

**SUMMER CAMP 2018 – REGISTRATION FORM**

**RELEASE FORMS**

This form MUST be completed for all students who are under the age of 18 and who are attending programs at Penn State Scranton. Forms must be COMPLETED BY A PARENT OR LEGAL GUARDIAN.

PLEASE PRINT CLEARLY! Complete one registration form for each student.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| STUDENT’S NAME | | | BIRTHDATE ❑ M ❑ F | | AGE |
| \*STUDENT’S SS # or PSU ID # | | | STUDENT’S GRADE IN THE FALL | | |
| PARENT/GUARDIAN NAME | | PARENT/GUARDIAN E-MAIL  ⬜ By checking this box I agree to allow Penn State to use this email address to communicate with me about this program | | | |
| STREET ADDRESS | | CITY | | STATE | ZIP |
| HOME PHONE # | PARENT/GUARDIAN WORK PHONE # | | PARENT/GUARDIAN CELL PHONE # | | |

\*The social security number you provide is for enrollment purposes and will be used by the University to verify your child’s identity for official record keeping and reporting. The SSN will be stored in a confidential repository, it will not be used as a primary source to identify your child within the Penn State system. The PSU ID # will be used as the primary identifier. A PSU ID # will be assigned for the student and will be his/her ID# for life.

# Please register this student for the following course(s)

COURSE NAME DATES SCHEDULE # FEE

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Amount Due: \_ | | | |

The Pennsylvania State University’s Federal ID number is 24-6000376.

**Please indicate method of payment**

|  |  |
| --- | --- |
| Enclosed is my:  ⬜ Check / Money Order (payable to: *Penn State University)* Amount: $ | |
| Credit Card  ⬜ Visa ⬜ MasterCard Amount: $ | |
| Credit Card Number | Expiration Date (Month/Year) |
| Cardholder’s Name (please print) | Cardholder’s Signature (Required) |

**All forms must be completed and signed in order for your registration to be complete.**

**(PLEASE BE SURE TO SIGN ON ALL LINES ASKING FOR A SIGNATURE)**

**Penn State University Youth Program Health Services Medical Treatment Authorization**

*This form must be completed and returned before youth camp/program/event enrollment dates in order for youth to be permitted to participate in any camp activities.*

**Personal Information**

Youth’s Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_ ❑ M ❑F

Specify program your child will be attending­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Carrier Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan Number Is physician authorization needed? ❑ Yes ❑ No

Name of Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***In case of emergency, please notify***

If neither parent or guardian is available in an emergency, please contact:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health History [**Please check and provide approximate dates that camper suffered from allergies/other conditions listed below]

***Allergies***

❑ Hay Fever ❑ Bee/Wasp Stings ❑ Insect Stings ❑ Penicillin ❑ Peanut ❑ Other Food/Drugs: \_\_\_\_\_\_\_\_\_\_\_\_

***Other***

❑ Asthma ❑ Diabetes ❑ Convulsions ❑ Concussion ❑ Behavioral/Emotional ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of most recent tetanus immunization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any ***major*** past illnesses (contagious and non-contagious): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any ***major*** operations or serious injuries (include dates): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the youth ever been hospitalized? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the youth have any chronic or recurring illness? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else in youth’s health history that the camp staff should know? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any activities from which the youth should be restricted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any specific activities that should be encouraged? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the youth have any special dietary restrictions? ❑ NO ❑ Yes If YES, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the youth wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? ❑ NO ❑ Yes If YES, explain: \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the youth need to take any medication at camp? ❑ NO ❑ Yes   
***If YES, please list the specific prescription or over-the-counter medications below, reasons for medication, and daily dosage. If any medications change prior to arriving at the program, please provide an updated list upon arrival.***

***Medication Reason(s) for Medication Daily Dosage/Time(s) Taken***

1

***2***

***3***

***4***

If at all possible, medication should be administered at home. Medications will be allowed at the Youth Program only when failure to take such medication would jeopardize the health of a child and he/she would not be able to attend the Youth Program if the medication were not made available.

**Penn State University Youth Program Health Services Medical Treatment Authorization**

Youth’s Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_ ❑ M ❑F

The parent(s)/legal guardian(s) of Youth Program participants are required to disclose their intention to bring medications to the Program, especially to treat potentially life-threatening conditions (i.e. inhalers, EPI-pens, insulin injection). Upon arrival to the Program, parent(s)/legal guardian(s) should plan to meet with a member of the Youth Program staff at registration to review medication issues for a Youth Program participant and complete additional required paperwork if not completed prior to arrival. For identification purposes, a current picture of the child is to be provided upon registration.

All medications (prescription and over-the-counter) must be stored in the original product packaging and clearly labeled with the participant’s name. Prescription medication(s) must also include a label with the medication’s name and dosage instructions, as well as the prescribing physician’s name and telephone number.

All medications will be kept in a securely locked cabinet used exclusively for storage of medications. Medications that require refrigeration will be stored and locked in a refrigerator designated for medications **ONLY.** Access to all medications will be limited to approved personnel. The need for emergency medication may require that a Youth Program participant carry the medication on his/her person or that it can be easily accessed (i.e., inhalers, EPI-pens, insulin injections). Penn State Youth Program staff will **NOT** purchase medications of any type (prescription or over-the-counter) for Youth Program participants of any age.

If a program has professional medical staff on-site, then the medical staff may administer over-the-counter medications (e.g., ibuprofen or Tylenol) supplied by the parent(s)/guardian(s) per package instructions. Medical staff may monitor the self-administration of medications, if necessary, upon written consent of the parent(s) and/or legal guardian(s) and/or physician orders.

If there are no medical staff on-site, Penn State Youth Program staff *will not* dispense medications, but may monitor the self-administration of certain medications if necessary, **ONLY** upon written consent of the parent(s) and/or legal guardian(s) and/or physician orders.

It is NOT permissible for a participant to share any medications with any other participants.

It is the responsibility of the parent(s)/legal guardian(s) to be sure that the participant’s medications brought to the Youth Program are not left behind at the end of the Program. Failure to do so will result in the medications being destroyed within three working days after the participant’s last day of the Program. Absolutely no medications will be returned via mail regardless of the circumstances.

I understand that all Youth Program participants are recommended to have a meningococcal vaccination prior to attending the program. I hereby authorize the clinical staff of University Health Services or other licensed practitioner of the healing arts, acting within the scope of his or her practice under State law, to provide medical care that includes routine diagnostic procedures (e.g., x-rays, blood and urine tests) and medical treatment as necessary to my minor daughter/son/dependent. I understand that the consent and authorization herein granted does not include major surgical procedures and are valid only during the Youth Program/event.

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I give my consent for physicians and staff at University Health Services or other licensed practitioners of the healing arts to perform any necessary emergency treatment. I agree to the release of any records necessary for

treatment, referral billing, or insurance purposes to the appropriate medical care provider. I understand that University Health Services does charge for services and that I is my responsibility to pay the bill if a claim can’t be submitted by the University Health Services to my private insurance. As applicable, I may be responsible to submit any claims to my health insurance company for reimbursement. I authorize The Pennsylvania State University to receive medical/billing information and submit it to the University’s Insurance carrier.

I understand that, unless specifically stated otherwise in the Penn State Youth Program/event literature, The Pennsylvania State University does not provide medical insurance to cover emergency care or medical treatment for my child.

I understand that, in accordance with Youth Program policy, the medication(s) should be given at home before and/or after the Youth Program. However, when this is not possible, and medications will be brought to Youth Program camp, I agree to the provisions outlined above relating to the management of medications.

**HIPAA**

Penn State honors the privacy of the participants in its Programs and complies with the national regulations regarding health information. Follow this computer link to the University Health Services Notice of Privacy Practices.

https://studentaffairs.psu.edu/health-wellness/medical-services/policies-patient-resources/patient-rights-and-responsibilities

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Name (please print) Parent/Legal Guardian Signature

\*Terms and Conditions agreed to via electronic signature

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## University Releases and Information:

**General:** I, the undersigned (parent/guardian) of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, ask that s/he be admitted to participate in the youth program sponsored by The Pennsylvania State University, Penn State Scranton. In consideration of such admission I do hereby agree to release, discharge, and hold harmless The Pennsylvania State University its officers, agents, and employees, of and from all causes, liabilities, damages, claims, or demands whatsoever, on account of any injury or accident involving the said minor out of the minor’s attendance at the program or in the course of competition and/or activities in connection with the program.

**Drop-off/Pick-up:** Please escort your child to his assigned classroom for camp sign-in. Parents of campers registered in both morning and afternoon sessions will only need to sign their child in for the morning camp. Camp counselors will escort the children staying for afternoon camps to the assigned rooms. Feel free to check the location of your child’s afternoon camp when dropping him/her off in the morning. The afternoon classroom may be in a different location. \* *Note: Instructor or counselors must be in the classroom before person signing in a child leaves the room.*

**Drop-off** for morning camps is at **8:50 AM**; drop-off for afternoon camps is **12:50 PM**.

\*A parent or an authorized guardian must sign the child into camp daily.

**Pick-up** for morning camps is at **Noon**; pick-up for afternoon camps is **4:00 PM** .

\*\* A parent or an authorized guardian must sign the child out of camp daily.

(Please list all individuals authorized to pick-up minor from the program. Minors will not be released to anyone not designated by parent/guardian)

|  |  |  |
| --- | --- | --- |
| #1 Name | #1 Phone | Relationship to Student |
| #2 Name | #2 Phone | Relationship to Student |

**Photos:** I/we ❑ **grant** ❑ **do not grant (check one)** permission to The Pennsylvania State University and its agents or employees to use photographs and/or video taken of my child from this event for use in promotional and educational materials and to use such photography/video in electronic versions of the same publication or on Penn State Web sites or other electronic forms of media, and to offer them for use or distribution in other non-college publications, electronic or otherwise, without notifying me. I hereby agree to release, defend, and hold harmless The Pennsylvania State University and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from and against claims, damages, or liability arising from or related to the use of the photographs/video.

**Camp Conduct:**  While unacceptable conduct is not anticipated from participants, the University is prepared to deal with situations involving inappropriate behavior. Penn State Worthington Scranton reserves the right to dismiss any student for improper conduct. Any students dismissed from the camps will not receive a refund. A parent or guardian will be notified immediately and expected to pick up the participant.

**Attire:** Shorts/slacks and T-shirts are recommended attire. We also recommend tennis shoes be worn during the program **(NO SANDALS or OPEN TOE SHOES)** in order to ensure the children’s safety and comfort during daily activities. **Soccer Camp:** Children attending Soccer camp should wear a shirt, shorts, socks, shin guards and sneakers or soccer shoes

**Emergencies:** Please keep the following telephone number on hand if you need to contact us in the event of an emergency. If your child becomes ill and has to miss a day of the program, please call 570-963-2600 in the morning to let us know. In the unlikely event that your child is injured while in our care, you will be notified immediately.

**Cancellations**: The University may cancel any course because of insufficient enrollment or other unforeseen circumstances. If this occurs, students will be notified by phone, and/or email.

By signing below I understand and agree to the above Releases and Informational items:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's/ legal guardian's name (please print) Signature Date

**All forms must be completed and signed in order for your registration to be complete.**

|  |  |
| --- | --- |
| **Registrations forms may be mailed or delivered in person to:**    Penn State Scranton  Center for Business Development and  Community Outreach  Gallagher Conference Center  120 Ridge View Drive  Dunmore, PA 18512 | **Registration forms may be faxed to:**  **570**-**963-2606**  **Registration forms may be scanned & emailed to:**  **wspsuce@psu.edu**  **Registrations may be done by Phone:**  **570**-**963-2600**  **Registration forms and general camp information can be accessed at:**  [www.](http://www.)sn.psu.edu/cubcamps |

**Thank you for registering your child for our youth program!**



**PROOF OF IDENTITY OF A MINOR FORM**

**(This form *is required* for all programs in which student will be using computer labs)**

The purpose of this form is to provide a means by which a parent or guardian can attest to the identity of a minor (an individual who is under 18 years old). In the event that the parent/guardian cannot accompany the minor, this form provides a way for Penn State to affirm the minor’s identity. The minor’s identity must be verified at the time he/she is issued a Penn State Short Term Access Account (STAA). The STAA is required for any programs that utilize the computer labs. *NOTE: This form will not be retained by Penn State> The STAA is required for any programs that utilize the computer labs. This form will not be retained by Penn State. Once the minor’s identity is verified by Penn State Staff, this form will be shredded at the conclusion of the program.*

**Student Information**

First Name Last Name MI Age

Gender: ❑ M ❑F Height: Feet Inches Hair color Eye Color

**Parent/Guardian Information** (This section must be completed by a parent/guardian if the student is under 18)

Your relationship to the Minor: Father ❑ Mother ❑ Guardian ❑

First Name Last Name MI

Home Address: Street City State Zip

Photo Identification Type: Driver’s License ❑ Passport ❑ Company ID ❑ Other (please specify) ❑

ID Number ID Expiration

**NOTE: The Parent/Guardian will be required to show photo identification prior to or at the start of the program.**

By signing below, I affirm that the information shared on this form is true and correct.

**Parent/Guardian Signature Date**

**INTERNET ACCESS CONSENT AND WAIVER FORM**

*The following form must be read and signed by the participating student and your parent or legal guardian*

*Student:* By signing this Consent and Waiver form, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) and my parent(s) or guardian(s) agree to abide by the restrictions stated below. I have discussed these rights and responsibilities with my parent(s) or guardian(s).

*Parent(s) or Guardian(s):* I have been advised that The Pennsylvania State University (the “University”) does not have control of the information available through the Internet or other electronic data sources. Sites accessible via the Internet or other electronic data sources may contain material that is illegal, defamatory, inaccurate, obscene, profane, sexually explicit, or potentially offensive to others. While the University’s intent is to make Internet access available to further the educational goals and objectives of its summer programs, students will, without sanction of the University, have the ability to access materials that are not part of the program curriculum.

The student and his or her parent(s) or guardian(s) must understand that student access to the University’s network supports the University’s educational responsibilities and mission. The University makes no warranties with respect to the University’s network service, and it specifically assumes no responsibilities for:

The content of any advice of information received by a student from a source outside the University, or any costs or charges incurred as a

1. result of seeing or accepting such advice.
2. Any costs, liability or damages caused by the way the student chooses to use the University’s network.
3. Any consequences of network service interruptions or changes.

By signing this Consent and Waiver form, I (student) agree to the following terms:

1. My use of the University’s network must at all times be consistent with the University’s “Computer and Network Security” policy, a copy of which is available at <https://policy.psu.edu/policies/ad95>.
2. I will not use the University’s network for illegal purposes of any kind.
3. I will not use the University’s network to transmit threatening, obscene, or harassing materials. The University will not be held responsible in any way if I participate in such activities.
4. I will not use the University’s network to interfere with or disrupt network users, services or equipment. Disruptions include but are not limited to distribution of unsolicited advertising, propagation of computer worms and viruses, and using the network to make unauthorized entry to any other machine accessible via the network.
5. I understand that the use of the University’s network is a privilege and not a right, and that inappropriate use of the University’s network will result in the immediate cancellation of my privilege to use it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature Date Parent/Guardian Signature Date**