



UNIVERSITY OF
**DETROIT
MERCY**
Build A Boundless Future

Credit Card Payment

Summer Program

Please place an X in the box for the credit card in which you are using.

Student Name: _____

American Express

Discover

Mastercard

Name (as it appears on credit card): _____

Credit Card Number: _____

Security Code: _____

Expiration Date: _____

I authorize University of Detroit Mercy to charge the account above for summer program fees.

Signature of Cardholder

Date

PARENT OR GUARDIAN INFORMATION FORM

Mother's Name	Last	First
Mailing Address		
Place of Employment		
Home Phone	Cell Phone	Work Phone
Mother's email address:		
Father's Name	Last	First
Mailing Address		
Place of Employment		
Home Phone	Cell Phone	Work Phone
Father's email address:		
Who is the applicant's legal guardian <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (If other, please complete information below)		
Legal Guardian	Last	First
Mailing Address		
Place of Employment		
Home Phone	Cell Phone	Work Phone
Legal Guardian's email address:		
Parent or Guardian Signature		

Student Name: _____

HEALTH FORM

Name of Participant _____

Home Address

Number & Street City State Zip

Home Phone Number _____

Name of Parent or Legal Guardian _____

Home Address of Parent or Legal Guardian

Number & Street City State Zip

Telephone Number _____
Home Cell Work

In Case of Emergency we may call:

Please Print Phone Number

Family Physician _____
Please Print Phone Number

Medical Insurance

Name of Company Group Number

NOTE: PARTICIPANTS MUST HAVE MEDICAL INSURANCE

AUTHORIZATION FOR MEDICAL TREATMENT

(The completed form must be on file before treatment is administered.)

I give my permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son / daughter / ward.

Parent or Legal Guardian's signature is REQUIRED below if the student is less than eighteen years of age.

Signature of Participant Date

Signature of Parent or Legal Guardian Date

Student Name: _____

RELEASE AND WAIVER OF LIABILITY

(READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in risk-oriented programs and activities involves an inherent risk of physical injury and assumes all risks. The undersigned hereby agrees that for the sole consideration of the University of Detroit Mercy, College of Engineering & Science, allowing the undersigned to participate in these programs and activities for which or in connection with which the universities has made available any facilities, equipment, grounds, or personnel for such programs or activities or to the undersigned while participating in any such programs for activities, the undersigned does hereby release and forever discharge the University of Detroit Mercy, its members individually, and its officers, agents and employees of any and from all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from any participation in any way connected with such programs and activities.

I further covenant and agree that for the consideration stated above I will not sue the either university, the Board of Regents of the University System, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in above said activities. I understand that the acceptance of this release and covenant not to sue the universities or the Board of Regents of the University System shall not constitute a waiver in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees. Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective during the entire period of my enrollment at the institution or participation in risk related activity. I have received a copy of this document and I certify that I am _____ years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

Name _____ **(Please Print)**

S.S.# (last four digits) _____

Date

Signature

**Signature of Parent or Guardian if
participant is under 18 years of age**

Student Name: _____

AUTHORIZATION TO PICK UP STUDENT

We will not release your child to anyone not previously authorized by you. Please complete this form and return it with your release and other enclosed forms. We must have this form on file before your child begins summer camp.

Student Name: _____

Transportation Mode:

Public Transportation _____

Parents _____

Participant will drive _____

Names of Parents Authorized To Pick Up Child:

Names of Others Authorized To Pick Up Child:

Parent's Signature: _____ **Date:** _____

Please return completed application packet to:

University of Detroit
College of Engineering
Pre-College Programs, Rm. 227
4001 W. McNichols Rd.
Detroit, MI 48221
Attention: Pamela Todd



***Marketing & Public Affairs
Photo Release Form***

I, _____, give permission to University of Detroit Mercy to use my son/daughter(s) _____ likeness (photo, videotape, web site) and /or testimonial in publicity, audio and videotape, publication, and/or web site promoting the University and its programs.

Signature

Date

***University of Detroit
College of Engineering
Pre-College Programs, Rm. 227
4001 W. McNichols Rd.
Detroit, MI 48221***