

Residence Housing Association's
Little Sibs Weekend 2012
Registration Form



Host student information

Name (first/last): _____

Host student's hall/room#: _____

Cell phone/contact: _____

Email: _____

Student ID#: _____

Class standing: Freshman Sophomore Junior Senior

Sex: M F

Have you participated in Sibs Weekend before? Yes No

Where did you hear about the Sibs Weekend?

Table Tent At Hall Council My RA Flyers Miller Movie Slide
Word of mouth At RHA Other: _____

Please list any special dietary needs: _____

I understand that I am responsible for the safety, security, and actions of my sibling(s) and will supervise my sibling(s) for the duration of the weekend. I understand that my sibling is bound by all University regulations found in the Student Code and all residence hall policies found in the Community Living Expectations.

I verify this statement by placing my initials here: _____

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Little Sibling(s) Information

Only siblings ages 10-17 are eligible to participate in Little Sibs Weekend!
Please print out one of the Little Sibling Information page for each additional sibling.

Name (first/last): _____

Sex: M F T Age: _____

Please list any allergic or medical conditions we need to be aware of or accommodate:

Please list any special dietary needs:

Parent/Guardian name: _____

Address: _____

City/State/Zip: _____

Emergency contact phone number 1: _____

Emergency contact phone number 2: _____

Insurance Company: _____

Policy Number: _____ Group Number: _____

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Roommate Acknowledgement

Roommate Name (first/last): _____

Host student name (first/last): _____

Please list sibling guests:

The host student has my full permission to host the above guest sibling(s) from Friday, October 26-Sunday, October 28, 2012, in our shared room in the Residence Halls of Western Michigan University. I understand that it is the full responsibility of the above host student to assure adequate supervision, security, and safety for the listed sibling guests. I also acknowledge that participants are responsible to follow all Residence Hall Policies & Procedures as found in the Community Living Expectations (CLE) Handbook as well as all policies found in the Student Code and that the host student is responsible for ensuring these policies are followed.

I verify this statement by signing and dating on the following lines.

Signed X: _____
Roommate Signature

Date

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Parent Waiver

Host student: _____

Please list sibling guests:

~READ CAREFULLY BEFORE SIGNING~

The host student has my full permission to host the above guest sibling(s) from Friday, October 26-Sunday, October 28, 2012, in the Residence Halls of Western Michigan University. I understand that it is the full responsibility of the above host student to assure adequate supervision, security, and safety for my child. I also realize that in accordance with Residence Hall policy, visitors under the age of 18 years are not permitted in the halls outside of designated Sibling Weekends. I also acknowledge that participants are responsible to follow all Residence Hall Policies & Procedures as found in the Community Living Expectations (CLE) Handbook as well as all policies found in the Student Code.

I/we am/are the parent(s)/guardian(s) of _____. In consideration of my/our child being permitted to participate in the Program at Western Michigan University described as _____, I/we understand and agree as follows:

I/we understand that my/our child will be housed in the residence halls on campus of Western Michigan University in Kalamazoo for the duration of the Program at Western Michigan University from the following dates:

_____.

In consideration of my/our child being allowed to participate in this Program, I hereby release, relieve, discharge, and hold harmless and shall indemnify Western Michigan University, its trustees, officers, employees, students, and agents from any and all liability or claims of liability, whether for personal injury, property damage, death, medical treatment, or otherwise, arising out of or in connection with my/our child's participation in this Program.

I/we further acknowledge and agree that if my/our child violates any Western Michigan University Program rules and regulations my/our child will be subject to dismissal from the Program and all remaining activities. If dismissed, my/our child will be required to contact me/us, the undersigned, who will be responsible for picking up my/our child immediately. I also understand that if the infraction constitutes a potential violation of the law, the appropriate authorities will be notified.

I HAVE READ AND UNDERSTAND THIS ENTIRE AGREEMENT, CONSENT, WAIVER, AND LIABILITY RELEASE, AND VOLUNTARILY AGREE TO ITS TERMS AND CONDITIONS.

I verify this statement by signing and dating on the following lines.

Signed X: _____
Parent/Guardian Signature

Date

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Note the following...

- ✓ Little Sibs Weekend is Friday October 26 - Sunday October 28, 2012.
- ✓ Please bring the completed forms with you to registration!!! Do NOT mail or email completed forms ahead of time. This will ensure that completed forms are not lost, misplaced, or delayed in delivery prior to the arrival of the guest sibling(s).
- ✓ Check-in is **required** and will occur in the Brown and Gold Room on the top floor of the Bernhard Center from 6 p.m. – 8:30 p.m. on Friday, October 26. After 8:30pm, registration will take place at the host student's residence hall front desk.
- ✓ Extra registration packets will be available during registration, but please complete the forms early for everyone's convenience.
- ✓ Failure to submit or fully complete a registration packet will result in the inability of the guest sibling from participating in the event.

Should you have any questions or concerns, PLEASE email rha-programming@wmich.edu or call the RHA office at 269-387-2126 and leave a message with a name and number to contact you. Note: Email is preferred. Our office is only staffed 15hrs a week, but we can check and respond to emails throughout the day.