# University of Arizona Interactions with Non-Enrolled Minors

## Program Participant Information Form

### Camp Architecture

<table>
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<tr>
<th>Name of Minor:</th>
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<td>Date of Birth:</td>
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<tr>
<td>Address:</td>
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<tr>
<td>Phone Number:</td>
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<td>E-mail Address:</td>
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### Parent/Legal Guardian Information

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<th>Name</th>
<th>Home Phone Number</th>
<th>E-mail Address</th>
<th>Cell Phone Number</th>
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### Emergency Contact Information

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### Individuals (other than a parent/legal guardian) authorized to pick up the Program Participant from the Program

<table>
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<tr>
<th>Name</th>
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<th>Relationship to Minor</th>
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University of Arizona Interactions with Non-Enrolled Minors
Parent/Legal Guardian Disclosure of One-on-One Interaction with a Minor

Program or activity name: Camp Architecture

The above named Program or activity may involve one-on-one interactions with your child as follows:

Please complete the following regarding your child’s participation in this Program or activity:

Child’s Name:

I understand that the above-named Program or activity may involve one-on-one interactions with my child and, by signing below, I authorize my child to participate.

____________________________________
Printed Name of Program Participant’s Parent or Legal Guardian

____________________________________
Signature of Parent of Legal Guardian

Date
APPENDIX C

University of Arizona Interactions with Non-Enrolled Minors
Image Release

I am the parent or legal guardian of ___________________________________________ (“Minor”). On behalf of the Minor, I grant permission to the Arizona Board of Regents, on behalf of the University of Arizona and its agents or employees, to use photographs, videos, or digitally recorded images (collectively “images”) taken of the Minor while participating in Camp Architecture activities, for use in University publications such as recruiting brochures, newsletters and magazines, and to use such images on display boards, or electronic versions of the same publications, or on University websites or other electronic forms or media, and to offer them for use or distribution in other non-University publications, electronic or otherwise, without notifying me.

I waive my right to inspect or approve the finished images or printed or electronic matter that may be used in conjunction with them for now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the images.

I agree to release and hold harmless the Arizona Board of Regents, on behalf of the University of Arizona and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages, or liability arising from or related to the use of the images, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication or distribution.

____________________________________
Printed Name of Program Participant’s Parent or Legal Guardian

____________________________________
Signature of Parent of Legal Guardian

________________________
Date
APPENDIX D

University of Arizona Interactions with Non-Enrolled Minors
Behavioral Expectations for Minors
Program: Camp Architecture

The University of Arizona is committed to providing a safe, fun, and healthy learning environment for all Minors involved in Programs or activities it sponsors. The University encourages an environment of mutual respect among participants, volunteers, staff and faculty.

Minors are expected to follow all University policies as well as the guidelines listed below:

1) Work cooperatively and respectively with other Minors and Program staff.
2) Follow established Program and activity rules and directions.
3) Use appropriate language and behavior at all times. Language or behavior that is abusive, harassing, or threatening may result in my removal from the event or activity.
4) Use all University property and materials appropriately. Charges may be incurred in the event of misuse or damage.
5) Dress appropriately for the activities as directed by the Program staff, including the use of safety gear where required.
6) Remain on the event property or with the group at all times. Participants should not leave the property or group without prior notification and authorization form Program staff.
7) Obey all local, state, and federal laws.
8) Do not bring any prohibited items to activities and events, including tobacco, alcohol, drugs, illicit material, and weapons outside of sanctioned events.
9) Do not host guests in University-owned or University-provided overnight accommodations without express permission from Program staff.
10) Report to the Program supervisor any abuse or neglect committed against any Minor during the Program activities.
11) Electronically contact Program staff only for programmatic reasons and only using official channels (i.e., website, Facebook page) established by the Program for such purposes.

It is the goal that all Minors have a positive experience at events and activities offered, hosted, or sponsored by the University of Arizona. In order to promote the health and safety of all involved, participation by a Minor may be terminated at the discretion of the Program staff if the Minor does not abide by the above expectations.

I have read, understand, and discussed the above expectations with my child.

____________________________________
Printed Name of Program Participant’s Parent or Legal Guardian

____________________________________
Signature of Parent of Legal Guardian

Date
Name of Program Participant: ____________________________________________

Date of Birth: _________________________________________________________

Does the Program Participant have any medical condition(s) or limitation(s) affecting his/her ability to participate in Program/Third-party Activities?

_____ Yes  ____ No

If yes, please describe: ________________________________________________

_____________________________________________________________________

_____________________________________________________________________

If yes, does the Program Participant require any accommodations in connection with such medical condition(s) or limitation(s)?

_____ Yes  ____ No

If yes, please describe: ________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Does the Program Participant have any known medication, food, or other allergies?

_____ Yes  ____ No

If yes, please describe: ________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Name of Program Participant’s Health Insurance Company: _____________________

Policy & Group Numbers: ________________________________________________

Will the Program Participant be bringing any prescription or other medications to the Program?

_____ Yes  ____ No

If yes, name each medication and provide dosage instructions exactly as set forth on the prescription medication (amount and time(s) of administration). **NOTE: PROGRAM STAFF MAY NOT AUTHORIZE DEVIATIONS FROM PRESCRIPTION INSTRUCTIONS.**

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
Are there any special handling instructions for the above-described medications (e.g., refrigeration)? If yes, please describe:

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Name and phone number of Program Participant’s Primary Health Care Provider:

___________________________________________________________________

I authorize the Program as follows:

(1) To obtain emergency medical services as needed for my child; and
(2) To store the above-listed prescription medication(s) according to original product label instructions and to provide such medication(s) to my child for purposes of permitting my child to self-administer such medications at the prescribed times according to prescription instructions.

I release and discharge the Arizona Board of Regents, on behalf of the University of Arizona, and all of their employees, volunteers, and other agents (“Releases”) from any liability in connection with obtaining emergency medical services for my child or providing medications to my child as I have directed and authorized above. I further agree to indemnify, defend, and hold the Releases harmless from and against all claims, demands, and suits brought against them in connection with this Release.

____________________________________
Printed Name of Program Participant’s Parent or Legal Guardian

____________________________________
Signature of Parent of Legal Guardian

______________
Date