

JACKSONVILLE STATE UNIVERSITY

Parental Consent Form

Complete and sign this form to complete registration and for the camper to be allowed to participate in camp activities.

MAIL: JSU Continuing Education, 100 Gamecock Drive, Anniston, AL 36205

Camper Name (*print*) _____ Social Security No. _____

Address _____ City/State/Zip _____

Age _____ Birthdate ____/____/____ Sex _____ Grade _____ School Year (*upcoming*) _____

Circle your t-shirt size: (*Adult*) S M L XL XXL (*Youth*) S M L XL

Parent or Guardian _____ Emergency No. Day _____

Emergency No. Day (*cell phone*) _____ Emergency No. Night _____

Email address for confirmation letter (*print*) _____

Camp Name _____ Camp Date _____

Payment Option

_____ Cash, _____ Check (Made out to JSU Continuing Education), **or**

_____ Credit. I hereby authorize use of my (signature): _____

VISA Card No. _____ Exp. Date _____

Mastercard No. _____ Exp. Date _____

Discover Card No. _____ Exp. Date _____

How did you hear about this JSU Camp: _____ Catalog _____ TV _____ Newspaper _____ Radio

List the names and telephone numbers of two individuals to contact in the event of emergencies (include home, work, and cell phone numbers).

1st Person _____

Home _____ Work _____ Cell _____

2nd Person _____

Home _____ Work _____ Cell _____

List any medical alerts and/or perscription medications (with doses) currently taking. Use additional sheet if needed.

Medication _____ Dosage _____

Medication _____ Dosage _____

Medication _____ Dosage _____

I hereby give my permission for a qualified physician, athletic trainer and/or hospital emergency room to administer necessary healthcare in the case of an accident and/or emergency. In addition, I acknowledge that I have read and understand all information.

I hereby hold Jacksonville State University harmless for any/all injuries or damages for the above child's participation in the camp activities. I do, for myself, my heirs, executors and administrators, remise, release, waive and forever discharge Jacksonville State University and all of its officers, agents and employees, acting officially or otherwise, from all claims demands, actions, or causes of action, on account of any injury, death or property damage which may occur at any time or for any cause during participation in a Jacksonville State University camp or event. It is agreed that this waiver of liability is submitted to Jacksonville State University as an inducement to include the said student in this camp or event and that this agreement is the undersigned's free and voluntary act with full knowledge of the contents of the agreement.

Parent _____ Date ____/____/____