

Dillard University School of Science, Technology, Engineering & Mathematics YOUNG SCHOLARS ENVIRONMENTAL CAMP (YSEC)

Application Form

Participant Informat	ion				
Name					
First			Middle	Last	
Date of Birth			Grade	Gender: M F	
Month		Year			
Street Address					
City			State	Zip	
Parent/Guardian Info					
raient/Guardian init	ormation				
Name:	First		N 4: d d l a		
	FIRST		Middle	Last	
Phone Number		Cell / Home	Email		
Emergency Informat	ion				
Contact Name			Relationship		
Phone Number	Ce	ell / Home F	mail		
Does your child have	any allergies,	chronic illne	ss or medical conditions	? If yes, please describe	
				In exchange for the said child's acceptance I assume all its respective officers, agents and representatives	
from any and all liability of	or injuries to said	child arising out		or returning from selected camp activities. In case o	
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emergency, which in the	opinion of the att	ending medical p	professional, requires immedia	sed medical professional in the event of a medical ate attention to prevent further endangerment to the to proceed with any medical or minor treatment.	
Parent/Gua	ardian Signature_			Date	
materials might include p may be revealed in des	rinted or electron criptive text or	ic publications, \commentary in	Web sites or other electronic o	news releases and/or educational materials. These communications. I understand that my child's identity (s). I authorize the use of these images withou roperty of Dillard University	
Parent/Gua	rdian Signature_			Date	