Washington, DC Chapter of the National Hampton Alumni Association, Inc.
Hampton University's 39th Annual High School Day 2017

APPLICATION/REGISTRATION – PARENTAL CONSENT FORM

Type or Print and Use Black Ink Only

PART I – All information in this section relates to the student.

NAME: Last First Middle			GENDER: **M F**
Street Address:			
City/State/Zip Code:			
Email Address (Parent):	Primary	Other	
PARENT Information:	Home Phone #:	Work Phone #	Cell Phone #:
STUDENT Information:	Date of Birth:	Cell Phone #	Email Address:
Current School:		Grade	

PART II –STUDENT AGREEMENT

As a condition of my participation in the Hampton University High School Day, I agree to abide by the rules of conduct and adhere to the guidance/directions of the Tour Coordinators and/or Chaperones.

_________________________ _________________________ _______________

Printed Student's Name Student's Signature Date

PART III – PARENTAL CONSENT

I HEREBY CERTIFY that all statements made herein and on any supplemental forms included as part of this application are true and correct to the best of my knowledge. Additionally, I have read said forms and agree to all terms described therein as well as the following **INDEMNIFICATION:**

I/We _________________________ assume all risks and hazards of loss or injury of any kind that may arise in connection with this trip, except for gross negligence or intentional infliction of harm by the organization, its officers or agents.

I/We_________________________ do hereby agree to release and hold harmless the Washington, DC Chapter of the National Hampton Alumni Association, (NHAA) Inc., its officers, National Executive Board, members, and agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses for any damage, loss, or injury to my/our student or damage to my/our student's property arising from my/our student's participation in this trip, other than damage, loss, or injury that results from gross negligence or intentional infliction of harm by the Washington, DC Chapter of the NHAA, Inc., its officers, National Executive Board, members, agents and assigns My signature below and the **enclosed $100.00** indicate that my student has my permission to participate in High School Day. I understand that **no monies are refundable**; but they are transferable to another student.

_________________________ _________________________ _______________

Printed Parent's Name Parent's Signature Date

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STUDENT HEALTH FORM

THIS FORM MUST BE COMPLETED BY THE PARENT/GUARDIAN

Type or Use Black Ink ONLY. Do Not Leave Any Blanks. **Use N/A** Where It Applies.
NOTE: This CONFIDENTIAL Information Will Be Used By the Health Care Chaperones.

STUDENT'S FULL LEGAL NAME______________________________

☐ **Male** ☐ **Female**

DATE OF BIRTH ______________________ **AGE**______________________

STREET ADDRESS ______________________________

CITY__________________**STATE**______________**ZIP CODE**__________

PHONE ______________________________
AREA CODE/NUMBER

IN CASE OF EMERGENCY NOTIFY ______________________________

WORK PHONE# ______________ **HOME PHONE#**______________ **CELL PHONE#**______________
AREA CODE/NUMBER AREA CODE/NUMBER AREA CODE/NUMBER

STREET ADDRESS______________________________

CITY__________________**STATE**______________**ZIP CODE**__________

HEALTH INSURANCE CARRIER______________________________

Primary/Policy Holder's Name/Policy #______________________________

Describe in FULL Detail ALL MEDICAL CONDITIONS to include all restricting physical and/or emotional disabilities. (Identify all special needs, i.e., seizure precautions, asthma, use of crutches or need for special emotional support. etc.)

____

List all allergies

____

List all medications

Name of Physician______________________ **Phone** ______________________
AREA CODE/NUMBER

I hereby certify that all statements made herein are correct and true. I will hold harmless the WASHINGTON, DC CHAPTER OF THE NATIONAL HAMPTON ALUMNI ASSOCIATION, INC., of any injuries or harm my student may incur due to omissions or false statements given about his/her health. **IN CASE OF EMERGENCY, I HEREBY GIVE MY PERMISSION FOR MEDICAL TREATMENT TO BE GIVEN TO THE ABOVE NAMED STUDENT AS INDICATED BY MY SIGNATURE BELOW:**

______________________________ ______________________

Parent/Guardian's Signature Date

Provide a photocopy of a valid Health Insurance Card with this application and **BRING** the actual Health Insurance Card for verification purposes with a **current photo ID** to be carried during this trip.