

CONSENT FORM
EXPANDING YOUR HORIZONS
Annapolis 2012

To assure your spot for the October 13, 2012 Conference please *complete, sign and return to:*

EYH Annapolis
c/o Prof Angela Moran
Mechanical Engineering Dept MS 11C
U.S. Naval Academy
590 Holloway Road
Annapolis MD 21402

PARTICIPANT _____
PARENTS' NAMES _____
EMERGENCY CONTACT: _____ PHONE:(_____) _____
HEALTH CONCERNS:

CONSENT/AUTHORIZATION:

I consent for the above named participant to take part in all academic and physical activities that may be arranged for conference attendees, and I further certify that she is in good health and is capable of fully participating in all activities. I acknowledge that persons who may use the facilities of the United States Naval Academy do so at their own risk and that employees and agencies of the U.S. Government and/or the U.S. Naval academy are not responsible for the loss of personal property, injury or loss of life.

Parent

Signature: _____ Date: _____

In emergencies requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature authorizes the responsible conference staff member to have your child transported to the hospital to receive any immediate treatment required.

Parent

Signature: _____ Date: _____

I understand that throughout the conference, pictures of attendees will be taken and may be used to promote EYH and USNA and these photos will become camp property. If you do not wish your child to be photographed please inform the camp director.

Parent

Signature: _____ Date: _____

Please be advised that participation does not permit access to any of the non-public facilities at USNA.

TO ASSURE YOUR SPOT IN THE CONFERENCE,
RETURN THIS FORM by OCTOBER 1, 2012