

# Holland Hall Summer Programs 2009

## Big O's Dutch Offensive Lineman Camp

High School: July 7-9 \_\_\_\_\_ Middle School: July 13-15 \_\_\_\_\_

### Student Information and Emergency Authorization and Release Form (one per child)

A. Student Name \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_ Age \_\_\_\_\_  
School Now Attending \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade (Sept. 2009) \_\_\_\_\_  
Parent's or Guardian's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mother Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Father Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Mother E-mail Address \_\_\_\_\_ Father E-mail Address \_\_\_\_\_

B. EMERGENCY AUTHORIZATION / CONSENT: I/We the undersigned parent(s) or legal guardian(s) of the minor listed:

\_\_\_\_\_

Do hereby give authorization/consent for medical treatment. In the event my child becomes ill or injured at Holland Hall, or, during a Holland Hall related activity or trip, Holland Hall is authorized to take one or more of the following actions: a) provide first aid; b) release my child to the person listed below; c) take my child to the physician or call the physician indicated; or, d) take my child to a hospital and/or give consent for emergency care.

Other Person to contact in emergency:

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_  
Doctor \_\_\_\_\_ Office Address \_\_\_\_\_ Phone \_\_\_\_\_

Please indicate any significant health history that requires special attention: \_\_\_\_\_

PLEASE LIST ALLERGIES: \_\_\_\_\_

C. **MEDICAL RELEASE:** I hereby certify my child is in good health and may participate in all activities.

D. **PUBLIC RELATIONS RELEASE:** I hereby permit Holland Hall to use, in whole or in part, photographs, videos, written extractions, and voice recordings of my child for the purpose of illustrations, publications, and media relations.

E. **ENROLLMENT AGREEMENT:**

1. The student will receive instruction, guidance, and encouragement in keeping with Holland Hall's statement of purpose and values.
2. The school reserves the right to dismiss any student who in conduct, industry, or progress proves not in harmony with school standards.

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness other than Spouse or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Enclosed payment \$50, enrollment form and copy of  
physical from within last 13 months.**