



SUMMER SPORTSBROADCASTING INSTITUTE FOR TEENS APPLICATION
Summer 2014 ~ Course Code: H1014-71 ~ Dates: July 7th to July 11th ~ Tuition \$1,150

Applicant / Student Information

Last Name First Name Middle Name

Date of Birth Age Grade as of September 2014 Gender Male Female

Street Address

City State Zip

Student's Cell # Home Phone # Email Address

Student T-Shirt Size Small Medium Large X-Large

Parent / Guardian Information

Mother's Name Mother's Email Address

Daytime Phone # Evening Phone # Cell Phone #

Father's Name Father's Email Address

Daytime Phone # Evening Phone # Cell Phone #

Emergency Contact Name Cell Phone #

Applicant / Student Information School Information

High School Last Attended Dates of Attendance

Guidance Counselors Name Expected Graduation Date

List any Food Allergies

Mail completed Application to:

Hofstra University Continuing Education
250 Hofstra University
Hempstead, NY 11549
Attn: Michael Chisena, Senior Associate Director Continuing Education

METHOD OF PAYMENT

*Check Made Payable to Hofstra University Visa MasterCard American Express

*When paying by check, you authorize check payments to be processed as Automated Clearing House ("ACH") transactions, which immediately debit the account. The process will read the information from a paper check and convert it to an electronic payment or debit transaction. The result is that funds may be withdrawn from your account as soon as we receive your payment, and you will not receive your check back from your financial institution.

Card Holder's Name (as it appears on credit card)

Credit Card # **Credit Card Expiration Date**
- Required if paying by credit card

Billing Address for Credit Card
[Address / City / State / Zip]

For Office Use Only	
Date	<input type="text"/>
Initials	<input type="text"/>

Camper's Name: _____

Registration Agreement

By registering my child(ren) to attend 2014 Hofstra Pre-Collegiate Program ("Camp"), I agree to the following terms and conditions:

- I am the parent or legal guardian of the child(ren) being registered.
- We accept Visa, MasterCard, American Express, or personal check. **Cash is never accepted.**
- Any cancellations for a camp program **MUST** be received in writing. Failure to attend a class does not constitute official withdrawal.
- There are no refunds for withdrawals after a camp course starts, all refunds will be issued in the original form of payment. A \$50 non-refundable withdrawal fee is applicable per camp program.
- No refund or credit will be given for camp programs closings, absences, family vacations, or withdrawals.
- I give permission for my child to participate in off-campus trips and activities, including any that involve swimming and water activities. I understand that scheduled off-campus trip destinations may change due to weather conditions or administrative needs.
- Enrollment in camp establishes permission for a child to engage in all programs.
- I hereby acknowledge that I, on behalf of my child, myself and my family, understand that risks are involved in Camp and assume all risks incurred from my child's participation in Camp.
- I understand that I am responsible for my child's medical or medication needs and further agree that in an emergency and/or if I cannot be reached, the University, through its agents and employees, may take whatever action is deemed necessary with respect to my child's health and safety. I authorize the University, its agents and employees, to place my child, at their discretion and without my further consent, in a hospital or in the care of a medical professional for medical services and treatment. I understand that I will be fully responsible for any fees and expenses for any service and/or treatment.
- I understand and agree that my child will comply with the University's rules, standards and instructions. I understand that the University and its agents and employees have the right to enforce its standards and may at any time terminate my child's participation in Camp for failure to maintain these standards or for any conduct which the University or its agents consider to be incompatible with the interest and welfare of my child, the other students or the University.
- I understand that I am solely responsible for any and all expenses related to injuries and/or loss or damage of personal property incurred in connection with my child's participation in Camp.
- In consideration of my child being allowed to participate in Camp, on behalf of my child, myself and my family, I hereby release and agree to hold Hofstra University, its trustees, directors, officers, employees, servants, representatives and agents harmless from and against any and all claims, losses, damages, expenses (including attorneys' fees, and all court and litigation costs) and liability (including statutory liability), resulting from injury and/or death of any person or damage to or loss of any property arising out of or in any way connected with the Camp and my child's participation therein.
- I agree that photographs, whether still or action, videos, film and/or motion pictures (hereinafter "Pictures"), and/or audio recordings ("Recordings"), may be taken of my child by or on behalf of Hofstra University and in connection with Camp, and, without any compensation or further notification or approval by me or my child, grant to Hofstra University, its agents, employees, others working on Hofstra University's behalf ("Hofstra") the unlimited, perpetual, worldwide, unconditional and irrevocable right and license to use, distribute, publish, exhibit, digitize, broadcast, display, reproduce, make commercial use of and otherwise use directly or indirectly the Pictures, Recordings and/or my child's image, voice, likeness and/or video footage in any form, format or media ("Media"), for any purpose, including but not limited to advertising or trade or University-related activity in promoting or providing information about University and its educational and Spring Break camp services and agree that all rights therein shall irrevocably, exclusively, unconditionally and perpetually belong to Hofstra University.
- I hereby agree on behalf of myself and on behalf of my child, to release and discharge Hofstra University, its officers, representatives, employees, agents, licensees, successors and assigns from any and all claims, demands or causes of action that I or my child may now have or may hereafter have for libel, defamation, invasion of privacy or right of publicity, infringement of copyright or violation of any other right arising out of or relating to any utilization of the Pictures, Recordings, or Media.

I have read and agree to the above:

Signature: _____

REGISTRATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE

250 Hofstra University - Hempstead, N.Y. 11549 - Phone: 516-463-7676 / Fax: 516-463-4836

MEDICAL HISTORY FORM

This form is to be filled out by the parent/guardian of the camper.

This medical history **MUST** be completely filled out and returned with your child's registration.

Campers Name _____ Birth Date ___/___/___

Home Address _____ Male _____ Female _____

Mother/Guardian _____ Work/Cell _____

Father/Guardian _____ Work/Cell _____

Emergency Contact Name _____

Emergency Contact Number _____ Relationship to Camper _____

Health History: (Check box if applicable and use line to explain)

<input type="checkbox"/> Allergies _____	<input type="checkbox"/> Heart Defect/Disease _____
<input type="checkbox"/> Asthma _____	<input type="checkbox"/> Hyper/Hypotension _____
<input type="checkbox"/> Bleeding/Clotting Disorder _____	<input type="checkbox"/> Mononucleosis _____
<input type="checkbox"/> Diabetes _____	<input type="checkbox"/> Operations/Injuries _____
<input type="checkbox"/> Dietary Restrictions _____	<input type="checkbox"/> Physical Limitations _____
<input type="checkbox"/> Disabilities/Chronic illness _____	<input type="checkbox"/> Psychiatric Treatment _____
<input type="checkbox"/> Frequent Ear Infections _____	<input type="checkbox"/> Seizure Disorders _____
<input type="checkbox"/> Medications Take _____	<input type="checkbox"/> Other _____

Pertinent Family History: _____

Name of Campers Physician: _____ Phone #: _____

Do you carry family medical/hospital insurance Yes No

If yes, indicate carrier: _____ Policy or group number _____

IMPORTANT- PARENT/GUARDIAN MUST SIGN

I hereby give permission for camp medical staff to provide routine treatment to my child. I understand that I am responsible for my child's medical or medication needs and further agree that in an emergency and/or if I cannot be reached, the University, through its agents and employees, may take whatever action is deemed necessary with respect to my child's health and safety. I authorize the University, its agents and employees, to place my child, at their discretion and without my further consent, in a hospital or in the care of a medical professional for medical services and treatment, and to arrange necessary related transportation for me and/or my child. I understand that I will be fully responsible for any fees and expenses for any service and/or treatment. This completed form may be photocopied for off-campus trips.

Signature: _____ Date _____