



<b>Student Name</b>		Gender	Birthdate
Address		City/State	Zip
Home Phone		Cell Phone	
<b>Father/Guardian</b>	<b>Name</b>		
	Home Phone Number		
	Work Phone Number		
	Cell Phone Number		
<b>Mother/Guardian</b>	<b>Name</b>		
	Home Phone Number		
	Work Phone Number		
	Cell Phone Number		
<b>Emergency contact person, in the event a parent/guardian is unavailable:</b>	<b>Name</b>		
	Home Phone Number		
	Work Phone Number		
	Cell Phone Number		
<b>Health Insurance Information:</b> I am presently covered by standard health insurance providing for medical treatment, and such insurance will be fully effective during the entire period of my visit to Hope College. My health insurance information is as follows:			
<b>Name of Primary Medical Insurance Company</b>			
Address		Phone Number	
Policy/Contract Number		Group Number of the Policy	
<b>List all allergies and/or medications you are currently taking:</b>			
<p><b>Medical Treatment Authorization.</b> I agree that I will be responsible for ascertaining and attending to my own health and medical needs at all times during my campus visit. Hope College, and all of their respective officers, trustees, agents, and employees are authorized (but are not obligated) to take any actions (including notification of my parents or guardian) they consider to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses related thereto and hereby release Hope College and/or the Sponsor, and all of their respective officers, trustees, agents, and employees from any liability for any such actions or for payment for such authorized treatment.</p> <p><b>Compliance with Rules and Policies.</b> I agree to comply with all the rules, regulations, and policies of Hope College. I also agree that I will be responsible for all expenses associated with any legal problems resulting from or caused by my conduct. I consent to Hope College notifying my parents or guardians regarding my conduct and participation during my campus visit.</p>			
<b>Student Signature</b>			<b>Date</b>
<b>Parent/Guardian Signature</b>			<b>Date</b>

**This form must be completed and returned with the registration materials for the event.  
Please make sure that the parent/guardian has signed the form.**