New Student Orientation 2015
Overnight Visitation Policy and Participation Form

All students participating in New Student Orientation at Becker College must complete this form prior to their session. Becker College expects that New Student Orientation will be a positive experience for all participants, one that gives students an opportunity to experience what it is like to become a resident student at the College.

Please read this form thoroughly to ensure you have a full understanding of the information outlined in this policy. By signing this form you are acknowledging that you understand and agree to abide by the terms set forth by Becker College as outlined in this policy. **If you are a minor (under 18 at the time of your New Student Orientation session), a parent or legal guardians signature is also required.** Without appropriate signatures, a student will not be allowed to participate in New Student Orientation.

*Please sign and return this form by JUNE 13, 2014 by fax to 774-354-0405 or scan with original signatures and e-mail to tracey.claiborne@becker.edu*

NAME OF STUDENT: __________________________________________

**Check Date of Session:** ☐ June 17 - 18  ☐ June 20-21  ☐ June 23 - 24  ☐ June 26 - 27

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/signed by student, and reviewed by parent/guardian:**

☐ As a guest of Becker College, I am required to assume the same responsibility for my behavior and conduct that all Becker students assume.

☐ I understand that during my participation in New Student Orientation I will not be directly supervised by college personnel at all times.

☐ I understand that Massachusetts state laws apply to me and I will be held accountable for any illegal behavior.

☐ Any negative behavior or improper conduct may affect my standing with Admissions.
To be read and checked off by parent/guardian:

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

Health Insurance Co: ___________________________ Policy Number: ___________________________

☐ 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 (“Behavior”) which he or she might not engage in if constant adult supervision were provided.

In consideration of the Participant being permitted to visit overnight at Becker, Undersigned, on behalf of the Participant and as the Participant’s parent/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: ___________________________

Print Name: ___________________________

Relationship to Student: ___________________________ Today’s Date: ___________________________

Phone Number: ___________________________

(Please list an emergency phone number you can be reached at during your student’s New Student Orientation Session)

Medical Information for Student

Please list all allergies: _______________________________________

Do you have any life-threatening allergies (i.e. peanut, shellfish, latex, etc.)?:  ☐ Yes  ☐ No

Epi-Pen required?:  ☐ Yes  ☐ No
Any physical limitations/concerns/issues for which you require accommodation(s)? Please explain/describe:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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