

**WCSU 2019 Summer SOAK  
Participation/Permission Form**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

May we photograph or video your child/dependent for publication in newspapers, brochures, the WCSU Summer Soak web site, and other informational tools?     Yes     No

**Safety**  
SAFETY is our first priority. Please provide us with the following information for the protection of your child/dependent.  
Names/phone of people approved to pick up student:

1. \_\_\_\_\_ Phone: \_\_\_\_\_  
2. \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact**  
In case of an emergency, please contact the following individuals:

1. _____	_____	_____
	Name	Relationship      Phone #
2. _____	_____	_____
	Name	Relationship      Phone #
3. _____	_____	_____
	Name	Relationship      Phone #

*Please notify us of any changes.*

**Consent and Release Form & Participant Agreement**  
I give my permission for my child/dependent to participate in the program for which he/she is registered. While my child/dependent is participating in programs at WCSU, I acknowledge and assume all risks on his/her behalf and likewise accept personal responsibility for any injury to others or damages caused by my child/dependent.

Furthermore, I, the parent/guardian of the participant named above, give my permission for my child/dependent to receive emergency medical treatment, if necessary. It is understood that every effort will be made to contact parent/caregiver before taking this action.

I hereby indemnify, release, and hold harmless the WCSU Board, the WCSU and their members, agents, and employees from any and all injuries, losses, claims, including court costs and attorneys' fees, and/or damages that may arise as a result of my child's/dependent's participation in the summer program held at the WCSU, except for injuries or damages resulting from the negligence of the WCSU, the WCSU Board or their employees, agents, or members.

Parent/Guardian \_\_\_\_\_ (initials)      Date: \_\_\_\_\_

I have read and understood all the above information including all waivers and releases and give my permission for my child/dependent to participate in the summer program for which he/she is registered.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_