



Empowerment Workshop Registration Form

_____ Girls, July 14-15

_____ Boys, Aug. 11-12

Student Name: _____

Birthdate: _____ Age: _____ Grade entering: _____

Home school entering: _____

Address: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please send this registration form along with a check for \$30 (make checks payable to Alfred State) and all forms to:

The Center for Community Education and Training

Alfred State

10 Upper College Drive

Alfred, NY 14802

Phone: 607-587-4015

Email: ccet@alfredstate.edu



Photo Release Form

I hereby grant Alfred State permission to use my child's likeness in a photograph without payment or any other compensation.

**I hereby certify that I am the parent/guardian of _____
(Child's Name)**

And do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian Signature)

(Date)



Alfred State Workshop Wavier, Release and Hold Harmless Agreement

It is essential that each participant in campus workshops understand the possible risks to the participant and the relationship between the participant and the college, when participating in campus sponsored activities.

The participant therefore must agree to the following:

1. I acknowledge that the activities of _____
(name of program or activity) may involve dangers that are not foreseeable and that risks may be involved in participating in these activities.
2. I hereby completely assume all risks attached to the activities of the program and I do clearly and irrevocably declare that every act I might do in participating in such activities is done of my own free will.
3. I further agree to hold harmless the college, the State University of New York and the State of New York, their officers, directors, agents, employees, instructors, and associates from any and all manner of third party actions or claims and agree to reimburse the college, the State University of New York, and the State of New York for any such actions or claims arising by reason of my participation in the program.
4. I hereby declare that I have complete read, fully understand, and voluntarily accept the terms of this statement.

(Date)

(Participant's name -- Print)

(Date)

(Signature of participant)

(Date)

(Signature of parent/guardian, if appropriate)

(Date)

(Emergency Contact Name – Print)

(Emergency Contact Number)



Alfred State Workshop Allergy/Medical Form

Camper name: _____ Age: _____ Grade: _____

Guardian (name and contact number): _____

Guardian (name and contact number): _____

Food Allergies

Allergic to:	Medication prescribed:

Natural/Seasonal Allergies

Allergic to:	Medication prescribed:

Other Allergies

Allergic to:	Medication prescribed:

Other Medical Conditions

Condition:	Medication prescribed:

Physician contact information: _____

Name: _____ Number: _____

Guardian signature: _____ Date: _____