Appalachian Writing Project Bluefield College Summer Writing Camp

June 16-June 20, 2014

REGISTRATION FORM

PARTICIPANT INFORMATION Please type or print legibly.

Last Name: _____ **First Name:** _____

Gender: ☐ **Female** ☐ **Male** **Age:**_____

School: _____

Grade attended year 2013-2014:_____

Home address: _____

City: _____ **State:** _____ **Postal/Zip Code:** _____

Phone: _____ **(Include area code with telephone)**

Parent email: _____

Please list ADA Accommodations needed: _____

_____

Mother's name:_____ **Father's name:**_____

Mother's day phone:_____ **Father's day phone:**_____

Mother's cell:_____ **Father's cell:**_____

Person's Authorized to pick up child:_____

Other Dismissal Arrangements_____

Emergency contact:_____ **Relationship:**_____ **Phone:** _____

Specify any of your child's health problems:_____

Is your child on any medication? No Yes If so, please specify:_____

Payment: $15

Make the check payable to: **Bluefield College**

Please mail registration form and check to:
Dr. Rob Merritt
Department of English
Bluefield College
Bluefield, VA 24605

For more information:
Rob Merritt
304-920-1860
rmerritt@bluefield.edu

Or you may email this form to Rob Merritt and pay registration fee upon arrival on the first day of camp.

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

I hereby give permission to Bluefield College, Appalachian Writing Project Summer Writing Camp to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

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Medical Care Authorization
Waiver of Liability and Emergency

I, the undersigned parent or guardian of _____ (child's name), make this emergency care authorization and waiver of liability for the Bluefield College, Appalachian Writing Project Summer Writing Camp.

My child is in good health and is able to participate fully in the Writing Camp. During the course of the Writing Camp, my child will not need special assistance or medications to treat asthma, allergies or other illnesses or chronic conditions except those described in writing at the bottom of this agreement.
If my child needs emergency medical care and it is not prudent or practical to contact me in advance, I authorize Bluefield College, its employees, and agents to authorize medical care for my child and to make medical decisions on my child's behalf. I specifically release Bluefield College, its employees and agents from any cost, expense, or liability associated with providing such medical care and making such medical decisions.
I accept and assume all responsibility for any risk of personal injury, which may occur to my child in the course of his or her participation in the Writing Camp. I waive and release any claim or right of action which I may have now or in the future against Bluefield College, its directors, officers, agents and employees, arising out of my child's participation in the Writing Camp. I agree to indemnify Bluefield College, its directors, officers, agents and employees, and to hold them harmless against and from any and all liabilities, damages, claims, suits, judgments and associated costs and expenses (including, without limitation, reasonable attorney's fees) arising in connection with my child's participation in Writing Camp. This agreement to waive and release claims and to indemnify and hold harmless applies to claims of any nature arising from my child's participation in the Writing Camp including, without limitation, negligent acts or omissions, but not including claims for intentional misconduct or gross negligence.

I have read this agreement carefully and understand that it may waive legal rights which I or my child may have. I agree, on behalf of myself and my child, to be bound by all of the terms of this Emergency Medical Care Authorization and Waiver of Liability.

This agreement should be signed by all of the child's parents or guardians.

_____ _____
Signature of Parent or Guardian **Date**

_____ _____
Signature of Parent or Guardian **Date**

Medical Insurance Company: _____

Member Name: _____ ID or Group No: _____

Other Medical Information: _____

_____