



**Agreement to Abide by
Program Expectations and
Campus Regulations**

Pre-College Programs 2009

Rules and regulations provide the basis for a reasonably ordered campus life. The mere observance of rules, without the personal appropriation of the values they protect falls short of what The Catholic University of America ("CUA") hopes for the campus community. Please discuss this between parent and child then complete and return this form by the first day of your program.

I, _____, allow my daughter/son/ward, _____ ("child") to attend the _____ Workshop from _____ to _____. I understand that unauthorized departures from the CUA campus, as well as violations of the attached Program Rules, may result in termination of her/his attendance in the program. I understand that students who are asked to leave the Program will forfeit their entire payment. I understand that I am responsible for making arrangements and for any cost in returning my student home. My child may participate in organized field trips to monuments, museums, restaurants, shows, sporting events, movies, and the like which might require taking a bus or riding the D.C. Metro. I understand that program assistants will take students on these trips and that students will be permitted to split off into student groups as long as they remain on the premises visited. Students are prohibited from leaving the group and/or the premises visited. I am aware of the risks inherent in this type of activity, on and off campus, from persons known and unknown and from transportation, residential, and educational settings and I assume those risks. I consent to the use of photographs/video taken of my child for future university materials. My child may receive emergency medical treatment, if necessary in the determination of CUA, while attending the program. I understand that CUA assumes no liability for injury, theft or damages arising from the result of participation unless due to willful fault or gross negligence on the part of the University and I agree to indemnify and defend CUA for damages resulting from my child's actions.

I hereby approve my child's participation in this educational program. To the best of my knowledge, there are no medical, behavioral or other conditions that will interfere with my child's appropriate participation. If my child needs accommodations for disabilities, I shall make these requests with full documentation prior to arrival to the Program so that preparations can be made. This is signed knowingly, honestly and voluntarily.

Signature of Parent or Guardian: _____ Date: _____

Daytime Phone Number: _____ Evening/Cell Phone Numbers: _____

I agree to abide by CUA's Program rules, including my continued presence on-campus. I will not leave campus except with the written consent of program director or Harriet Nokuri, Director of Summer Sessions, or on a program-supervised trip.

Signature of Student: _____ Mobile Number: _____ Date: _____

Provide the name/telephone number of an emergency contact if we are unable to reach the parent/guardian:

Name: _____ Telephones: _____

Health Insurance Company: _____ Policy/Group Numbers: _____

If you have custody concerns, please indicate: _____