



**DON'T FORGET THIS!**

this form must be on file with the workshop directors if you plan to attend the workshop

**ADVISER NAME**

**CODE OF CONDUCT**

While you are guests of Bellarmine College Prep, you will be expected to adhere to camp regulations. We take for granted that, as representatives of your schools and attendees at Yearbook U, you are eager to learn, make friends with staff members from other schools and prepare yourself for your upcoming role on staff.

**The following rules and regulations are necessary for your safety and the success of Yearbook U.** Failure to comply with any of these may result in notification of parents and/or dismissal from camp. Any student dismissed will be expected to be off campus within two hours of the offense, either with a parent or via public transportation at the participant's expense.

**Leaving campus and/or entering any motorized vehicle is prohibited (this includes your own vehicle). Violation of this rule may result in your dismissal from Yearbook U.**

Advisers or representatives who must transport students during camp must sign students out in the Yearbook U Office prior to leaving campus. Parents may arrange to have their son/daughter leave campus (church, summer school, previous obligation, etc.), but written permission to do so must be presented to Yearbook U Directors prior to leaving.

**Any destruction of school or Yearbook U property is prohibited.**

**All Yearbook U attendants are expected to attend all classes and planned activities, unless absence has been cleared with Yearbook U directors.** We use an Honor System where roll is taken on a random basis. Students who are not present for attendance or who are found away from their assigned location will have parents and/or advisers contacted for the first offense, and may be subject to dismissal.

**Disrespectful conduct toward staff or other participants will not be tolerated.**

**Use or possession of alcohol, cigarettes, or illegal drugs is prohibited. No second chances.** Parents will be contacted immediately, and students will be dismissed from Yearbook U.

**ADVISER AGREEMENT:** I agree that students are to honor the above rules and regulations and understand that breaking them will result in corrective measures, including possible dismissal from the workshop. I also understand that advisers are responsible for the safety and supervision of their students at all times. Advisers and chaperones are also responsible for adhering to their school/district policies regarding transportation and supervision during camp.

**ADVISER SIGNATURE**

**ADVISER NAME**

**SCHOOL NAME**

**MEDICAL INFORMATION**

*In case of emergency, notify:*

Emergency Contact: \_\_\_\_\_

Day phone: \_\_\_\_\_

Night phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Alternate Contact Day Phone: \_\_\_\_\_

Alternate Contact Home Phone: \_\_\_\_\_

**HEALTH HISTORY:** Please direct our attention to any special medical needs or any other concerns you may have, including any allergies you have and any medication you are taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY AUTHORIZATION**

Should a participant require medical attention at any time, he/she should tell any staff member or one of the directors. Participants will be taken for the nearest Emergency Room and are expected to pay for their own medication or medical services. The Yearbook U staff is not permitted to dispense drugs or treat injuries.

*The above information is correct as far as I know. I can engage in all activities except as noted. I hereby give permission to the Yearbook U directors to provide routine health care and administer prescribed medications. I consent to receive such medical treatment as are deemed necessary in the event of an emergency and to assume liability for any medical expenses involved. This authorization extends to my participation in any activity sponsored by Yearbook U or individual units. Should a medical emergency arise during my participation in a Yearbook U-sponsored activity, I understand that reasonable efforts will be made to contact my designated alternate at the phone numbers I have given. If it is believed my life or health may be adversely affected by the delay that an attempt to contact my designated alternate could cause, I consent to the administration of medical treatment and/or surgical procedure deemed necessary by the medical personnel and/or medical facility contacted due to the emergency. I further consent to the immediate administration of life-sustaining measures deemed necessary under the circumstances.*

**ADVISER SIGNATURE**

**ADVISER NAME**