



FAIRMONT STATE UNIVERSITY™

Fairmont State University Camp Registration Form

Camper's Name: _____ Date: _____

Camper Cell Number: _____ Camper Email Address: _____

Name of summer Camp/Program and Date(s) of Event: _____

Camper's School: _____

Camper's Current Grade Level (as of Fall 2021): _____

Camper's Graduation Year: _____

Gender Identity (Check One): Male Female Self-Identify Prefer Not to Share

Date of Birth: _____ SSN: _____

Address: _____

Parent/Guardian Name: _____ Relationship to Camper: _____

Parent/Guardian Contact Number: Home: _____ Cell/Other: _____

Secondary Contact Name: _____ Relationship to Camper: _____

Secondary Contact Number: Home: _____ Cell/Other: _____

Terms and Conditions of Participation in Camps:

Camper Liability Statement: In consideration for permitting my child to participate in the noted Fairmont State University Camp, and with the intention of binding me and my child, and our respective heirs, assigns and legal representatives, I hereby RELEASE AND WAIVE any and all rights and claims for damages which I or my child may have against Fairmont State University and its Board of Governors, and their respective affiliates, directors, officers, employees, agents, and representatives, for any and all property damage and personal injury of whatever kind suffered by me or my child in connection with my child's participation in the noted camp, except those arising out of willful misconduct, gross negligence or intentional torts of the above parties.



FAIRMONT STATE UNIVERSITY™

Print Name

Date

Signature

Emergency Contact:

Day: _____

Night: _____