

Applicant's Legal Name _____
Last First MiddleApplicant's Date of Birth _____ / _____ /19_____
Month Day Year**Family Information**

Father/Guardian _____

Home Phone (_____) _____ Cell Phone (_____) _____

Business Phone (_____) _____ Fax Number (_____) _____

Address _____
Street Address P.O. Box

City State Zip Country (if not USA)

Mother/Guardian _____

Home Phone (_____) _____ Cell Phone (_____) _____

Business Phone (_____) _____ Fax Number (_____) _____

Address _____
Street Address P.O. Box

City State Zip Country (if not USA)

Medical Information***In case of emergency:*** Please fill in the names of at least two other contacts. We will contact these individuals in the event of illness or other emergency if we are unable to reach your parent(s)/guardian(s).

Emergency Contact Name _____ Phone (_____) _____

Emergency Contact Name _____ Phone (_____) _____

Physician's Name _____ Phone (_____) _____

Current Medications _____

Allergies _____

Other Medical Conditions _____

Medical/Hospital Insurance Company _____ Phone (_____) _____

Policy Holder's Name _____

Policy Number _____

MORE 

Read carefully and sign each of the following statements:

Release for Medical Treatment

In the event that _____ (student's full name) suffers an injury or illness that requires medical care and all reasonable attempts to contact me/us for consent to the treatment have been unsuccessful, I/we consent to the following: Cedarville University may authorize the administration of any and all necessary medical treatment by a licensed physician or dentist either at his/her office or at a hospital and the transfer of the minor, if necessary, to a specialty hospital, such as a children's hospital.

Father/Legal Guardian _____ Date _____

Mother/Legal Guardian _____ Date _____

Release and Waiver for Liability

Cedarville University has accepted _____ (student's full name) for instruction during its summer school session and will agree to allow such student to attend its classes and reside on its campus during the summer school session.

In exchange for Cedarville University's willingness to allow the student aforementioned to attend classes and reside on its campus, I/we, the undersigned parent(s) or legal guardian(s) for the above named student, do hereby RELEASE, DISCHARGE, AND AGREE TO HOLD HARMLESS Cedarville University, its assigns, successors, and representatives, including, but not limited to, its employees and students from any and all rights, claims, and causes of action that I/we may now have or may occur in the future as a result of my/our child's attendance at Cedarville University during its summer school session and any related activities, including, but not limited to, transportation to and from the University campus from any destination and conduct at locations other than the Cedarville University campus. I/we agree to hold Cedarville University harmless from any loss, claim, or damage arising out of any of the omissions of the University or any of its representatives relating to the summer school session and any of the activities or events described above.

I/we understand that I/we have the right to confer with an attorney at law concerning this agreement.

Father/Legal Guardian _____ Date _____

Mother/Legal Guardian _____ Date _____

Mail this completed form directly to:

**Student Life Office
Cedarville University
251 N. Main St.
Cedarville, OH 45314**

Or send by fax: 937-766-7595

For office use only

<input type="checkbox"/> Deposit Received	Date _____	Amount _____
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