



Appendix G

Cleveland State University Youth Program & Camp Releases and Required Forms

GENERAL INFORMATION

Camp Name / Location / Dates _____

Name of Student _____

Date of Birth _____ Grade in Fall _____ T-Shirt Size _____ Gender: M F

Parent(s)/Legal Guardian(s) #1 Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Parent(s)/Legal Guardian(s) #2 Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Emergency Contact #1 Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Emergency Contact #2 Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Participant Name _____

Parent(s)/Guardian(s) #1 - Name _____

Parent(s)/Guardian(s) #2 - Name _____

Participant Signature _____

Parent(s)/Guardian(s) #1 - Signature _____

Parent(s)/Guardian(s) #2 - Signature _____

**PARENT(S) OR GUARDIAN(S) MUST SIGN THIS FORM FOR A MINOR UNDER THE
AGE OF EIGHTEEN (18).**