HOFSTRA SIBLINGS DAY
Saturday, February 20, 2010

Hofstra Siblings Day is a fun-filled day sponsored by the Office of Parent and Family Programs and the Resident Student Association. Hofstra students may host up to two brothers, sisters or relatives ages 13-17 and are responsible for and must accompany them at all times. Guests arrive on campus Saturday morning and may stay overnight at their Hofstra host student’s residence hall room, provided the student receives his/her roommate’s consent. Transportation to campus is not provided. The registration fee of $20 per child covers most meals and activities.

Hofstra students have planned fun activities, including Hofstra Men’s basketball game, movie night, talent show, and even a traditional college late night breakfast! Participants will leave with a perspective of college life and their own “Siblings Day” t-shirt.

This registration form is available online at hofstra.edu/parfam (click on “Family Events” and then “Siblings Day”). Once we receive the completed registration form with payment, participants will be registered for Siblings Day. Please be sure to complete and sign the Acknowledgement and Release Form below for each participant. Please note that siblings/guests must follow Hofstra’s code of conduct, as described in Living Factor (available at hofstra.edu/reslife). If the sibling does not comply with behavioral expectations, parents may be contacted to pick up their child at any point during the weekend.

The registration deadline is Wednesday, February 17, 2010.

IMPORTANT INFORMATION

- Siblings must be between ages of 13 and 17. For safety reasons, students may only host up to two siblings/family members.
- Students are responsible for their guests and must accompany them at all times.
- Siblings staying on campus overnight will be issued a guest ID and must wear it at all times.
- Siblings of either gender may stay in a Hofstra student’s residence hall room with his/her roommate’s permission.
- Siblings should prepare for overnight stay: bring a sleeping bag and a pillow.

HOFSTRA SIBLINGS DAY TENTATIVE PROGRAM

Saturday, February 20, 2010

Noon-1 p.m.: Registration and Pizza Lunch
1-3:30 p.m.: Talent/Comedy Show
TIME TBD: Hofstra Men’s Basketball or Dodge Ball Tournament
6-7 p.m.: Dinner
7:30-10 p.m.: Movie or Game Zone
10 p.m.-Midnight: Late-Night Breakfast
Midnight-Sunday morning: Sleepover
HOFSTRA SIBLINGS DAY 2010 REGISTRATION

Deadline: February 17, 2010; mail to Office of Parent and Family Programs, 128 Hofstra University, Hempstead NY 11549, or fax to (516) 463-7017. We cannot issue refunds.

Hofstra Student Name ____________________________________________________________
Hofstra Student Cell Phone (to be able to contact during the weekend) ____________________________
Hofstra ID Number: ____________________________

Campus Address: __________________________________________________________________

Participants Name(s) ages 13-17 - limit 2 per resident student:

________________________________________________________
DOB: ________________

________________________________________________________
DOB: ________________

Parent/Guardian Name: __________________________________________________________

E-mail: ____________________________________________________________
(confirmations will be sent by e-mail)

Phone (to be able to reach you during the weekend): ____________________________

Address: __________________________________________________________________

Emergency Name, Relation and Phone Number:

__________________________________________________________________________

REGISTRATION FEE (covers program activities): $20 x number of registrations: ___ = ________

METHOD OF PAYMENT

☐ Visa or MasterCard (fax to (516) 463-7017 – confidential fax machine)

☐ Check (payable to Hofstra University; mail to Parent and Family Programs)

I hereby authorize use of my card in the amount of $ ________.

Name of Cardholder ____________________________________________________________

Account Number ________________________________ Expiration Date ____________

Signature ____________________________________________________________
Hofstra University
Siblings Day
Acknowledgment and Release

Name of Participant: _____________________________________________________

Address: ________________________________________________________________

Date of Birth: ___________________________________________________________

Name of Parent/Legal Guardian: __________________________________________

Address of Parent/Legal Guardian: _________________________________________

_______________________________________________________________________

Hofstra Siblings Day program (“Program”), as described on pp. 1 and 2, will take place on Saturday, February 20, 2010. Please read, sign and return this form before participation in the Program. Participants will not be allowed to participate unless this form is signed and returned prior to commencement of Program.

• I am the parent/legal guardian of the above Participant.
• I give permission for my child to participate in this Program.
• 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 the Program 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 participants or the University.
• I understand and hereby acknowledge that I, on behalf of my child, myself and my family, assume all risks incurred from my child’s participation in the Program.
• 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 responsible for any fees and expenses for any service and/or treatment.
• 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 the Program.
• In consideration of my child being allowed to participate in the Program, 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 Program and my child’s participation therein.

• I agree, beginning as of the date of execution of this Acknowledgment and Release, 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, individually or with others, by or on behalf of Hofstra University in connection with this Program, and agree that all rights therein shall irrevocably, exclusively, unconditionally and perpetually belong to Hofstra University and that such rights are freely assignable by Hofstra University. I further agree that, without any compensation or notification to or approval by me, the Pictures or Recordings may be used, reproduced or otherwise disseminated or published by or on behalf of Hofstra University directly or indirectly for any purpose, including but not limited to advertising and/or promotional purposes, in any manner, and at any time that Hofstra University desires. For good and valuable consideration, receipt of which is hereby acknowledged, I hereby agree 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 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 or Recordings.

I have read the foregoing before affixing my signature below, and warrant that I fully understand the contents thereof.

_______________________________________  _______________________
Signature of Parent/Legal Guardian                Date

____________________________________________  _______________________
Signature of Witness                        Date

_____________________________________________________________________
Address of Witness


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Jan 2009