



SUMMER FORENSIC INSTITUTE

Application – July 13 – 21, 2019

Personal Information:

Name: _____ Age: ____ Sex: ____

Address: _____

Applicant phone: _____

School Attending Next Year: _____

Parent/Guardian: _____

Parent Emergency Phone: _____

Parent's Email: _____

Preferred Roommate (if applicable): _____

Please print this form, write in your details, and mail it—along with payment—to the following:

WKU Forensics
Ganer Newman
1906 College Heights Blvd. #51084
Bowling Green, KY 42101-1084

Tuition: (mark one* below)

Commuters: we've added the option to add a food card (residents get this automatically) to eat with everyone else in the cafeteria. Without this, you would need to provide cash each day, which could easily be mis-spent on snacks, etc.

- Commuter | \$550
 optional food card | + \$120 (\$670 total)

or

- Resident | \$950

APPLICATION DEADLINE: **21 June**. Applications submitted after the deadline may be considered pending availability.

I will work on the following event: _____ (from below)

EARLY REGISTRATION: Subtract \$50 from your payment if this is **received** by 14 May

From the lists on the right, campers will choose one event, and write into the blank above.	High School: for those competing in senior high school divisions	Junior High: for those competing in junior high/middle school divisions
	Declamation Dramatic Interpretation Duo Interpretation Extemporaneous Spkg (FX & DX) Humorous Interpretation Informative Speaking	Original Oratory Poetry Interpretation Programmed Oral Interp. Prose Interpretation Public Forum Debate

MAKE CHECKS PAYABLE TO "WKU FORENSICS." **DUE BY 21 JUNE, 2019.** APPLICATIONS SUBMITTED AFTER THE DEADLINE MAY BE CONSIDERED PENDING AVAILABILITY. MAILING INFORMATION IS ABOVE, IN THE RIGHT COLUMN. FOR MORE INFORMATION, CALL (270) 745-6340.

Note that the following Medical Release and Consent Form is not due by the above application deadline, but instead not later than the morning of the first day of camp, during registration. It can therefore be printed and submitted separately if necessary.



SUMMER FORENSIC INSTITUTE

Medical Release and Consent Form

July 13 – 21, 2019

ALL students attending this camp must fill out this form and have it signed by a parent or legal guardian. This form must be turned in by registration on Saturday, 13 July or mailed along with the camp application to the address on the right.

WKU Forensics
Ganer Newman
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1. I, _____, desire to participate in the WKU Summer Forensic Institute (hereinafter the "Activity") scheduled to be held on 13 through 21 July 2019. I understand and appreciate there may be dangers, hazards, and risks inherent in, associated with, or arising out of the Activity, the transportation to and from the Activity, acts by third parties unrelated to the Activity, activities not scheduled by WKU Forensics that are in addition to and not related to the Activity (collectively referred to as the "Risks"). I recognize that these Risks could result in injury, illness or property loss or even death.
2. In exchange for the right to participate in the Activity, I hereby assume all responsibility and liability for these Risks, whether known or unknown, direct or indirect. On behalf of myself, my family, and my successors and assigns, I hereby release, waive, discharge, and hold harmless Western Kentucky University and/or students employed by Western Kentucky University from and against any and all claims, demands, liabilities, controversies or causes of action, damages, costs, and/or expenses of any kind or nature whatsoever, that may hereafter accrue, relating to or arising out of the Activity, my participation in the Activity, and/or the Risks.
3. In the event of an accident or serious illness, I hereby authorize WKU to obtain medical treatment for me and on my behalf. I hereby hold harmless and agree to indemnify Western Kentucky University from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment.

In order to participate I am aware that I must have a copy of my current insurance card and a photo ID on my person during the field trip and authorize WKU to share my insurance and personal information with medical or other personnel.

If I do not currently have medical insurance, I am aware that I will be personally responsible for all expenses incurred for me and on my behalf.

(continue to page 2 of medical release)



SUMMER FORENSIC INSTITUTE

Medical Release and Consent Form

July 13 – 21, 2019

(page two of medical release)

Camper Name _____ Parent/Guardian _____

Parent Cell #1 _____ Parent Cell #2 _____

LIST **ALL** MEDICATION (PRESCRIPTION AND OVER-THE-COUNTER) _____

LIST **ALL** ALLERGIES _____

CHECK THE APPROPRIATE RESPONSE BELOW:

_____ MY CHILD HAS PERMISSION TO KEEP THESE MEDICATIONS IN HIS/HER ROOM AND ADMINISTER AS NEEDED.

_____ MY CHILD MUST LET THE CAMP DIRECTOR KEEP HIS/HER MEDICATION AND RELEASE TO MY CHILD AS INDICATED ON THIS FORM.

_____ MY CHILD WILL NOT BE TAKING ANY MEDICATION OF ANY KIND WHILE AT THE WKU FORENSIC CAMP.

SPECIAL INSTRUCTIONS: _____

IF YOUR CHILD HAS ANY MENTAL OR PHYSICAL CONDITION THAT WE NEED TO KNOW ABOUT, PLEASE LIST BELOW:

I understand that my child will be subject to the regulations of Western Kentucky University during participation in the WKU Forensics Summer Forensic Institute. I agree that my child will follow the instructions of the camp personnel and will treat other campers/adults with courtesy and respect. I understand that if my child fails to do so, he/she will not be allowed to participate/remain in the camp.

I understand that photographs and videos may be taken to document activities. I give my permission for photographs and/or videos taken of my child during the camp to be used for educational and/or promotional materials for WKU.

I understand that I will be notified should a health emergency arise.

Parent/Guardian Signature _____ **Date** __/__/_____

WESTERN KENTUCKY UNIVERSITY FURNISHES ADEQUATE ROOMS FOR INSTRUCTION AND OVERNIGHT STAY BUT DOES NOT PROVIDE ANY SPECIAL AMENITIES SUCH AS REFRIGERATORS, PHONES, ETC.