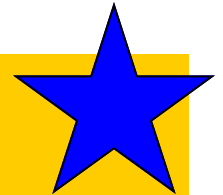


Incoming Freshman Academy 2011

Application Form



Instructions: Please print clearly and complete ALL requested information on this form INCLUDING Parent/Guardian Signatures for Program Consent and Release. Please return this completed form to your designated school official.

Name of Student: _____ **Today's Date:** _____

Parent's e-mail Address: _____

Mailing Address: (Street or P.O. Box): _____

City/Town: _____ **IL Zip Code:** _____

Name of the High School you will Attend: _____

Parent/Guardian Contact Number: _____

Birth Date of Student : _____ (Circle One) Male Female

(Please circle one) T-shirt Size: S M L XL XXL XXXL

Parent/Guardian Contact Daytime Number: _____

Individual to Contact in Case of an Emergency: _____

Relationship to the Student: _____

Parent/Guardian Emergency Number for Contact: _____

PLEASE FEEL FREE TO EXPRESS ANY CONCERNS WITH STAFF MEMBERS.

Please complete all information on back of page-

Incoming Freshman Academy Program Consent and Release Form
Consent for Program Participation

Name of Program Participating Student: _____ Date: _____

I do hereby give permission for _____ (Student's Name) to attend the 2011 Incoming Freshman Academy to be held at Monmouth College, Monday, June 13 through Friday, July 22, 2011.

(Signature Required by Student's Legal Parent/Guardian)

Medical Consent:

I understand that some programs may be held in an outdoor setting. I hereby authorize appropriately trained staff or program personnel, or other designated medical first-responders designated, to administer first-aid treatment to the program participant if deemed necessary. In the event that the participant suffers a serious injury or illness, I understand that I will be notified as soon as possible to obtain approval for immediate treatment. In the event that efforts to contact the parent/guardian are unsuccessful or are not possible during an emergency situation, I hereby authorize the attending medical personnel to administer any treatment that may be warranted to best serve the needs addressed by the emergency circumstances. I also understand that I will be notified in any event, as soon as possible.

(Signature Required by Student's Legal Parent/Guardian)

I agree to be responsible for any payment for medical services or billing, either directly or through insurance payments that may be the result of any treatment deemed necessary by medical personnel for the program participant.

(Signature Required by Student's Legal Parent/Guardian)

Release of Liability

For and in consideration of the Participant in the 2011 Incoming Freshman Academy, I hereby release and hold harmless the ROE#27, all employees, volunteers or agents, and any other medical personnel that may attend, from any and all liability or damages including accidental injury or illness which may occur during the Participant's attendance at the program.

(Signature Required by Student's Legal Parent/Guardian)

Home Address: _____ City: _____ IL Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____