

LSU | Continuing Education

2019 Registration for Pre-College Programs

Louisiana State University • Continuing Education • 1225 Pleasant Hall • Baton Rouge, LA 70803

Online Registration: www.outreach.lsu.edu/precollege Phone Registration: 225-578-2500 Fax Registration: 225-578-3090

This form is to be filled out completely by a parent or guardian. Please use a separate form for each child.

General Information:

Name: _____ Date of Birth: _____ Gender: _____
Last First Initial

Parent/Guardian Name(s): _____

Home Address: _____
Street, P.O. Box, or Apt. Number City State Zip

Telephone Number: Home _____ Work: _____ Cell: _____

Email Address: _____ Current Grade: _____ (if summer, grade entering)

School Name: _____ or Home school student

If not available in an emergency, notify (Name) _____ Relation: _____

Telephone Number: Home _____ Work: _____ Cell: _____

Permissions:

I understand that when my child's class ends for the day, LSU's responsibility to him/her ends and it is my responsibility to pick up my child promptly.

I give my child permission to be photographed/videotaped for instructional/publicity purposes. YES NO

I give my child permission to participate in on-campus field trips. Details will be given prior to field trip. YES NO

Registration Information:

Course Title _____ Code _____ Session _____ Date _____ Fee _____

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Discounts _____

Payment Information:

Check (make payable to LSU) or Attach Payroll Deduct Form

Total Fee Enclosed \$ _____

Credit Card Information: VISA MC AMEX DSC

Card# _____

Exp. Date: _____

Cardholder name: _____

Cardholder Signature: _____

Medical Information:

Check all that apply:

Conditions:

- Frequent ear infections _____
- Heart defects/disease _____
- Convulsions _____
- Diabetes _____
- Bleeding/Clotting disorder _____
- Hypertension _____
- Other Conditions _____

Allergies:

- Asthma _____
- Hay fever _____
- Poison ivy _____
- Insect sting _____
- Drug(s) _____
- Poison Ivy/Oak _____
- Other Allergies _____

If your child has any medical, psychological, or emotional conditions that we need to be aware of, please explain.

List any current medications, accommodations, activity or dietary restrictions that your child is taking and/or needs.

Family Physician: _____ Telephone Number: _____

Physician Address: _____
Street, P.O. Box, or Apt. Number City State Zip

Insurance Company & Policy Number: _____

Name of Person Carrying Insurance: _____ Place of Employment: _____

Waiver of Liability/Parental Consent

I/we, the undersigned, hereby certify that I/we are the parent or legal guardian of the student. I/we further certify that the student is physically, emotionally, and mentally capable of participating in all related activities with reasonable and appropriate accommodations. If accommodations are needed, I/we agree to notify LSU Continuing Education Pre-College & Youth Programs in writing at least three weeks before classes begin. I/We agree to provide a medical form to LSU Continuing Education Pre-College & Youth Programs. Upon request by the staff of the LSU Continuing Education Pre-College & Youth Programs, I/we agree to provide a doctor's certificate confirming the student's ability to participate in Program activities. I/we hereby give permission for the staff of LSU Continuing Education Pre-College Program to seek appropriate medical treatment for the student during the period of the Program and for the student to receive medical attention in the event of an accident, injury, disease or illness. I/we will be responsible for all costs of medical attention provided. As a condition to the student's participation in the Program, I/we, for ourselves individually and on behalf of the student, our heirs, executors, and administrators, hereby waive, release and forever discharge Louisiana State University, its governing board, directors, officers, agents, consultants, employees, independent contractors and volunteers, LSU Continuing Education, its directors, staff, partners, agents, consultants, employees, independent contractors and volunteers (collectively, the "Released Parties"), from any and all liability, claims, demands, actions, and causes of action arising out of or related to any loss, personal injury, disease, illness or property damage that may be sustained or occur during participation in (including periods of rest or other activities related to) or otherwise be associated with the Program and/or any duties or the breach of any duties that the Released Parties have or are alleged to have to the student or the undersigned in connection with the student's transportation to, transportation from, participation, lodging, meals, and medical decisions relating to the Program, whether or not such damages, injury or loss is due to the negligence, strict liability or other legal fault of one or more of the Released Parties. Please print your name, the student's name, sign and date this waiver. This form must be completed in order for your child to participate in a LSU Continuing Education Program.

Student's Name (Print): _____

Parent/Legal Guardian (Print): _____

Parent/Legal Guardian (Sign): _____ Date: _____