



SEEK Student Information

PLEASE PRINT

First Name _____ Middle _____ Last _____
Date of Birth _____ Age _____ Gender F M Grade 2020-21 9 10 11 12 graduated
Home Address: _____
City: _____ FL Zip _____
Home Phone: _____ Cell Phone: _____
Email address _____

Student T-Shirt size adult small ___ med ___ large ___ xl ___

Female students: Would you prefer a V-neck T-shirt? Yes / no

SEEK Student Agreement

Student Name: _____

I agree to follow the rules listed below during my time at the SEEK Conference:

I will treat everyone with respect

I will respect all plant, animal life and facilities.

I will leave at home food, gum, candy, weapons (including pocket knives or other items that maybe seen as weapons).

I will wear closed toed shoes and socks (no roller tennis shoes) and wear clothing appropriate for a conference.

Inappropriate clothing includes: halter tops, bare midriff tops or tube tops, all straps should be at least three fingers width. Shorts and skirts are allowed but must be at or below finger tips when standing straight. Articles of clothing that display profanity, slogans which promote tobacco, alcohol, drugs, sex or are in any other way distracting are not allowed. Proper walking/hiking shoes are recommended for daily field trips.

I will attend all meals, activities and classes.

I will show respect and follow directions of all adults/counselors at the conference.

I understand that I could be sent home for: fighting, harassing, hurting, or teasing others, stealing, destroying property, using bad language or gestures, being involved in pranks, wandering away from the group, and anything seen unsafe to others or myself.

Parent Consent Form

I/We are the parent(s) or legal guardian of: _____

I/We consent to his/her participation in the SEEK Youth Conference.

(Check one)

() He/she has no restrictions and may participate in all conference activities

() He/she has the following restrictions _____

If he/she is unable to attend the conference for any reason we agree to notify you as soon as possible.

I/We give permission for any photographs taken during the conference that include your child to be displayed (without identifying information) on the FFGC/SEEK website/ Facebook or to be printed in promotional materials for SEEK.

I/We understand that during the SEEK Conference, he/she is expected to abide by all rules and regulations stated above. Failure to do so may result in his/her expulsion from the conference. We further understand that, should their behavior warrant expulsion from SEEK we are responsible for their immediate transportation from the conference.

Medical Information

Date of Birth: Month _____ Day _____ Year _____

Allergies () No Known Allergic to: () Food () Medicine () Environment (hay fever, insect bite etc.)

Please list _____

Special medical conditions or needs _____

Diet restrictions () Regular () Dietary restrictions (please explain) _____

Family Physician: Name: _____

Phone Number: _____

You may give my/our child the following over the counter medicines if needed or requested

(Check all that apply)

() Acetaminophen (Tylenol)

() NSAID (Aleve, Motrin)

() Aspirin

() Benadryl Cream

() Cortisone 10 Cream

() Antibiotic Ointment

() Sore Throat Lozenge

() Decongestant

() Antihistamine

() Antacid

() Pepto Bismol

() Anti-diarrheal (Imodium)

I/We authorize and consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to such minor and under the general or special supervision and on the advice of a licensed physician, surgeon, anesthesiologist, dentist or other qualified medical personnel acting under their supervision. In addition, I/We authorize SEEK or there authorized adult or emergency fire and rescue to transport my child for medical attention. I/We agree to pay for any such expenses, have health insurance coverage with:

_____ **(please provide copy of medical ID Card both sides)**

And will file any insurance payment or reimbursement forms required for medical attention or transportation via emergency fire rescue.

I/We voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify SEEK and its agents from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of service or otherwise which may arise from participating in SEEK.

I have read all of these points and agree to abide by this agreement. The SEEK Conference reserves the right to dismiss, without refund, any attendee or staff member whose influence is considered detrimental to the overall conference program. **Please include a recent photograph of the student.**

Student Signature:

Parent/Guardian Signature:

Parent Cell # _____

Parent Email _____

Submit all paperwork to Carol Wood-6047 Valley Springs Dr. - Brooksville, FL 34601