



# SUMMER PROGRAM REGISTRATION FORM

**PART A - PERSONAL INFORMATION. PLEASE FILL OUT COMPLETELY & ACCURATELY**

Social Security Number (changes to an ID #)		Last Name		First Name		Middle Initial	
Street			City			State	Zip Code
County	Phone Number	Birthdate (mm-dd-yyyy)	Gender - <input type="checkbox"/> Male <input type="checkbox"/> Female	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attended previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian Name		Relationship	E-mail Address				
Race / Ethnicity (optional)							
<input type="checkbox"/> American Indian <input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other/unspecified							

**PART B - REGISTRATION INFORMATION**

I will be attending the following Summer Program(s):

Student Participant or  
  Advisor/Coach  
 Football  
 Basketball  
 Volleyball  
 Forensics  
 Leadership  
 Soccer

Other \_\_\_\_\_ - Indicate the starting date of the program \_\_\_\_\_

When attending \_\_\_\_\_ high school this fall, I will be a:  
 Senior  
 Junior  
 Sophomore  
 Freshman

Graduating year \_\_\_\_\_
 

Office Use Only - Enter Call #:
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**PART C - MEDICAL INFORMATION & RELEASE**

The following information is needed in the event of a medical emergency or situation:

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

In case parents cannot be reached, please call:   Name \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any health problems which require special consideration?  
 No  
 Yes  
 - If Yes, please explain: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

If the above physician is not available, may we call another physician?  
 Yes  
 No

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**Note:** Dixie State College does not carry accident or health insurance policies on participants. A participant's parent or guardian is responsible for costs incurred as a result of an accident or injury. Participants at the camp may be involved in strenuous physical activity. Dixie State College will be legally responsible only for injury, death or other loss which results from the negligence of its officers, employees and agents in the operation of their activities. The responsibility of Dixie State College is limited by the procedures, notice requirements and statutory limits established in the Utah Governmental Immunity Act, Sec. 63-30d-101 et seq. Utah Code Annotated. While attending Dixie State College camp, participants must observe: 1.) the policies governing the students of Dixie State College; 2.) curfew times; 3.) no use of alcohol, illegal drugs or tobacco; and 4.) care and respect of persons & property.

By signing below, the participant and parent/guardian understand the information on this form and accept financial responsibility for all accident - or injury-related costs which are not covered by their health insurance and/or accident insurance. It is also understood that failure to observe DSC rules will result in immediate dismissal from the program and forfeiture of all fees.

Participant Signature \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_