

2018-2019

UW-Madison Precollege & Youth Programs Participant Packet



Precollege Council
UNIVERSITY OF WISCONSIN-MADISON

Clifton, Prenicia

Director Precollege & Youth Programs

**The University of Wisconsin-Madison
Precollege & Youth Programs**

Media Release Form

Program Name/Session: _____

Participant's Name: _____

This form must be completed and returned to the program director prior to the program start date.

I hereby grant full permission to The University of Wisconsin-Madison to prepare, record, use, reproduce, publish, distribute and exhibit my child's name, picture, portrait, likeness or voice, or any or all of them in or in connection with any medium, including, but not limited to, the production of web sites, still photography, motion picture film, television tape, film or sound track recording, scientific publication, or any other purpose The University of Wisconsin-Madison deems appropriate.

I hereby waive all rights of privacy or compensation, which I may have in connection with the use of my child's name, picture, portrait, likeness or voice, or any or all of them, in or in connection with said media, including, but not limited to, web sites, still photography, motion picture film, television tape, film or sound track recording and any use to which the same or any material therein may be put, applied or adapted by University of Wisconsin-Madison.

This consent and waiver will not be made the basis of a future claim of any kind against University of Wisconsin-Madison and any of its agencies.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

PLEASE RETURN TO Program DIRECTOR:

Name of Program: _____

Program Director Name: _____

Program Director Phone: _____

Program Director Email: _____

The University of Wisconsin-Madison Precollege and Youth Programs
Release and Indemnification Agreement

This form must be completed and returned to the program director prior to the program start date.

Participant Name: _____
Participant Primary Guardian (s): _____
Phone: _____ Email: _____

Mailing Address: _____

I am the parent/legal guardian of _____ (participant name), who is under the age of eighteen and I, _____ (parent/guardian) am fully competent to sign this agreement.

I give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release The University of Wisconsin-Madison, its governing board, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity or Trip, whether caused by negligence of The University of Wisconsin-Madison, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless The University of Wisconsin-Madison and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligence or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

PLEASE RETURN TO Program DIRECTOR:

Name of Program: _____

Program Director Name: _____

Program Director Phone: _____

Program Director Email: _____

Student Transportation Forms

**The University of Wisconsin-Madison
Precollege and Youth Program
Transportation Form**

Participants Name: _____

Program Name/Session: _____

This form must be completed and returned to the camp director prior to the program start date.

Choose the appropriate transportation option for your minor

Parent/Legal Guardian Drop-Off/Pick-Up _____

I _____, the parent/guardian of _____ ("my child")
will drop-off and pick-up my child from _____ (camp/program name) during the
duration of the camp/program

If I _____, the parent/guardian of _____ am unable to pick-
up or drop-off my child the person named below will be responsible for picking up my child.

I grant permission for the following people below to pick my child up from
_____ (camp/program name). *(This person is required to show photo identification to the
designated camp personnel).*

Full Name	Phone Number	Driver's License Number (Required)	Expiration Date	Address
1.				
2.				
3.				
4.				
5.				

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

PLEASE RETURN TO Program DIRECTOR:

Name of Program: _____

Program Director Name: _____

Program Director Phone: _____

Program Director Email: _____

Permission to Walk/Bus/Bike

I _____, the parent/guardian of _____ authorize and give consent to _____(camp/program name) to release my child from _____(camp/program name) without parental or guardian supervision and hereby consent, acknowledge and allow my child to walk bus bike to and from _____(camp/program name).

I hereby acknowledge and accept all risks individually and/or on behalf of my minor child, and I hereby release The University of Wisconsin-Madison, its governing board, officers, employees and representatives from any and all liability to my child, my child's personal representatives, estate, heirs, next of kin and assigns for any and all illness or injury to my child's person, including his/her death, that may result from or occur during my child's walk, bus ride or bike to and from the camp without parental or guardian supervision, whether caused by negligence of The University of Wisconsin-Madison, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless The University of Wisconsin-Madison and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my child's negligence or intentional act or omission.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY CHILD'S INJURY OR DEATH OR DAMAGE TO MY CHILD'S PROPERTY THAT OCCURS WHILE WALKING, BUSING, OR BIKING TO AND FROM THE UNIVERSITY OF WISCONSIN-MADISON CAMP/PROGRAM AND I AGREE TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY CHILD'S NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

PLEASE RETURN TO Program DIRECTOR:

Name of Program: _____

Program Director Name: _____

Program Director Phone: _____

Program Director Email: _____

Permission for Participant Self Check-In/Check-Out (only for participants 15 years or older as of the first date of the camp/program)

I, _____, the parent/guardian of _____, understand and acknowledge that _____ (Program/Camp) begins [each day at/on] _____ and ends [each day at/on] _____.

I authorize and give my consent to allow _____ (Participant Name) to check-in and/or check-out [each day] during the duration of the _____ (camp/program name). I _____ the parent/guardian of _____ give my consent to arrive alone to programs and leave alone after check-out once the camp has concluded.

I _____, the parent/guardian of _____ understand _____ does not have permission to leave the camp/program for any reason, this only authorizes _____ to check-in independently at the beginning of the camp/program and/or check-out independently at the conclusion of the camp/program.

In signing this form, I _____, the parent/guardian of _____ certify the information provided is true and accurate. I agree at the conclusion of [each day of] the camp/program The University of Wisconsin-Madison will no longer have custodial responsibility for _____. I also recognize _____ should leave University of Wisconsin-Madison immediately following the conclusion of the _____ (camp/program name) they are enrolled in.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

PLEASE RETURN TO Program DIRECTOR:

Name of Program: _____

Program Director Name: _____

Program Director Phone: _____

Program Director Email: _____

Permission to Drive

Campers may not drive or have cars on campus during programs. Exceptions are made for participants with special circumstances and parental permission. To request permission to drive or have cars on campus, participants (or their parents or guardians) should contact _____ . Due to university parking restrictions, _____ (camp/program name) does not offer parking permits. Commuter Program Participants must pay daily to park in the adjacent _____ parking garages on campus. Upon arrival, participants' car keys must be turned in to the program office. They will be returned at the end of the day. Participants are responsible for all parking charges.

I _____, the parent/guardian of _____ give permission to my child to drive to campus to participate in _____ (camp/program name). I have discussed the rules listed below with my child and my child agrees to abide by them, and I will require my child to abide by them.

The following rules apply to participants who have been approved to drive to programs:

1. Participants must turn in their car keys to the program office each morning. The keys will be returned at the end of the day.
2. Participants are not allowed to provide rides to other participants.
3. Campers may not leave campus for lunch.
4. All participants driving to and from campus will be required to check in with their counselor after arriving and before leaving each day.
5. Participants are responsible for all parking charges incurred.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

PLEASE RETURN TO Program DIRECTOR:

Name of Program: _____

Program Director Name: _____

Program Director Phone: _____

Program Director Email: _____

Program Rules & Regulations

Program Rules & Regulations

Please insert program rules here for both the parents and the students to sign in agreement

PLEASE RETURN TO Program DIRECTOR:

Name of Program: _____

Program Director Name: _____

Program Director Phone: _____

Program Director Email: _____

Student Medical Forms

PLEASE NOTE THIS SECTION IS FOR
COMMUTER PROGRAMS ONLY. ALL
RESIDENTIAL PROGRAMS PARTICIPANTS
MUST BE REGISTERED IN CAMP DOCS

UW-MADISON PRECOLLEGE & YOUTH PROGRAMS PARTICIPANT PACKET

This form must be completed and returned to the program director prior to the program start date.

Personal Information

Participant's Last Name First Name Birthdate M F

Specify program your child will attend Address City State Zip

Home Phone Parent/Guardian 1 Parent/Guardian 2 Health Insurance Carrier E-mail Address Daytime Phone Daytime Phone Policy Number Place of employment Place of employment Plan Number

Is physician authorization needed? Family Physician Phone: In case of emergency, please notify the following individual(s) if neither parent nor guardian is available: 1. Phone 2. Phone

Health History

Allergies: Date of most recent tetanus immunization:

Please list any major past illnesses (contagious and non-contagious):

Please list any major operations or serious injuries (include dates):

Has the camper ever been hospitalized? No Yes

Does the camper have a chronic or recurring illness? No Yes

If YES, explain:

Is there anything else in camper's health history that the camp staff should know?

Are there any activities from which the camper should be restricted? No Yes

Does the camper have any special dietary restrictions? No Yes

If YES, explain:

Does the camper wear any medical appliances (glasses, contact lenses, orthodontics, etc.)? No Yes

If YES, explain:

Is the camper's immunization record current showing that the camper has been immunized in accordance with the Wisconsin Department of State Health Services Minimum State Vaccine Requirements? No Yes If No, attach official documentation of WDHS exemption from immunizations for Reasons of Conscience or a Physician's Statement of medical contraindications.

This authorizes The University of Wisconsin Madison's physicians, medical personnel and program sponsors to release information concerning the medical status, medical condition, injuries, prognosis, and diagnosis and related personally identifiable health information of (Participant's name) to camp staff. This information includes injuries or illnesses relevant to participation in the above named camp at The University of Wisconsin Madison.

SIGNATURE OF Participant

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

CAMPER'S DATE OF BIRTH

PROGRAM NAME

Program Daily Schedule

