Street Address:Click or tap here to enter text.Apt#:Click or tap here to enter text. City:Click or tap here to enter text. Zip Code:Click or tap here to enter text.

Students Gender: Male: Female:

Current School:Click or tap here to enter text. Current Grade:Click or tap here to enter text.

Primary Parent/Guardian Contact Information:

Name:Click or tap here to enter text. Relationship to Participant:Click or tap here to enter text.

Phone Number:Click or tap here to enter text. Work Phone:Click or tap here to enter text.

Email Address:Click or tap here to enter text.

Secondary Parent/Guardian Contact Information:

Name:Click or tap here to enter text. Relationship to Participant:Click or tap here to enter text.

Phone Number:Click or tap here to enter text. Work Phone:Click or tap here to enter text.

Email Address:Click or tap here to enter text.

Are you Authorized to pick up children at the end of the day or in the event of an Emergency?

Yes No

**Emergency Contact Information:** The first attempt will be made to contact the Participants Primary Parents/Guardians. Emergency Contacts below must be able to pick your child up in the event of an emergency. Participants may only be picked up by the person(s) authorized by the registering parent or guardian.

Emergency Contact:

Name:Click or tap here to enter text. Relationship to Participant:Click or tap here to enter text.

Phone Number:Click or tap here to enter text. Work Phone:Click or tap here to enter text.

**SPECIFIC ACADEMIC NEEDS:** Please list if there are any specific academic challenges:

Click or tap here to enter text.

**HEALTH INFORMATION:** Please list any specific medical conditions or special behavioral needs:

Click or tap here to enter text.

Does your child have any other allergies (food, hay fever, etc.)? Yes No

If yes, please list:Click or tap here to enter text.

Are there any activities in which your child may not participate? Yes No

If yes, please list:Click or tap here to enter text.

Are there conditions or specific needs that require special attention? Yes No

If yes, please list:Click or tap here to enter text.

Will your child be taking medication during program hours? Yes No. If yes, please list below. (Please pack all medication in **a sealed container, clearly labeled with your child’s name, age, medication, dosage, and time. Deliver to Program Director for the week**).

Medication:Click or tap here to enter text. Time:Click or tap here to enter text.

Medication:Click or tap here to enter text. Time:Click or tap here to enter text.

The information listed on this form as well as the health information is correct to the best of my knowledge, and the Participant described herein has permission to engage in all prescribed activities, except as noted on this form.

I, Click or tap here to enter text. as parent/guardian, authorize the Summer Program personnel to seek emergency treatment as required and to transport my child to the appropriate medical facility if urgent, emergency care is necessary.

AUTHORIZATION TO PARTICIPATE/TREAT: I hereby give (Students Name)Click or tap here to enter text. permission to participate in all activities scheduled by the Directors of the Summer Program. On behalf of me, my heirs, executors, administrators and assigns, I/we hereby waive and release any rights and claims for damages I/we may have against the Summer Program as well as any other persons connected with the Summer Program, their heirs, executors, administrators, successors and assigns for any injuries which the above minor may suffer while taking part in the Summer Program or as a result thereof. I hereby authorize the Directors and Program Leaders to attend to a minor injury, acting within the scope of his or her discretion, to provide emergency care that includes routine procedures (band-aids and/ or topical treatments) as necessary to my minor daughter/son/dependent.

Signature:Click or tap here to enter text. Print Name:Click or tap here to enter text. Date:Click or tap to enter a date.

Event Dates (select one option):

June 16th-20th Women in STEM

June 23rd-27th Omega Psi Phi Fraternity (South Carolina)

July 7th-11th- Omega Psi Phi Fraternity (North Carolina)

July 14th- 18th Next Generation Academy

July 21st- 25th General MKFS

Rules & Responsibilities for Students

I will always be respectful towards others.

I will not use profanity or any rude behavior that would dishonor others or dishonor myself.

I understand that no horseplay or rough play is allowed.

I understand that my Parent/Guardian may be contacted, and I will get put out of the program for continuous disruptive behavior.

No Kicking, Hitting, Spitting, Fighting, or Shoving is allowed.

I promise to be attentive and not on my phone.

I will work hard to learn all I can, listen and follow instructions, and share my talents with others when asked.

Participant’s Name (print):Click or tap here to enter text.

Participant’s Signature:Click or tap here to enter text.

Parent/Guardian Name (print):Click or tap here to enter text.

Parent/Guardian Signature:Click or tap here to enter text.