

Student Information

Last name: _____ First name: _____
DOB: _____ Sex: _____
Age: _____ Grade: _____ School: _____
Address: _____ City & Zip Code: _____
Phone: _____ School: _____

Parent/Guardian Information

Last name: _____ First name: _____
Address (if different from above): _____
City & Zip Code: _____
Cell: _____ E-mail: _____

In case of emergency: _____ Relationship: _____

Who will be picking up the child from the program?

- 1.) _____ Phone: _____
- 2.) _____ Phone: _____
- 3.) _____ Phone: _____

Medical Information

Please list any information that limits the activities of the student or any special needs that *Communication for Youth Institute* should be aware of (e.g., asthma, allergies, epilepsy, physical limitations, etc.).

Does your child have a severe/life-threatening allergy? ___ Yes check one No ___

Please explain: _____

Acknowledgements: I hereby certify that the information provided herein is true and accurate and that I have read and agree to the terms.

Parent/Guardian Signature: _____

Print name: _____ Date: _____

AUTHORIZATION TO TREAT A MINOR

I, (we) the undersigned parent, parents or legal guardian of (student's name) _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable, rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization, given in advance of any specific diagnosis, treatment or hospital care being required, is given to provide authority and power to render care, which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

List any restrictions

Signature of Father, Mother or Legal Guardian Date

Address City State Zip

Birthdate _____ Last Tetanus/Diphtheria Booster _____

Allergies to Drugs or Foods

Any Special Medications or Pertinent Information _____

Telephone Numbers where parents can be reached

Father: _____ home _____ business _____ cell _____

Mother: _____ home _____ business _____ cell _____

Family Physician: _____

Phone _____

Address: _____ Insurance Co. _____

Policy No. _____

**Communication for Youth Institute
Informed Consent, Waiver & Release**

Student Name _____ Grade Level _____

I, _____, parent or legal guardian of the above-mentioned student, hereby give permission for my son/daughter to participate in the "Communication for Youth Institute" program, sponsored by the Department of Communication Studies at California State University. I understand that the primary objective of the program is to provide students in grades 5-12 with instruction in public speaking. It is further understood that the teachers of this program are graduate and undergraduate Communication Studies majors at CSUN under the direction of CYI Director and Communication Studies Prof. Josefa Gonzalez. I understand the dates that the "Communication for Youth Institute" program will run and that transportation to and parking at California State University, Northridge campus will be the sole responsibility of the participant and his/her parents.

I hereby authorize "Communication for Youth Institute" program director, teaching associates and student interns:

1. To allow my son/daughter to attend classes, perform and participate in the academic and enrichment activities sponsored by the Communication Studies Department at CSUN.
2. To use my son/daughter's name, photograph and quotes in "Communication for Youth Institute's" media sites, press release statement(s), and other media outlets.

I certify that I have read and understand the above noted provisions established for this program. In consideration of the acceptance of my son/daughter's voluntary participation in the above captioned "Communication for Youth Institute", I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the California State University, Northridge as a result of my son/daughter's participation in the above captioned "Communication for Youth Institute." This release is intended to discharge the Department of Communication Studies at California State University, Northridge, California State University, Northridge, State of California, the Trustees of the California State University, the University, their officers, employees, representatives and volunteers, and any other involved municipalities or public agencies from and against any and all liability arising out of or connected in any way with my son/daughter's participation in the "Communication for Youth Institute." It is further understood that accidents and injuries can arise out of the "Communication for Youth Institute;" knowing those risks exist, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

Student Last Name _____ Student First Name _____

Parent or Legal Guardian's Signature

Date

Parent or Legal Guardian (Please print)

Address

City

Zip

Home Phone Number

Emergency Phone Number