

Wichita State University Expanding Your Horizons (EYH) Workshop Participation Form

Note: This form must be completed by the participant and/or parent or guardian in order to participate in the Wichita State University EYH Workshop. All blanks must be completed, even if the response is "applicable" – indicate by using "N/A" (for example: no cellular phone number). Failure to complete this form in its entirety will result in the person being ineligible to participate in the Wichita State University EYH Workshop.

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Name _____ Birth Date ____/____/____ Age ____ †Female †Male
Last First
 Address _____

Parent/Guardian Name _____ Relationship _____ Home Phone _____
 Cellular/Pager _____ Work Phone _____
 Address (if different from child) _____

Parent/Guardian Name _____ Relationship _____ Home Phone _____
 Cellular/Pager _____ Work Phone _____
 Address (if different from child) _____

If parent or guardian cannot be reached, call: (Please notify this person they are listed as an emergency contact)

Name _____ Relationship to child _____
 Phone:(day) _____ (evening) _____ Cellular/Pager _____

PARTICIPANT HEALTH INFORMATION

To be completed by parent/guardian Name of Family Doctor _____ Phone (____) _____
 Health Insurance Company _____ Policy _____
 Name of Insured _____ Relationship to Participant _____
 My child is in the custodial care of: (check one) ____ both parents ____ mother only ____ father only ____ other _____

HEALTH HISTORY: (check and give approximate dates or explanation)*

Chronic or Recurring Illness	Allergies	Immunizations
____ Ear Infections _____	____ Hay Fever _____	Are all required immunizations current?
____ Rheumatic Fever _____	____ Ivy Poisoning _____	____ Yes ____ No
____ Convulsions _____	____ Insect Stings _____	Date of last Tetanus immunization: _____
____ Diabetes _____	____ Penicillin _____	My child has permission to take a non- aspirin
____ Asthma _____	____ Other drugs _____	pain reliever. ____ Yes ____ No
____ Nosebleeds _____	____ Food _____	If yes, dosage: _____
____ Other _____	____ Other _____	Hospital Preference: _____

Operations or serious injuries within the last five years (date) _____ Is your child taking medication? ____ Yes ____ No
 If yes, list: _____ Description of any current physical or mental condition requiring medication, treatment, or special restrictions or considerations while at the workshop: _____

WICHITA STATE UNIVERSITY WORKSHOP - CODE OF CONDUCT

As a participant in a Wichita State University Workshop, you are expected to conduct yourself in an appropriate manner. To do that, you must:

- 1) Attend all sessions. If you are unable to attend, please tell the adult in charge.
- 2) Follow hours and room rules established before the workshop begins. You are responsible to know the rules for each workshop event.
- 3) Dress appropriately. The adults in charge have guidelines to help you.
- 4) Be responsible to know and use respectful and appropriate language and manners.
- 5) Be in the assigned program area (for example: dormitory rooms, motels, etc.) at all times.
- 6) Know that the use of tobacco, alcohol and prescription drugs is specifically prohibited at all Wichita State University Workshop events.
- 7) Demonstrate respect for other attendees, officials, facilities and vehicles. You and your parents/guardians will be personally responsible for any damage caused as a result of your behavior.
- 8) Treat fellow participants with respect (as you would want to be treated).
- 9) Know that harassment of any type is inappropriate and prohibited at all workshop events.

MEMBER: I have read the Wichita State University Workshop Code of Conduct above and in consideration of my participation in the workshop, I agree to meet the expectations. I realize that I will be held responsible for my actions.