



SUMMER PROGRAM REGISTRATION FORM

PART A - PERSONAL INFORMATION. PLEASE FILL OUT COMPLETELY & ACCURATELY - REQUIRED TO COMPLETE REGISTRATION.

Last Name		First Name		Middle Initial	
Street		City		State	Zip Code
County	Phone Number	Birthdate (mm-dd-yyyy)	Gender - <input type="checkbox"/> Male <input type="checkbox"/> Female	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attended previously? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Name		Relationship	E-mail Address		

Race / Ethnicity (required):

- American Indian African American/Black Alaskan Native Asian Pacific Islander Caucasian/White Hispanic/Latino Other/unspecified

PART B - REGISTRATION INFORMATION - REQUIRED TO COMPLETE REGISTRATION.

Choose one. I am a: Student Participant or Advisor/Coach

Choose one. I will be attending the following Summer Program(s):

- Basketball Film/Math/Music/Science Football Forensics Leadership Soccer Volleyball Wrestling

I will be attending _____ High School this fall. I am a: Senior Junior Sophomore Freshman
(Required)

Graduating year _____
(Required)

Office Use Only – Enter CRN:

PART C - MEDICAL INFORMATION & RELEASE - REQUIRED.

The following information is required in the event of a medical emergency or situation:

Mother's Work Phone _____ Father's Work Phone _____

In case parents cannot be reached, please call: Name _____ Phone _____

Does your child have any health problems which require special consideration? No Yes - If Yes, please explain:

Family Physician: _____ Phone _____

If the above physician is not available, may we call another physician? Yes No

Insurance Company _____ Policy Number _____

Note: Dixie State College does not carry accident or health insurance policies on participants. A participant's parent or guardian is responsible for costs incurred as a result of an accident or injury. Participants at the camp may be involved in strenuous physical activity. Dixie State College will be legally responsible only for injury, death or other loss which results from the negligence of its officers, employees and agents in the operation of their activities. The responsibility of Dixie State College is limited by the procedures, notice requirements and statutory limits established in the Utah Governmental Immunity Act, Sec. 63-30d-101 et seq. Utah Code Annotated. Dixie State College agrees to provide evidence of liability insurance acceptable to the Clark County School District. While attending Dixie State College camp, participants must observe: 1.) the policies governing the students of Dixie State College; 2.) curfew times; 3.) no use of alcohol, illegal drugs or tobacco; and 4.) care and respect of persons & property.

By signing below, the participant and parent/guardian understand the information on this form and accept financial responsibility for all accident or injury related costs which are not covered by their health insurance and/or accident insurance. It is also understood that failure to observe Dixie State College rules will result in immediate dismissal from the program and forfeiture of all fees.

Participant Signature

Parent or Guardian Signature

Date