

# JACKSONVILLE STATE UNIVERSITY

## Department of university housing and residence life Parental consent form

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

Name of Camper

(*print*): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_ Grade \_\_\_\_\_ School year (*upcoming*): 2016/17

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

Parent or Guardian Name: \_\_\_\_\_ Emergency Number (Day): \_\_\_\_\_

Emergency Number (Cell Phone): \_\_\_\_\_ Emergency Number (Night): \_\_\_\_\_

Contact information: E-mail (camper): \_\_\_\_\_

Parent email address (*print*): \_\_\_\_\_

**Camp name:** MHS Marching Band      **Camp date:** July 20th - 23rd 2016

List any medical alerts, allergies (including food allergies) and/or prescription medications (with doses) you are currently taking.

Health insurance provider: \_\_\_\_\_ Policy number: \_\_\_\_\_

I hereby give my permission for a qualified physician, athletic trainer, and/or hospital emergency room to administer necessary health care 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 not responsible 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 that 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/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# McIntosh High School Bands SWIM RELEASE

**Must be turned in even if not swimming!**

Swimming will be only as time permits and is not guaranteed

This is a note to give permission for your child to swim at the pool facilities at Jacksonville State University. Please understand that there will be a lifeguard on duty as well as one or more parent chaperones if and when the students are allowed to swim.

To ensure that all parents have seen this letter, all students attending band camp at Jacksonville State University must return this signed form by July 1st, 2016. If you do not return this permission your child will not be allowed to participate in any water activities.

Student's Name (Please Print): \_\_\_\_\_

Parent's Name (Please Print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Yes \_\_\_\_\_ My child **MAY** swim at JSU.

No \_\_\_\_\_ My child **MAY NOT** swim at JSU