

**UNIVERSITY OF GUAM
ONLINE / VIRTUAL
YOUTH PROGRAM APPLICATION FORM**

Camp / Program Registration	Session date(s)	Fee

PARTICIPANT INFORMATION

First name _____ Last name _____ M.I. _____

Date of birth ____/____/____ Age _____ Gender: male / female Home phone _____

School name _____ Grade level _____

Ethnic group

- | | |
|--|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Caucasian and African American |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Caucasian & Asian |
| <input type="checkbox"/> African American | <input type="checkbox"/> African American & Asian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> European |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | |

PARENT / GUARDIAN INFORMATION

Parent 1

First name _____ Last name _____

Cell phone _____ Business phone _____ E-mail address _____

Parent 2

First name _____ Last name _____

Cell phone _____ Business phone _____ E-mail address _____

Family address _____ Apt/unit _____ City _____ Zip code _____

PAYMENT INFORMATION

Method of payment

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Cash | Payment received by _____ Date _____ |
| <input type="checkbox"/> Check # _____ | UOG field receipt # _____ Log # _____ |
| <input type="checkbox"/> Credit card _____ | Notes _____ |

MEDICAL INFORMATION & AUTHORIZATION FOR MEDICAL CARE

Please read the following information carefully. As a program participant, parent or guardian, I understand that:
The information requested on this form is intended to help inform University staff of any pre-existing conditions. If your child has a pre-existing medication condition, participation in any strenuous activities, or recreational time may not be recommended. This information will be kept in strict confidence and will be shared with your permission.

University of Guam (Insert Department Name)_____ requests the information below so that, in the case of an emergency, you have provided us with accurate information about you so that we can provide and/or seek appropriate treatment. You are accountable for providing an accurate medical history. Final determination about whether to participate is the responsibility of you, and your physician. If you have any medical issue that is not requested below, but of which you think it is important, please include that information.

Medical information

It is recommended that you consult your physician prior to participating in this program. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult your own physician prior to participating in the program. Please answer all the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician's name _____ Phone number(s)_____

Medical clinic / hospital address_____

Do you have health/accident insurance? Yes / No

If yes, please indicate policy number, name and address of company. Please include a front and back copy of your Insurance card_____

Does the participant have any limiting medical conditions that you or your doctor feel would limit your participation in the camp or program?

Yes / No If yes, identify and explain _____

Is the participant currently taking medication that may interfere with your ability to safely participate in the camp or the program?

Yes / No If yes, identify and explain _____

Does the participant have any allergies or reactions to medications, insect stings or plants?

Yes / No If yes, identify and explain _____

Does the participant have a history, of or does your child currently suffer from any medical conditions(s) of which the University may need to be aware?

Yes / No If yes, identify and explain _____

Any other health-related information you think maybe important for us to know:

Authorization for medical care and release

In cases where medical attention is necessary, parents will be contacted for approval whenever possible. However, the University requests that the following medical release signed by the parent/participant be on file:

Camper/ program participant's name _____ has my permission to receive medical attention in the event of illness or medical emergency while participating in this camp or program. I will assume the financial responsibility for any cost of health care for my child /myself that may occur during this camp/program.

PLEASE READ: As a participant, parent or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/my child and/ or others during this camp/ program. By signing my name I represent and warrant that I have provided all materials and important information to University of Guam (Department) _____ pertaining to my/ my child's medical, mental and physical condition and that it is accurate and complete. I agree to notify University of Guam (Department) _____ of any changes to my/ my child's mental, physical, or medical condition prior to my/ my child's scheduled camp/program. By revealing or disclosing the above medication information, it will not be used by University of Guam personnel or employees to determine my/ my child's ability to participate safely in activities. I understand that, if I/my child choose(s) to participate in activities, I/she/he do(es) so voluntarily and of my/ his/ her own accord, and that the final decision regarding participation is solely the responsibility of myself and my child.

I confirm that I have read, understand and agree to the authorization and medical release above.

Minor participant Print/Signature

Date

Parent/Guardian Print/Signature

Date

Photography and Media Release

I hereby give the University of Guam and those acting pursuant to its authority to:

- (a) Record my/ my child's participation and appearance in the camp/ program on video tape or audio tape, in photographs, or in any other recorded medium. I understand that these recordings may be used in any medium, including print, Web (website, Facebook, Twitter, Twitch and similar), video, or audio.
- (b) Use my name, likeness, voice, and biographical material in connection with recordings.
- (c) Exhibit or distribute such recordings in whole or part without restrictions or limitation for any educational or promotional purpose, which the University of Guam and those pursuant to its authority, deem appropriate.

The University of Guam will not pay, nor receive, remuneration for the use of images or recordings. I waive any right I might have to inspect and/or approve the finished medium, or the use to which it may be applied.

I confirm that I have read, understand and agree to the photography and media release above.

Minor participant Print/Signature

Date

Parent/Guardian Print/Signature

Date

Liability Waiver

To the best of my knowledge, _____ [name of minor participant] is in good physical condition and fully able to participate in this camp / program. I am fully aware of the risks and hazards connected with the participation in this event, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this camp / program.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, the University of Guam, the Board of Regents of the University of Guam, their officers, servants, agents, employees, and any respective party associated with activities within and outside the University campus (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, of any CONVENANT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of Guam.

By signing this release, I acknowledge and represent that I HAVE READ THE FOREGOING Liability Waiver, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; AND I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION, FULLY INTENDING TO BE BOUND AS SAME.

Minor participant Print/Signature

Date

Parent/Guardian Print/Signature

Date

CODE OF CONDUCT FOR INTERACTING WITH MINORS

All persons covered by this policy acting on behalf of the University of Guam are required by this policy to report actual or suspected abuse or other improper conduct involving a Minor. The following Code of Conduct provides guidance for interacting with Minors and should be followed as closely as is reasonable under the circumstances:

PLEASE INITIAL:

- Employees/Volunteers must have no tolerance for violence. They must not engage in any abusive conduct of any kind such as Verbal, Striking, Hitting, Punching, Poking, Spanking, or Restraining.
- If restraint is necessary to protect a minor or other Minors from harm, all incidents must be documented and disclosed to the appropriate authorities.
- When acting in your capacity for the University, the employee/volunteer must avoid spending time alone, either on or off campus, with a Minor away from others, whenever possible. If one-on-one interaction is absolutely required, it is recommended that you meet in rooms or spaces with open doors, observable by other adults from the Program, and follow any unit-level guidelines.
- Employees/Volunteers must not engage in any sexual actions, make sexual comments, tell sexual jokes, or share or view sexually explicit material with or within the vicinity of Minors.
- Employees/Volunteers must not engage in hazing and bullying (physical, verbal or cyber-bullying).
- Employees/Volunteers must not misuse or damage University property.
- Applicant must not use cameras and other digital recording devices in showers, restrooms, locker rooms, and other areas where there is an expectation of privacy.
- Employees/Volunteers must not touch Minors in a manner that a reasonable person could interpret as inappropriate.
- Touching should only be in the open/public and in response to the Minor's needs – Consistent with Program mission, Education, Developmental Health related (treatment of an injury)
- Any resistance from the minor should be respected.
- Employees/Volunteers must not shower, bathe, or undress with or in the presence of a Minor.
- Employees/Volunteers must not use, possess, or be under the influence of alcohol, marijuana, or other illegal drugs while on duty or when responsible for a Minor's welfare. This includes impairment by any drug, even if legally possessed and used.
- Employees/Volunteers must not bring or possess fireworks, knives, or guns during Program activities.
- Employees/Volunteers must not use cigarettes, cigars, chewing tobacco, vapor devices, betel nut, or similar, around Minors.
- Employees/Volunteers must not meet with Minors outside of established times for Program activities. Any exceptions require written parental authorization.
- Employees/Volunteers must not communicate with Minors through email, text messages, social networking websites, or other forms of social media unless there is an educational or programmatic purpose and the content of the communications is consistent with the mission of the Program and the University.
- When transporting Minors in a Program, more than one adult from the Program must be present in the vehicle, except when multiple Minors will be in the vehicle at all times throughout the transportation, or when the Minor's Parent has given written permission. Avoid using personal vehicles whenever possible, and check with your insurance provider to be sure appropriate coverage is in place.
- All programs must comply with equal opportunity and anti-discrimination laws. Make all reasonable effort to assure that programs with Minors are accessible with regard to race, color, national origin, genetic information, sex, age, sexual orientation, gender identity, religion, disability, or status as a veteran.
- Employees/Volunteers must not tell a Minor, "this is just between the two of us," or use similar language that encourages Minors to keep secrets from their Parent.
- If any action or failure to act with respect to a Minor seems like it may be inappropriate, do not do it; seek advice from the responsible higher authority.

These behaviors must be followed by Minors as well, as appropriate.

I confirm that I have read, understand and agree to the program policy for the protection of minors.

Employee./Volunteer Print/Signature

Date