

## Summer Youth Programs Risk and Consent Form 2013

**Please submit a Risk and Consent for each student you are enrolling at least 4 weeks prior to the start of your child's session. Students are ineligible to participate until all required forms are on file.**

Student Name (Last/First/MI): \_\_\_\_\_ Grade in fall 2013 \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F School your child attends: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student Address (Street/City/State/Zip) \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please indicate the # of summers your student has attended the UW Summer Youth Program: \_\_\_\_\_

Is English your student's primary language? Yes No If No, indicate primary language. \_\_\_\_\_

\*\* Is student part of an int'l group (4 or more students registering)? Yes No Int'l Group Leader Name: \_\_\_\_\_

To ensure that your child has the most positive experience possible, take a few minutes to share any special conditions we need to know about (learning challenges, medical concerns, medications, recent injuries or illnesses, etc. Please use additional paper if necessary). If your child has an IEP you are encouraged to call and speak with the Program Director.

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### My student is attending:-

Elementary School	Middle School	High School

**ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT:** I acknowledge that there are risks inherent in any youth program, including but not limited to injury or death arising from: participation in sports; participant's failure to follow instructions of supervisors; communicable illness; and independent acts of third parties not under the control of supervisors. I acknowledge that all risks cannot be prevented, and assume those beyond the control of the University staff. In order to minimize risks to my child or other participants, I will take responsibility to see that my child is prepared for all activities and is in good health each day of the session. In case of medical emergency, I understand that every reasonable attempt will be made to contact me, my family physician, or the emergency contact named below. However, in the event that I or my named contacts cannot be reached, I give my permission to the adults in charge of the Summer Youth Programs to secure emergency medical treatment for my child. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance. This acknowledgment applies to the session indicated above and any additional sessions of the 2013 Summer Youth Programs for which I may register my child.

Emergency Contact (other than parent/guardian) \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Co. & Policy No. \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone: \_\_\_\_\_

**Media Release:** I give permission for my child to be photographed, filmed, interviewed, and have work samples published in print and/or on the Internet. Yes No

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Parent/Guardian Name (Please Print)

Parent/Guardian Signature (required)

Date

Are you a UW employee? Yes No How did you hear about the Program? Please select all that apply from list below.

Newspaper or magazine ad

Friend/Word of Mouth

Camp Fair

Brochure

Google/Internet search

UW Website

UW Continuing Education catalog

Email from UW