



Hofstra University Spring Break Program

Oak Street Center – 255 Hofstra University - Hempstead, N.Y. 11549 - Phone: 516-463-2267 / Fax: 516-463-6114

Please Print:

_____		_____	
Student's Last Name		Student's First Name	
_____	_____	_____	_____
Date of Birth	Age	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____		_____	_____
Street Name (Mailing Address)		City	State Zip Code
_____		_____	
Home Phone Number		Parent E-mail	
_____		_____	_____
Mother/ Guardian		Cell Number	Work Number
_____		_____	_____
Father/ Guardian		Cell Number	Work Number
_____		_____	
Emergency Contact Name		Emergency Contact Number	

2020 Spring Vacation Program (Monday, April 13th – Friday, April 17th)
9 a.m. – 4 p.m.

Check the box for the program you wish to attend

Check Box	Spring Vacation Programs	Days Offered	Tuition
<input type="checkbox"/>	H0831: Sportscasting 101 for Teens (Grades 6-12)	Tuesday – Friday	\$575
<input type="checkbox"/>	Y6328: GirlTech Leaders (Grades 4-9)	Monday – Friday	\$650
<input type="checkbox"/>	Y6337: Minecraft & Roblox Adventures (Grades 2-5)	Monday – Friday	\$650
<input type="checkbox"/>	Y6325: Esports Gaming and Streaming: (Grades 6-12)	Monday – Friday	\$650
<input type="checkbox"/>	Y7366: Digital Arts (Grades 7-12)	Monday – Friday	\$650
<input type="checkbox"/>	U6517: Fiction Writing for Teens (Grades 6-12)	Monday – Friday	\$650
<input type="checkbox"/>	Y6329: 3D Printing & Game Design (Grades 4-9)	Monday – Friday	\$650

Student's Name: _____

Spring Vacation Program Registration Agreement

By registering my child(ren) to attend Hofstra Spring Vacation Program 2020 ("Program"), 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 Hofstra Spring Vacation Program session **MUST** be received in writing. Failure to attend a class does not constitute official withdrawal.
- There are no refunds for withdrawals after a course starts, all refunds will be issued in the original form of payment. A \$50 non-refundable withdrawal fee is applicable per program.
- No refund or credit will be given for Spring Vacation Program 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 Hofstra Spring Vacation Program 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 the Program and assume all risks incurred from my child's participation in 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 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 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 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 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 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 the Program, 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 Vacation Program 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: _____
REGISTRATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE

Payment Method

Payment Amount: _____ Credit Card: Visa MasterCard American Express Check # _____

Card Number: _____ Card Expiration Date: _____

Name on Card: _____ Security Code: _____

[AmEx card utilizes 4-digits]

Signature: _____



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MEDICAL HISTORY FORM

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

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

Students Name _____ Birth Date ____/____/____ Male Female

Home Address _____ City _____ State ____ Zip _____

Mother/Guardian _____ Work/Cell _____

Father/Guardian _____ Work/Cell _____

Emergency Contact Name _____

Emergency Contact Number _____ Relationship to Student _____

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

- | | |
|--|--|
| <input type="checkbox"/> Allergies _____ | <input type="checkbox"/> Medications Taken _____ |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Heart Defect/Disease _____ |
| <input type="checkbox"/> Bleeding/Clotting Disorder _____ | <input type="checkbox"/> Hyper/Hypotension _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Mononucleosis _____ |
| <input type="checkbox"/> Dietary Restrictions _____ | <input type="checkbox"/> Operations/Injuries _____ |
| <input type="checkbox"/> Disabilities/ Chronic Illness _____ | <input type="checkbox"/> Physical Limitations _____ |
| <input type="checkbox"/> Food Allergies (Specify) _____ | <input type="checkbox"/> Psychiatric Treatment _____ |
| <input type="checkbox"/> Frequent Ear Infections _____ | <input type="checkbox"/> Seizure Disorders _____ |
| | <input type="checkbox"/> Other _____ |

Is this Student fully immunized: Yes No

Pertinent Family History: _____

Name of Students Physician: _____ Phone #: _____

IMPORTANT- PARENT/GUARDIAN MUST SIGN

I hereby give permission for program 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.

Signature: _____ Date _____