

Medical/Indemnity/Code of Conduct Agreement Scholar Weekend

In order to participate in this program, you must bring this completed form to check in.

Scholar Name _____ Date of Birth _____ Male { } Female { }

Address of parent or guardian: _____
Address City State Zip

EMERGENCY INFORMATION

Person to notify in case of emergency _____
Name Relationship

Emergency Phone: Day () _____ Night () _____ Cell () _____

Medical Information

Date of last Tetanus Immunization _____ Bringing any medicines? Yes ___ No ___

If yes, list: _____

List any current or past health conditions we should be aware of: _____

Family Health Insurance Policy Number _____ Health Carrier Name _____

Address of Health Carrier _____
Street City State Zip

Parent & Scholar Must Sign Below for Participation in this Program

I hereby authorize any actions, which may be advised/ recommended by a physician or other health care provider attending my child during the program. I acknowledge and understand that my child may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with this program. I agree to indemnify and hold harmless Appalachian, its officers, employees and agents from and against any claims for personal illness or injury that my child may sustain during the program, regardless of cause, including negligence on the part of any person identified above. I also give Appalachian permission to utilize any photograph of my child for promotional use. I also understand that my child must abide by the program/university rules and regulations and the Code of Conduct developed for this program. I have read the Code of Conduct on back of this form, and I further understand that my child's failure to adhere to the rules, regulations, and Code of Conduct may result in immediate dismissal from the program, with no refund, and I will be responsible for providing transportation home once I have been notified.

Parent or Guardian (*circle relationship*): **Print Name** _____

Signature

Date

I understand that as a participant of Scholar Weekend I must abide by the university rules and regulations and the Code of Conduct developed for this program. I also understand that if I fail to adhere to the rules, regulations, and Code of Conduct it may result in my immediate dismissal from the program, with no refund, and my parents/guardians will be responsible for providing transportation home once I have notified them of my dismissal.

Participant _____
Signature *Date*

Watauga Medical Center recommends that this form be notarized to expedite medical treatment of your child by health care providers. (This part of the form is not required to be completed – it is recommended, however.)

State of _____ County of _____ I, _____, a Notary Public

of said County and State, do hereby certify that _____ personally appeared before me this

day and acknowledged the execution of the foregoing instrument. Witness my hand and official seal this the _____ day of

_____, 20____. Notary Public _____ My commission expires: _____

NOTARIAL SEAL:

Appalachian State University
Scholar Weekend Code of Conduct

In order to participate in this program, you must bring this completed form to check in.

I agree to conduct myself in a manner that will be a credit to me, my community, and my family.
I will:

- 1) Understand and obey all rules and regulations issued by the Scholar Weekend program, the camp director and the university.
- 2) Demonstrate cooperation and respect to camp staff and program participants and instructors, and to university employees, students and visitors.
- 3) Show respect for the rights, privacy, and property of others. This includes refraining from harassment - unwelcome or unsolicited speech or conduct - of all persons in the program, at camp and on campus regardless of their race, religion, color, creed, sex, national origin, sexual orientation, or disability.
- 4) Recognize that hazing of any kind is strictly prohibited.
- 5) Not possess or use any alcohol, tobacco, or drugs during the program (unless prescribed by a physician).
- 6) Comply with the schedule of all program functions, including classes, events, meals, quiet hours, and curfews.
- 7) Take responsibility for my personal property and will pay for any damages to property while attending this program.
- 8) Understand that all facilities and areas not used by my program are strictly off limits, and that I am not allowed to leave campus or Camp Broadstone without permission and supervision.
- 9) Take responsibility for my safety by traveling in pairs and/or groups both on campus and at Camp Broadstone.
- 10) Understand that if I do not follow the rules, regulations, and Code of Conduct for this program, I may be dismissed from Scholar Weekend with no refund.

By signing below I agree to follow the Code of Conduct developed for Scholar Weekend held at Appalachian State University.

Scholar Signature

Date