



# 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. 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 DSC rules will result in immediate dismissal from the program and forfeiture of all fees.

Participant Signature \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_