



Dillard University
School of Science, Technology, Engineering & Mathematics

YOUNG SCHOLARS ENVIRONMENTAL CAMP (YSEC)

Application Form

Participant Information

Name _____
First Middle Last

Date of Birth _____ Grade _____ Gender: M F
Month Day Year

Street Address _____

City _____ State _____ Zip _____

Parent/Guardian Information

Name: _____
First Middle Last

Phone Number _____ Cell / Home Email _____

Emergency Information

Contact Name _____ Relationship _____

Phone Number _____ Cell / Home Email _____

Does your child have any allergies, chronic illness or medical conditions? If yes, please describe _____

I, hereby give approval for my child's participation in any and all activities during camp. In exchange for the said child's acceptance I assume all risk to the conduct of activities, and release and hold harmless Dillard University and all its respective officers, agents and representatives from any and all liability or injuries to said child arising out of travel to, participating in, or returning from selected camp activities. In case of injury to said child, I hereby waive all claims against Dillard and its faculty and staff.

Parent/Guardian Signature _____ Date _____

I, hereby authorize the diagnosis and treatment to my child by a qualified and licensed medical professional in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment to the child's life. Permission is hereby granted to the attending physician or medical personnel to proceed with any medical or minor treatment.

Parent/Guardian Signature _____ Date _____

I, hereby grant permission for my child photograph and/or digital images to be use in news releases and/or educational materials. These materials might include printed or electronic publications, Web sites or other electronic communications. I understand that my child's identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me or my child. All negatives, prints, digital reproductions shall be the property of Dillard University

Parent/Guardian Signature _____ Date _____