

The College of New Rochelle

Parent Permission Form

Overnight Program

November 11-12, 2007

Name: _____ Telephone: _____

Address: _____ SS#: _____

City, State, Zip: _____ Birthday: _____

Name of Parent/Guardian: _____

Home Phone #: _____ Work Phone #: _____

Health Insurance Company: _____ Policy# _____

Family Physician: _____ Phone # _____

As a guest of the College, students are asked to observe the following guidelines while participating in this program:

*Students will participate fully in all scheduled activities.

*Students will not invite guests, relatives or friends to campus.

*Students will remain on campus for the duration of the program.

*Students will sleep in the CNR Ambassador's room to which she has been assigned.

The admissions staff will contact the parent of any student who is disruptive and request that the student be taken home.

I request that my daughter attend the Campus Overnight under the auspices of The College of New Rochelle to be held at **The College of New Rochelle on November 11-12, 2007**. I have read the foregoing Permission Form and the answers are all correct.

I can be reached at the telephone numbers referred to above but if emergency medical care or treatment shall be necessary and I cannot be contacted, I authorize the delegated agents of The College of New Rochelle to act on my behalf and approve appropriate treatment.

Release of Liability: In consideration of The College of New Rochelle accepting my daughter's registration for this event and in consideration of The College of New Rochelle accepting my registration, I release, hold harmless and discharge The College of New Rochelle, its officers, trustees, employees, agents, and affiliates, from any and all liability, claim, loss, damage, cost or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable to any action or omission to act such person or organization in connection with this event and I further agree to indemnify and hold harmless The College of New Rochelle and its aforesaid affiliates personnel from any such liability, claim, loss, damage, cost, or expense.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Students must return this permission form to participate in the program.