Orientation  

Overnight Visit Policy and Participation Form

All students who intend to stay on either of Becker College’s campuses (Worcester or Leicester) must complete this form prior to the visit. The representatives of Becker College hope that you have a comprehensive stay that positively enlightens you about becoming a resident student at the college.

We ask that you read and understand the information outlined below and that you agree to such by signing at the bottom of the form. If you are a minor, a parent or legal guardian’s signature is also required. Without appropriate signatures, a student will not be allowed to stay overnight in college housing.

Thank you. We hope that you have a great visit here at Becker College.

Name of Student: ___________________________________________ Date of Visit: ______________________

Please check off each box after you have read each statement indicating that you understand and agree with/to the information presented.

To be read and checked off by student and read by parent:

☑ As a guest of Becker College, you are required to assume the same responsibly for your behavior and conduct that Becker students have assumed.

☑ I understand that while Becker College has agreed to host me overnight, I will not be supervised by college personnel at all times.

☑ In addition, I also understand that Massachusetts laws apply to me as well.

☑ Any negative behavior or improper conduct may affect my standing with Admissions.

Signature of Student: ___________________________________________ Today’s Date: ______________________

Parents/Guardian Section:

☑ In case of emergency, and if I cannot be reached, I authorize a representative of Becker College to consent to medical care or treatment required.

☑ ASSUMPTION OF RISK & RELEASE FOR MINOR OVERNIGHT VISITORS
The Undersigned, as the parent, and/or legal guardian of a minor overnight visitor ("Participant") to Becker College ("Becker"), recognizes and acknowledges that there will not be 24 hour supervision of the minor visitor and that, as a result, the Participant might engage in activity or behavior (the "Behavior") which he or she would not or might not engage in if constant adult supervision were provided.

In consideration of Participant being permitted to visit overnight at Becker, Undersigned, on behalf of the Participant and as the Participant's parent, and/or legal guardian agrees to indemnify, hold harmless and defend Becker, its officers, trustees, employees, and agents from any and all losses, claims, demands, or lawsuits arising out of, related to or connected with Participant's Behavior.

I have read and fully understand the provisions of the Overnight Visit Policy and Participation Form.

Signature of Parent/Legal Guardian: _____________________________ Today's Date: ______________________

Print Name and Relationship to Student/Participant: _______________________________________________________________
Overnight Visitor Information

Name of Student: ____________________________________________________________ Date of Visit: __________________________

Street Address: __________________________________________________________________________________________________________

City: ____________________________ State: ___________ Zip: ____________ Phone: ______________________

Email address: ____________________________ Cell Phone Number: ______________________

High School: ________________________________________________________________________________

Gender:  Male  Female Date of Birth (month/day/year): __________________________

Health Insurance Co.: ____________________________ Policy #: __________________________

Any medical problems/conditions? (Please describe.): ____________________________________________________________

___________________________________________________________________________________________________________

Allergies: ( ) food, ( ) medicine, ( ) other epi-pen required? Yes or No

Please describe allergy: __________________________________________________________

Do you have any physical limitations/concerns/issues for which you require accommodation? (please explain/describe)

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

Name of Parent/Legal Guardian: ____________________________________________________________

Address (if different from above): ________________________________________________________________________________

Phone Number (please list a number(s) at which you can be reached easily and in case of emergency): ____________________________