

Hip Hop to Gen Z Camp Enrollment Form

June 3-14, 2024

8:30 AM – 3:30 PM

For 6th-12th Grade Students

Camper Information:

- **Participant's Name:**
- **Age:**
- **Grade:**
- **Participant's T-Shirt Size:**
- **Parent/Guardian Name:**
- **Mailing Address:**
- **City:**
- **State:**
- **Zip:**
- **Parent/Guardian Telephone Number:**
- **Parent/Guardian Email Address**

Emergency Contact Information:

1. **Contact Name:**
 - **Relationship:**
 - **Telephone Number:**
 - **Alternative Phone Number:**
 - **Email Address:**
2. **Contact Name:**
 - **Relationship:**
 - **Telephone Number:**
 - **Alternative Phone Number:**
 - **Email Address:**

Authorized Adults for Pick-Up/Drop-Off:

- **Name**
- **Name**
- **Name**
- **Name**

Physician's Information:

- **Physician's Name:**
- **Telephone Number:**
- **Insurance Company:**
- **Policy Number:**

Medical Information:

- **Does your hip hop camper have any medical conditions we should know about?**
- **Please list any known allergies or food restrictions.**

Cancellation Policy:

If your child will no longer be attending the hip hop camp, please contact us immediately. The registration fee is nonrefundable, but transfers are allowed.

Camper Responsibilities:

As a participant in this program, I recognize that I represent not only myself but also my family, community, and all fellow participants, volunteers, and staff.

Therefore, by signing below, I agree to the following:

1. **Respect:** Treat others with respect.
2. **Participation:** Engage fully in all program activities.
3. **Decision Making:** Make thoughtful and responsible choices.
4. **Teamwork:** Contribute to strengthening our team spirit.

I understand that failure to adhere to these principles may result in consequences, including the loss of privileges, future program participation rights, and immediate dismissal from the program, as determined by staff.

Participant's Signature:**Date:****Parent Signature:****Date:**

Medical Consent: I acknowledge that program staff will make every effort to contact me in case of an emergency. I hereby provide consent for any necessary medical treatment for my child, including both onsite and offsite emergency care.

I understand and accept responsibility for any costs associated with such medical treatment.

Photo Release: I, _____, hereby grant and authorize the Southern University Research and Extension Center permission to utilize, license, or assign the use of my child's image, appearance, likeness, voice, and/or photograph, as well as other reproductions of these, in various media for promotional, exhibition, and distribution purposes related to the Hip Hop to Gen Z Camp. I understand that no compensation will be provided for such use.

Liability Waiver: I hereby release and hold harmless the Southern University Research and Extension Center, Southern University Board of Supervisors, Southern University Foundation, Southern university A & M College, its officers, agents, employees, volunteers, and affiliated entities (collectively referred to as Released Parties) from any liability arising out of my participation in the Hip Hop to Gen Z activities, including but not limited to personal injury, property damage, or any other claims. I agree to indemnify the Released Parties against any damages or costs, including attorney's fees, arising from claims related to my participation.

I acknowledge the potential risks associated with transportation and consent to my child being transported in vehicles provided by the program.

I certify that I have read and accept all the conditions in this document.

Parent/Guardian Signature: _____

Parent Name: _____

Date: _____