

KidsU Registration Form

Receipt No. (for office use only)

Name

 Last Name First Name Middle Initial

Home Address

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number

W: () _____

H: () _____

E-Mail Address

Credit Card

Visa Discover MasterCard

 Name of Cardholder

 Card Number

 3-Digit Security Code (on back of card)

 Expiration Date

 Billing Address Zip Code

Course Name	Course Number	Date(s)	Fee

Mail to:

The University of Tennessee
 Conferences & Non-Credit Programs
 313 Conference Center Building
 Knoxville, TN 37996-4137

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Four Easy Ways to Register!



Online

Register at
www.utnoncredit.com



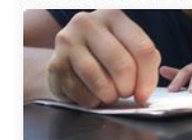
Telephone

Call 865-974-0150, using your Visa, Discover, or MasterCard. Please have your credit card number and expiration date ready.



Mail

Complete the registration form at left and mail it with your check to the address indicated on the registration form.



In Person

Register in person during our regular office hours, Mon.-Fri., 8:00 AM-5:00 PM. Please call first. Our office is located at: 600 Henley Street, Suite 313 Knoxville, TN 37902

Register at www.utkidsu.com or call 865-974-0150.



CONFERENCES & NON-CREDIT PROGRAMS

313 Conference Center • Knoxville, TN 37996-4137 • 865-974-0150

Kids U Parental Consent Form

Please return this form to our office at time of registration in order for your child to participate in the program. Thank you.

Please email to Lrauhuff@utk.edu, mail to our office, or fax to 865-974-0154.

To complete these forms electronically, please visit www.utkidsu.com.

Child's Full Name: _____ Age: _____

Name to be printed on name badge: _____

Entering grade _____ in Fall 2017 School _____ Gender: M F

Address _____

City _____ State _____ Zip _____

Parent(s) Name(s) _____

Daytime Phone # _____ Parent(s) email _____

Emergency Contact Name & Phone # _____

Emergency Contact Name & Phone # _____

Class Title & Date _____

Class Title & Date _____

Class Title & Date _____

Class Title & Date _____

Consent

As the parent or legal guardian of the individual listed, and on behalf of personal representatives and my heirs, I hereby voluntarily release, waive, forever discharge, hold harmless, defend and indemnify the University of Tennessee and their agents, officers, boards, volunteers, and employees from any and all activities related to my child participating in the Kids U classes and activities, including transportation that may be provided by the University of Tennessee.

In the event of an accident or serious injury or illness, I hereby authorize The University of Tennessee and its trustees, officers, employees, agents, and volunteers in official and individual capacities ("Releasees") to obtain medical treatment for my child. I further agree to accept full responsibility for any and all expenses, including but not limited to medical expenses, that result from, arise out of, or are related to any injuries to my child that may occur during his/her participation in the Program, my child's travel to or from the Program, or my child's presence on premises owned, leased, used, or operated by Releasees, including but not limited to injuries sustained as a result of the negligence of Releasees. I also acknowledge that my child may participate in outdoor recreational activities as a part of some Kids U classes and that these activities have inherent risks. I understand I will be contacted should any illness or significant injury occur using the numbers I am providing above.

As my child's parent or legal guardian, I understand and acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this Program. By signing my name I represent and warrant that I have provided all material information to The University of Tennessee pertaining to the medical condition(s) of my child and any issues related to participation in the camp(s) my child is enrolled in as identified above and that it is accurate and complete. I agree to notify The University of Tennessee in writing of any changes in the medical condition of the my child prior to the start of the Program.

I understand that my disclosure of medical information will not be used by The University of Tennessee to determine my child's ability to participate safely in the Program. I understand that, if my child participates in the Program, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of my child, me, and/or his/her physician(s).

UT Conferences and Non-Credit Programs **MAY** use photographs of my child for print and digital marketing purposes, as well as any media coverage.

UT Conferences and Non-Credit Programs **MAY NOT** use photographs of my child.

I also authorize my child to have fun and hopefully make memories that will last a lifetime.

Signature of Participant's Parent or Legal Guardian : _____

Printed Name of Participant's Parent or Legal Guardian: _____

Date: _____

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Kids U Medical Release Form

Please return this form to our office at time of registration in order for your child to participate in the program. Thank you.

Please email to Lrauhuff@utk.edu, mail to our office, or fax to 865-974-0154.

To complete these forms electronically, please visit www.utkidsu.com.

Child's Full Name: _____

1.) Does your child have any medical concerns that we should be aware of?

Yes ____ or No ____

If yes, please list concerns:

2.) Does your child have any medication with them? Yes ____ or No ____

If yes, are they able to self-administer? Yes ____ or No ____

(Note: We are not allowed to administer medication to your child.)

If yes, do they have diabetic supplies, Epipens, etc.? Yes ____ or No ____

Please list medications and supplies:

3.) Does your child have any kind of learning disorder or disability the instructor should be aware of? Yes ____ or No ____

If yes, please list them here:

4.) Does your child have any food allergies? Yes ____ or No ____

If yes, please list them here:

Parent/Guardian Signature

Youth Driver or Alternate Transportation Release

I (parent/guardian) _____

allow my child _____

a legal driver, to drive him/herself to UT Kids U class(es). I understand that my child must check themselves in and out for class. I further understand that my child will be responsible for abiding by all campus and state policies and laws regarding driving and parking. I understand that my child must find parking on their own and is responsible for any parking/driving violations.

OR

allow my child to walk or bike use public transportation including Uber or a taxi

Parent Signature: _____ Date: _____

Youth Signature: _____ Date: _____

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Participant Code of Conduct

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Please read the following with your child and both sign below.

As a participant, I will:

- Show respect to other participants and treat them as well as I would like to be treated.
- Show respect to staff and cooperate fully with their instructions.
- Know and follow the rules of the camp.
- Respect the rights and beliefs of others and treat others with courtesy and consideration.
- Communicate in an appropriate manner, which means I must not use foul language or gestures, harsh words or engage in name calling.
- Conduct myself responsibly. I understand that horseplay, unwelcome teasing, exclusion, or other unkind behaviors are not tolerated.
- Refrain from deliberately causing bodily harm to other participants or staff. I understand that pushing, kicking, hitting, or fighting are not acceptable and will not be tolerated.
- Use program equipment, supplies, and facilities properly.
- Respect the property of others.
- Use electronic media (i.e. computers, cameras, phone, ipods) only when permitted and never to tease, intimidate, bully, or record peers without their permission.
- Be fully responsible for my actions and understand that behavior that violated any of the above will result in disciplinary action (i.e., being dismissed from the classroom-with supervision, calling parents/guardians).

Signature of Participant: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____