

SYRACUSE UNIVERSITY MICRON SUMMER STEM OF SPORT ACADEMY

Application

Skaneateles Central School District

Participant

First: _____ Middle: _____ Last: _____ Grade (Circle): 9th 10th

Street Address: _____ City: _____ State: ____ Zip Code: _____

Birth date: ____/____/____ Gender (Check): Boy __ Girl __ Another Gender __ Unknown __

T-shirt Size (Circle): **S** **M** **L** **XL** **XXL**

Race/Ethnicity (Circle):

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other

Camp Dates (Circle one):

- July 15
- July 16 (All Girls)
- July 25

Parent/Guardian - Contact Information

First: _____ Last: _____ Street Address: _____

City: _____ State: ____ Zip Code: _____ Cell Phone: _____ E-mail _____

Emergency Contact Information

First: _____ Last: _____ Cell Phone: _____ Relation to child: _____

Medical Insurance Information

Policy Number: _____ Name of Health Insurance Provider: _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

(Check) Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or have dietary restrictions?

(Check) Yes__ No__ If yes, explain: _____

Does your child have any disabilities, chronic illness, or medical conditions? If yes, please describe.

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Consent to Participate; Photo/Video Release; Liability Waiver

I hereby consent to my child’s participation in the **Syracuse University Micron Summer STEM of Sport Academy** (the “Camp”). I understand the Camp will take place at Syracuse University and acknowledge and agree, on behalf of myself and my child, that:

- I accept and assume all risks of my child’s participation in the Camp (whether foreseeable or unforeseeable), including, but not limited to, risks associated with transportation provided to and/or from the Camp and any activities offered during the Camp;
- my child is expected to abide by all policies, procedures and rules applicable to participants in the Camp and/or visitors to Syracuse University, and that any failure to do so may result in my child being asked to leave the Camp;
- I have disclosed any known allergies or other medical information relevant to my child’s participation in the Camp;
- if my child experiences any injury, accident and/or illness during the Camp and the emergency contact I listed above cannot be reached in a timely manner, I give Syracuse University permission to obtain or provide first aid or other medical treatment for my child from providers and medical personnel selected by Syracuse University, including without limitation transportation to an available medical facility. I will be responsible for all expenses incurred in connection with such treatment and transportation;
- I waive, and release and discharge Syracuse University, Micron and each of their respective trustees, officers, directors, employees, agents, contractors, volunteers and representatives (each, a “Released Party”) from, any and all claims, causes of action, demands and liabilities (collectively “Claims”) arising out of or related to my child’s participation in the Camp or any Permitted Use, including without limitation Claims related to rights of privacy or publicity, bodily injury, illness or death, or damage to or loss of personal property, unless caused by the gross negligence or willful misconduct of a Released Party.

Photo/Video Release (Check): Yes No

- I give Syracuse University and Micron (and anyone acting on either of their behalf) permission to photograph and film/record my child during the Camp, and use those photographs and recordings, as well as my child’s name and any quotes my child gives about the Camp, for any news/publicity, promotional, fundraising, archival or other purposes (each, a “Permitted Use”), without compensation to me or my child. This includes, without limitation, in any articles, brochures or other print or digital publications, social media posts, and internet websites. I waive any right to review or approve of any photographs, recordings or Permitted Use prior to publication, and understand that the photographs and recordings are the property of Syracuse University and/or Micron;

These consents, waivers, releases and agreements are binding on me and my child and our respective heirs, executors, legal representatives and assigns.

Parent/Guardian Signature: _____ Date: _____

Print Name of Parent/Guardian: _____

Print Name of Child: _____