

Penn State Lehigh Valley

Summer Youth Camp Emergency Forms 2017

DIRECTIONS: To complete your child's registration, please complete all attached forms and either mail to Penn State Lehigh Valley, Registration Office, 2809 Saucon Valley Road, Center Valley, PA 18034-8447 or fax to 610-285-5135.

Program Departure Information

I hereby give my child permission to walk home by himself/herself when each program session concludes.

Yes

No

If yes, please provide parent/guardian signature:

Parent/guardian signature:

Date:

If no, please provide the name of individual(s) who will pick the child up after each camp:

Name:

Relationship to Child:

Name:

Relationship to Child:

My child may NOT leave the program with the following individuals:

Name:

Relationship to Child:

Name:

Relationship to Child:

Code of Behavior

The **Code of Behavior** applies to all participants of youth programs at Penn State Lehigh Valley:

Incident 1 – warning and discussion with student

Incident 2 – parent discussion

Incident 3 – student will be withdrawn from the program

Note: Penn State Lehigh Valley reserves the right to dismiss any child who does not adhere to this Code of Behavior.

By signing below, your child agrees to show respect for others and the facilities during the program, agrees to cause no disruptions during the program, and agrees to exhibit proper behavior on campus at all times.

Child's First Name:

Child's Last Name:

Child's Signature:

Parent's Signature:

Releases

I, the undersigned parent/guardian of _____, a minor, ask that s/he be admitted to participate in the youth program sponsored by The Pennsylvania State University. In consideration of such admissions I do hereby agree to release, discharge, and hold harmless The Pennsylvania State University its officers, agents, and employees, of and from all causes, liabilities, damages, claims, or demands whatsoever, on account of any injury or accident involving the said minor out of the minor's attendance at the program or in the course of competition and/or activities in connection with the program.

Parent/guardian signature:

Date:

Yes, I do authorize.

No, I do not authorize.

Additionally, I/we authorize Penn State personnel to photograph, videotape, and/or audiotape my/our child in promotion of Penn State's Youth Programs.

Parent/guardian signature:

Date:

Computer Access

Proof of Identity of a Minor: The purpose of this form is to provide a means by which a parent or guardian can attest to the identity of a minor (an individual who is under 18 years old). In the event that the parent/guardian cannot accompany the minor, this form provides a way for Penn State to affirm the minor's identity. The minor's identity must be verified at the time he/she is issued a Penn State Short Term Access Account (STAA). The STAA is required for any programs that utilize the computer labs. This form will not be retained by Penn State. Once the minor's identity is verified by Penn State Staff, this form will be shredded at the conclusion of the program.

By signing this form, I affirm that the information shared on this form is true and correct:

Parent/guardian signature:

Date:

Student Information

Child's First Name:

Child's Last Name:

MI

Age

Sex:

Height:

Hair Color:

Eye Color:

Male

Female

Parent/Guardian Information *(this section must be completed if your child is under 18 years if age)*

Parent/Guardian's First Name:

Parent/Guardian's Last Name:

MI

Relationship to minor:

Father

Mother

Guardian

Street:

City:

State:

ZIP:

Parent/Guardian Identification

Note: Parent/guardian will be required to show photo identification prior to or at the start of the program.

Parent/Guardian Photo Identification Type:

If other, please specify type:

Driver's License

Passport

Company ID

Other

FOR INTERNAL USE

ID Verified By:

Date:

Internet Access Consent and Waiver Form

The following form must be read and signed by the participating student and their parent or legal guardian.

STUDENT: By signing this Consent and Waiver form, I _____ (print name) and my parent(s) or guardian(s) agree to abide by the restrictions stated below. I have discussed these rights and responsibilities with my parent(s) or guardian(s).

PARENT(S) OR GUARDIAN(S): I have been advised that The Pennsylvania State University (the "University") does not have control of the information available through the Internet or other electronic data sources. Sites accessible via the Internet or other electronic data sources may contain material that is illegal, defamatory, inaccurate, obscene, profane, sexually explicit, or potentially offensive to others. While the University's intent is to make Internet access available to further the educational goals and objectives of its summer programs, students will, without sanction of the University, have the ability to access materials that are not part of the program curriculum.

The student and his or her parent(s) or guardian(s) must understand that student access to the University's network supports the University's educational responsibilities and mission. **The University makes no warranties with respect to the University's network service, and it specifically assumes no responsibilities for:**

- A. The content of any advice or information received by a student from a source outside the University, or any costs or charges incurred as a result of seeing or accepting such advice.
- B. Any costs, liability or damages caused by the way the student chooses to use the University's network.
- C. Any consequences of network service interruptions or changes.

By signing this Consent and Waiver form, I (student) agree to the following terms:

- A. My use of the University's network must at all times be consistent with the University's "Computer and Network Security" policy, a copy of which is available at <http://guru.psu.edu/policies/AD20.html>.
- B. I will not use the University's network for illegal purposes of any kind.
- C. I will not use the University's network to transmit threatening, obscene, or harassing materials. The University will not be held responsible in any way if I participate in such activities.
- D. I will not use the University's network to interfere with or disrupt network users, services or equipment. Disruptions include but are not limited to distribution of unsolicited advertising, propagation of computer worms and viruses, and using the network to make unauthorized entry to any other machine accessible via the network.

I understand that the use of the University's network is a privilege and not a right, and that inappropriate use of the University's network will result in the immediate cancellation of my privilege to use it.

Student's First Name:

Student's Last Name:

Student signature:

Date:

Parent's or Guardian's First Name:

Parent's or Guardian's Last Name:

Parent/Guardian signature:

Date:

University Representative Name:

University Representative Signature:

Date: