



Parent/Teacher: _____

Course Name: _____

STUDENT PARTICIPATION FORM

General Information: (Please Print)

Student Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Grade entering: _____

Email Address: _____

Individual(s) to be contacted in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Person (other than parent) authorized to drop off / pick up participant:

Name: _____ Relationship: _____

Cell Phone: _____

Are there any custody issues we should be aware of? No Yes (If yes, attach a copy of court order)

Health issues and special accommodations:

Are there any health concerns that our staff should be aware of? (asthma, allergies, hypoglycemia, seizures, etc.)

No Yes (If yes, please specify) _____

What symptoms would your child exhibit? _____

Requested actions to be taken by staff: _____

Please indicate any of the following health problems or disability: (please check all that apply)

- Deaf / hard of hearing Vision impairment
 Seizures Uses mobility aids (i.e. wheelchair, braces, etc.)
 Development (i.e. autism)
 Other (i.e. behavioral / emotional disorder, etc.) _____

Please explain any specific health issues or accommodations needed to participate in program:

- Inclusion Companion Deaf interpretiveservices
 Other (please specify) _____

Medication:

Is the student taking any medication? No Yes
Will the student need to take medication during program hours? No Yes
(If yes, attach a Medication Authorization Form)

Sunscreen is considered a topical medication.

Parents wishing their child to apply sunscreen during outdoor classes and event,
please complete information below: Brand of sunscreen: _____
Specific directions for application: _____

I understand:

1. That there are inherent dangers in any recreational activity, program or off-site field trip.
2. That I must be aware of the hazards associated with group activity, such as slips and falls.
3. The policies and process, as explained in any written materials and/or explained by volunteer staff.

I agree:

1. To obey the rules and regulations for each activity and to follow the directions of parent/teachers.
2. To inform parent/teachers of any dangerous or potentially hazardous situation that I may observe.
3. To inform parent/teachers if I have difficulties comprehending the advanced curriculum.

I am aware that while participating in a recreation activity or program arranged by Howard County Home-Educator Corp., certain risks and dangers may be present, including but not limited to those generally associated with certain activities, the hazards of traveling the public highways, of accidents, of illness, and of those forces of nature.

I agree to indemnify and defend Howard County Home-Educator Corp., and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and the costs of defense, in connection with loss of life, personal or bodily injury and /or damage to or loss of property that arises from the participation of _____(Name of Student) in the HCHC Leadership Academy Co-op Program, except to the extent that such loss or damage is occasioned by the negligent act or omission of HCHC, its officers, agents or employees and no negligence on the part of the student.

IN CASE OF AN EMERGENCY REQUIRING IMMEDIATE MEDICAL ATTENTION, YOUR CHILD WILL BE TAKEN TO THE NEAREST HOSPITAL EMERGENCY ROOM. YOUR SIGNATURE BELOW AUTHORIZES HCHC STAFF TO HAVE YOU AND/OR YOUR CHILD TRANSPORTED TO THAT HOSPITAL.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date