



# Youth Programs Registration Form

Registration is not final until registration form and payment are received. Spaces may fill prior to receiving mailed registrations, therefore, registration is not guaranteed. The quickest way to finalize your registration is to submit registration forms and payment online.

\*Required fields

\_\_\_\_\_  
Student First and Last Name\*      Grade Level\*      School Division      \_\_\_/\_\_\_/\_\_\_  
Date of Birth

\_\_\_\_\_  
Mailing Address\*      City\*      State\*      Zip\*

\_\_\_\_\_  
Daytime Telephone\*      Email Address\*

\_\_\_\_\_  
Parent/Guardian First and Last Name\*      Parent/Guardian Cell Phone\*      Alternate Contact Phone\*

### Alternate Emergency Contact

\_\_\_\_\_  
First and Last Name\*      Cell Phone\*

Meal Preference: _____ Regular, Vegetarian, or Gluten-Free
T-Shirt Size: _____
<i>**Does not apply to all programs</i>

Program Name / Session	Program Start Date	Program Fee

Allergies/Special Needs:
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## Parent/Guardian Authorization

PHOTO/VIDEO RELEASE: I (parent) **do / do not** (*please circle one*) hereby give JAMES MADISON UNIVERSITY, their assigns and legal representative the irrevocable right to use photograph or video images of my child in all forms and media for education or other lawful purposes in its publications and displays. I waive my right to preview or approve the finished product, including written copy that may be created in connection therewith. I understand no fee will be paid to me now or in the future. I have read this release and understand its contents.

TRANSPORTATION RELEASE: I give permission for my child to be transported to activities, riding in approved vehicles, or walking with staff to attend and participate in camp-sponsored activities on and off campus, should program require.

MEDICAL RELEASE: I also give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed.

WAIVER OF LIABILITY: I agree to indemnify, release and hold harmless James Madison University, the State of Virginia, and their respective officers, agents, employees and volunteers from any and all costs, liabilities, expenses, claims, compensation, demands, or causes of action on account of any loss or damage to person or property of the aforementioned child arising out of or in connection with his/her participation in the aforementioned camp and related camp activities.

\_\_\_\_\_  
Signature of Parent/Guardian\*      Date\*

## Student Code of Conduct (Parent/guardian to review and student to sign)

I will treat fellow students, JMU faculty and staff with respect at all times, including: respectful listening, participation during hands-on activities, avoid distracting behavior and follow directions from JMU staff as necessary to ensure a safe and enjoyable experience by all. I understand that the University reserves the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others. I understand that cell phones and electronic games are allowed for limited use as permitted during breaks. I understand that the consequences for breaking these rules may include; (1) a warning from the Instructor; (2) meeting with the Youth Programs Manager and/or staff; (3) a phone call and/or meeting with the parent/guardian; (4) being asked to leave the program without a refund.

\_\_\_\_\_  
Student Signature\*

\_\_\_\_\_  
Date\*

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### Payment Information

Payment MUST accompany this form to confirm registration. Checks should be made payable to JAMES MADISON UNIVERSITY. *\*A \$50 fee will be assessed for any check returned by the bank.*

#### Mail This Form with Payment

Complete the registration form and mail to:

JMU Professional & Continuing Education  
Attn: Youth Programs  
127 W Bruce St, MSC 6906  
Harrisonburg, VA 22807

#### In-Person (By Appointment Only)

You may drop this form off at our office by appointment only. Please email [youthprograms@jmu.edu](mailto:youthprograms@jmu.edu) or call 540/568-4253 to make an appointment.

Credit card payment can only be accepted through online registration. Visit the [Professional & Continuing Education Youth Programs](#) web page for more info.

**Withdrawal/Refund Policy:** You may cancel your registration up to three weeks prior to the program start date and receive a full refund. Cancellations made after three weeks prior will receive a 75% refund. Email [youthprograms@jmu.edu](mailto:youthprograms@jmu.edu) to request cancellation.

## COVID-19 PARENT ACKNOWLEDGEMENT OF RISK FORM

As a parent/guardian of a participant in \_\_\_\_\_ (program name) at James Madison University (JMU) scheduled from \_\_\_\_\_ (program start/end dates), I accept the following conditions of participation for my student, and I acknowledge that I have been informed of the general nature of the risks involved in this activity, including, but not limited to contracting diseases such as COVID-19, also known as the coronavirus disease.

COVID-19 is a pandemic disease that spreads from person-to-person. COVID-19 can cause mild to severe illness. Nevertheless, people of all ages are at risk of contracting COVID-19, and people with severe chronic medical conditions including, but not limited to, heart disease, lung disease, and diabetes, are at a higher risk of developing serious COVID-19 illness. I also understand that, at this time, there is no vaccine to protect against COVID-19 and no medications approved to treat it.

Symptoms of COVID-19 include, but are not limited to, fever, cough, and shortness of breath. Reported illnesses may range from very mild (including some with no reported symptoms) to severe, including death. If my student feels sick, I agree not to send them to the facility, and that they will stay home for the period of time recommended by the Centers for Disease Control and Prevention (the "CDC"), which is typically two weeks, but may be longer if my student is still symptomatic or contagious. During this period of quarantine, my student may leave the house to receive medical attention if necessary.

Additionally, while my student participates in the program, I agree to ensure that they take all necessary precautions recommended by the CDC to prevent the spread of COVID-19, including but not limited to, washing their hands thoroughly and often, wearing a mask to cover their mouth and nose, and abiding by other applicable rules, regulations or directives from appropriate authorities with respect to the protection of public health.

I agree to ensure that my student abides by any and all specific requests by the University and the facility for their safety and the safety of others, as well as any and all of the University's and the facility's rules and policies applicable to all activities related to this program. I understand that the University and the facility reserve the right to exclude my student's participation in this program if their participation or behavior is deemed detrimental to the safety or welfare of others.

In consideration for my student being permitted to participate in this program, and because I have agreed to assume the risks involved, I hereby agree that I am responsible for any resulting personal injury or illness to my student which may occur as a result of my student's participation in this program, unless any such personal injury or illness is directly due to the negligence of the University and/or the facility. I understand that this Assumption of Risk form will remain in effect during any of my student's subsequent visits and program-related activities, unless a specific revocation of this document is filed in writing with a JMU Program Supervisor, at which time my student's visits to or participation in the program will cease. In case an emergency situation arises, please contact \_\_\_\_\_ (name) at \_\_\_\_\_ (phone number).

*I acknowledge that I have read and fully understand this document, and have discussed this information with my student. I further acknowledge that I am accepting these personal risks and conditions of my own free will.*

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*Parent/Guardian Signature*

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Date

**If participant is less than 18 years of age, the following section must be completed:**

\_\_\_\_\_ My child/ward is under 18 years of age and I am hereby providing permission for him/her to participate in this program, and I agree to be responsible for his/her behavior and safety during this event.

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*Child's Name*

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Date