



Hofstra University
255 Hofstra University, Oak Street Center, Hempstead, N.Y. 11549-2550
Phone: 516-463-7400 / Fax: 516-463-4836 / Email: ce-youth@hofstra.edu

Please Print:

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

Student's Name: _____

Program Registration Agreement

By registering my child(ren) to attend 2023 Hofstra ("Program"), I agree to the following terms and conditions:

- I am the parent or legal guardian of the child(ren) being registered.
- 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 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 the other Campers or the University. I understand that I will not be entitled to any refund if my child's participation in Camp is terminated as described in this paragraph.
- I understand that I am solely responsible for 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, and 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 the University and its educational and summer 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.
- Please note that opening of on-campus summer camp or any on-campus programs will be subject to all then-current New York State and Nassau County Department of Health requirements and guidance. Any individual visiting the Hofstra campus or attending on-campus programs or camps will be required to follow all such rules and University policies relating to health and safety. Participants will be notified of University policies prior to the start of any on-campus program.

I have read and agree to the above: _____

REGISTRATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE



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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.

Student 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. This completed form may be photocopied for off-campus trips.

Signature: _____ Date _____