

313 Conference Center • Knoxville, TN 37996-4137 • 865-974-0150

Kids U Parental Consent Form

Please return this form to our office prior to the first class in order for your child to participate in the program. Thank you. Please mail or fax to 865-974-0154.

Child's Name: _____ Age: _____

Entering grade _____ in Fall 2015 School _____ Gender: ☐ M ☐ F

Address _____

City _____ State _____ Zip _____

Parent(s) Name(s) _____

Home Phone # _____

Emergency Contact Name & Phone # _____

Emergency Contact Name & Phone # _____

Class Title & Date _____

Class Title & Date _____

Class Title & Date _____

Class Title & Date _____

Consent

As the parent or legal guardian of the individual listed, and on behalf of personal representatives and my heirs, hereby voluntarily to release, waive, forever discharge, hold harmless, defend and indemnify the University of Tennessee and their agents, officers, boards, volunteers and employees from any and all activities related to my child participating in the Kids U classes and activities including transportation that may be provided by the University of Tennessee.

In the event of an accident or serious injury or illness, I hereby authorize The University of Tennessee and its trustees, officers, employees, agents, and volunteers in official and individual capacities ("Releasees") to obtain medical treatment for Participant. I further agree to accept full responsibility for any and all expenses, including but not limited to medical expenses, that result from, arise out of, or are related to any injuries to my Child that may occur during his/her participation in the Program, Participant's travel to or from the Program, or Participant's presence on premises owned, leased, used or operated by Releasees, including but not limited to injuries sustained as a result of the negligence of Releasees. I also acknowledge that I may participate in outdoor recreational activities as a part of some Kids U classes and that these activities have inherent risks. I understand I will be contacted should any illness or significant injury occur using the numbers I am providing above.

As Participant's parent or legal guardian, I understand and acknowledge that my failure to disclose relevant information may result in harm to Participant and/or others during this Program. By signing my name I represent and warrant that I have provided all material information to The University of Tennessee pertaining to the medical condition(s) and any issues related to participation in the camp(s) my child is enrolled for is identified above and that it is accurate and complete. I agree to notify The University of Tennessee in writing of any changes in the medical condition of the Participant prior to the start of the Program.

I understand that my disclosure of the medical information above will not be used by The University of Tennessee to determine Participant's ability to participate safely in the Program. I understand that, if Participant participates in the Program, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of Participant, me, and/or his/her physician(s).

I hereby certify that I am the parent and/or guardian of the above minor and consent that any photographs which have been taken in connection with the above-identified event may be used by The University of Tennessee Conferences and Non-Credit Department.

I agree that The University of Tennessee Conferences and Non-Credit Department may use photographs of my child without their name for any lawful purpose, including such purposes as publicity, advertising, and web content.

☐ **I do not agree that The University of Tennessee and Non-Credit Department may use photographs of my child.**

I also authorize my child to have fun and hopefully make memories that will last a lifetime.

Signature of Participant's Parent or Legal Guardian: _____

Printed Name of Participant's Parent or Legal Guardian: _____

Date: _____

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Kids U Medical Release Form

Please return this form to our office prior to the first class in order for your child to participate in the program. Thank you. Please mail or fax to 865-974-0154.

Child's Full Name: _____

- 1.) Does your child have any medical concerns that we should be aware of?

Yes ____ or No ____

If yes, please list concerns:

- 2.) Does your child have any medication with them? Yes ____ or No ____

If yes, are they able to self-administer? Yes ____ or No ____

(Note: We are not allowed to administer medication to your child)

If yes, do they have diabetic supplies, Epipens, etc.? Yes ____ or No ____

Please list medications and supplies:

- 3.) Does your child have any kind of learning disorder or disability the instructor should be aware of? Yes ____ or No ____

If yes, please list them here:

- 4.) Does your child have any food allergies? Yes ____ or No ____

If yes, please list them here:

Parent/Guardian Signature

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Kids U Pick Up Authorization Form

Please return this form to our office prior to the first class in order for your child to participate in the program. Thank you. Please mail or fax to 865-974-0154.

Child's Name: _____

My relationship to the child _____

I, _____, hereby grant permission for the following additional person(s) to pick up my child from any and all Kids U activities.

Please provide full name, relationship, and phone number.

| Name | Relationship | Phone Number |
|------|--------------|--------------|
|------|--------------|--------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please indicate from the following list, the method used for arrival and departure of your child to and from Kids U classes:

☐ I, or someone listed above, will be picking up and dropping off.

☐ My child will be providing his/her own transportation.
(Please fill out Youth Driver Release Form below)

☐ Other

Youth Driver Release

(applicable only to of-age legal drivers)

I (parent/guardian) _____

allow my child _____

a legal driver, to drive him/herself to UT Kids U class(es). I understand that my child must check themselves in and out for class. I further understand that my child will be responsible for abiding by all campus and state policies and laws regarding driving and parking. I understand that my child must find parking on their own and is responsible for any parking/driving violations.

Parent Signature: _____

Youth Signature: _____

Date: _____

Participant Code of Conduct

Please read the following with your child and both sign below.

As a participant, I will:

- Show respect to other participants and treat them as well as I would like to be treated.
- Show respect to staff and cooperate fully with their instructions.
- Know and follow the rules of the camp.
- Respect the rights and beliefs of others and treat others with courtesy and consideration.
- Communicate in an appropriate manner, which means I must not use foul language or gestures, harsh words or engage in name calling.
- Conduct myself responsibly. I understand that horseplay, unwelcome teasing, exclusion, or other unkind behaviors are not tolerated.
- Refrain from deliberately causing bodily harm to other participants or staff. I understand that pushing, kicking, hitting, or fighting are not acceptable and will not be tolerated.
- Use program equipment, supplies, and facilities properly.
- Respect the property of others.
- Use electronic media (i.e. computers, cameras, phone, ipods) only when permitted and never to tease, intimidate, bully, or record peers without their permission.
- Be fully responsible for my actions and understand that behavior that violated any of the above will result in disciplinary action (i.e. being dismissed from the classroom-with supervision, calling parents/guardians).

Signature of Participant: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____