

**UNM Continuing Education Youth Programs
EMERGENCY CONTACT FORM/PARENTAL PERMISSION**

Course #: _____
Semester: _____

Student Name: _____ **Date of Birth:** _____ **Gender:** _____

Student Address: _____
Street Address City State Zip

Emergency Contacts: (Required)

Please list at least 3 individuals who may be contacted in case of emergency.

Name	Phone	Relationship to Student
1.		
2.		
3.		

Authorized Pick-Up List: (if not included on Emergency Contact list)

Please list up to 3 individuals who are authorized to pick up the student. Persons not listed below WILL NOT be permitted to pick up the student without written permission from a parent or guardian.

Name	Phone	Relationship to Student
1.		
2.		
3.		

Medical Conditions/Allergies: (Required)

List any medical conditions of the participant, including medications currently taking and known allergies.

Medical Condition(s):	Medication/Dosage:	With Child?
		YES / NO
		YES / NO
		YES / NO
Allergies:	Describe reaction:	Severity?
		LOW/MED/HIGH
		LOW/MED/HIGH
		LOW/MED/HIGH

I authorize the use of my child's image to be used in program and marketing materials YES NO

Signature of Parent/Guardian

Print Parent/Guardian Name

Date

Parent/Guardian Phone (circle: work / home / cell)

Parent/Guardian Phone (circle: work / home / cell)

Student Information: (optional)

This optional additional information will not be linked to your student's name, and will help us to improve our future programs.

What school does the student attend / or are they homeschooled?	
What grade is the student in?	
What is the student's favorite subject in school?	
How would you describe the student's racial/ethnic background?	

MINOR PARTICIPANT WAIVER AND NOTICE OF RISK

Camp Name:	
Start & End Dates	
Participant's Name	
Parent or Legal Guardian Name	

The University of New Mexico (“UNM”) offers youth summer camp programs through the Continuing Education Department. A description of all youth summer camps, including the Participant’s chosen camp is available online at <http://ce.unm.edu/enrichment/youth/>.

As Participant’s parent or legal guardian, I understand and acknowledge that certain risks are inherent to participating in recreational activities and youth summer camps, due to one’s own actions, the actions of others or a combination of both. These risks may result in injury, minor or serious, as well as damage to personal property. If I have any specific questions about Participant’s safety or the risks associated with Participant’s chosen summer camp, I understand that I should speak to the Continuing Education staff prior to the start of the summer camp.

Knowing the risks and in consideration of being permitted to participate in the above named summer camp, I do agree to assume all risks of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of my child’s participation in the youth summer camp. I also, hereby release, waive, indemnify, hold harmless and discharge UNM, its Board of Regents, its officers, employees or agents, from any and all claims, damages, and injuries arising out of my activities, including the use of equipment and facilities provided by UNM.

I further understand that UNM does not provide health insurance for individuals participating summer youth camps. As such, either I or my personal health insurance will be responsible for payment of medical services and care for any injuries sustained during the designated activity.

By signing this form, I am stating that I have read this waiver and notice of risk, fully understand its terms and understand that it affects my legal rights and how it affects those legal rights. I am signing this waiver and notice of risk knowingly and voluntarily, and intend for it to be a complete and unconditional release of liability to the greatest extent of the law.

Print Participant’s Name Date

Print Parent/Legal Guardian’s Name Parent/Legal Guardian’s Signature