

2SC/Rotary Pop-Up Leadership June 1, 2021 (Wichita, KS) & June 3, 2021 (Guymon, OK) Application Form

Please check your method of payment: Rotary Club Sponsor Self-Payment Other

- If Self-Payment, please enclose with application.
- If Other, please specify how you will be paying. _____

Please make sure you have confirmed with your Rotary club if they will be providing your payment

Rotary Club: _____

Name: _____

Parent's Name(s): _____

Address: _____

City: _____

State: _____

Zip Code: _____

E-mail: _____

Phone Number: _____

T-Shirt Size: _____

Gender: M

Do you have any special needs?

High School: _____

Class of: _____

Why would you like to attend camp?

Which Pop-Up day would you like to attend?

Camper Signature:

Parent/Legal Guardian
Signature:

- Payment Enclosed
- Rotary Payment will be sent

Checks should be made payable to
Southwestern College/Rotary Youth Leadership
Conference

Please return to:
Brae Wood Leadership Southwestern
100 College Street
Winfield, KS 67156

If you have any questions, please email:
Felicity Lawver at Felicity.Lawver@sckans.edu
Catherine Coe at Catherine.Coe@sckans.edu

Parent Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by Southwestern College to hospitalize, to secure medical treatment, and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used in the event medical intervention is needed and that I am responsible for the payment of any/and all medical services.

I understand all reasonable safety precautions will be taken at all times by Southwestern College and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Southwestern College, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the undersigned.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Notarization

BEFORE ME, the undersigned authority, this day personally appeared _____,
known to me to be the person whose name is subscribed to the above and foregoing instrument
and acknowledge to me that he/she executed the same for the purposes and consideration on
therein expressed.

Given under my hand and seal of office this _____ day of _____ 2021.

_____, Notary Public, State of _____

Affix the Seal _____

Southwestern College
Student Photo/College Web Page Release

In consideration of my attendance at and participation in college programs, events, or camp programs (athletics included) at Southwestern College, Winfield, Kansas, I hereby grant permission and authorization to Southwestern College to use any photograph or video or film containing my likeness in publications and communications (including publication on the Southwestern College webpage about the program, event, or camp for Southwestern College). I understand that my name and address will not be used without specific permission to do so.

Signature _____

Parent/Guardian (If 17 or under) _____