



Registration Form or online @ www.selu.edu/zoom

Participant Name: _____ Workshop: _____

School attending Fall '11 _____ Grade entering Fall '11 _____ DOB ____/____/____

Parent or Guardian Name (primary contact person): _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Primary Email Address: _____ Other Email Address: _____

Please indicate, with a checkmark, the best way to reach you in the event of an emergency or class change. Check payable to Southeastern.

Will Participant be driving himself/herself? Yes No Southeastern parking tags will be provided and required.

Course Title	Location	Start Date	Fee

WAIVER

Enrollment will not be processed without Consent and Release Form.

FIELD TRIP(S)

Participant will not be included in any or all field trips without consent of Parent or Guardian consent. See Consent and Release Form.

ENROLLMENT

Complete registration form and related paper work. Enrollment will be processed on first come, first serve basis. Unless notified otherwise, applicants are to assume that they are enrolled in the requested workshop. Please return Registration form, Consent and Release form and check payable to Southeastern Louisiana University by deadline. Participant must be in good standing with current high school.

REFUNDS | CANCELLATION

A refund of 75% is given if a request (in writing) reaches the Continuing Education office one week prior to the first workshop date. Requests submitted after this time will receive a pro-rata refund. No refunds will be given after the first day of workshop. The University reserves the right to cancel any workshop due to insufficient enrollment. A full refund will be made to those students in a cancelled class.

SEVERE WEATHER

In the event of severe weather, please listen to local radio and television for updates on class cancellations. You may also contact us at 800.256.2771.

NOTE

If you are a qualified student with a disability seeking accommodations under the Americans with Disabilities Act, you are required to self-identify with the Office of Disability Services, Room 203, Student Union. Accommodations will not be granted without documentation from the Office of Disability Services. 985.549.2247.

By signing this Registration Form, I understand the policy listed above. Registration may be mailed, faxed, or delivered to your nearest location. Register online at www.selu.edu/zoom

SIGNATURE (Parent or Guardian): _____ Date: _____



Consent and Release Form

Participant Name: _____ Workshop: _____

Primary Contact Person (in the event of emergency and person authorized to pick up): _____

Relationship: _____

Primary Phone: _____ Alternate Phone: _____

Please indicate, with a checkmark, the best way to be reached in the event of an emergency.

Secondary Contact Person (in the event of emergency and person authorized to pick up): _____

Relationship: _____

Primary Phone: _____ Alternate Phone: _____

Please indicate, with a checkmark, the best way to be reached in the event of an emergency.

WAIVER

In consideration of my child participating in Southeastern Louisiana University's Zoom into Careers Workshop(s), I _____ on behalf of myself, my heirs, legatees, personal representatives and all those claiming by or through me consent to, and so hereby discharge and release and forever hold harmless Southeastern Louisiana University and their affiliates, sponsors, agents, servants, employees, assigns, successors, and heirs and any facility at which events are held, from any and all claims, actions, losses, damages, or expenses for personal or bodily injury (including death) and property loss or damage of whatever nature or cause, incurred by me (or my child) arising out of or in any conjunction with my (or my child's) participation in the aforementioned activity. I hereby consent I am of legal age and capacity and have read and understand the contents of the Consent and Release.

FIELD TRIP(S) | PHOTOGRAPHS

I _____ hereby give full permission for the Participant to participate in and be transported to any field trip activity and to be photographed.

EMERGENCY HOSPITAL PERMISSION

I _____ hereby give full permission to any adult at Southeastern Louisiana University to arrange for emergency care and transportation to the nearest hospital in the event of an emergency. In the event that emergency response is unavailable, I give my permission to any adult at Southeastern Louisiana to drive participant to the nearest hospital or urgent care facility.

ENROLLMENT

Complete registration form and related paper work. Enrollment will be processed on first come, first serve basis. Unless notified otherwise, applicants are to assume that they are enrolled in the requested workshop. Please return registration, consent form and check or money order payable to Southeastern Louisiana University. Participant must be in good standing with current high school.

I _____ hereby attest that the Participant is in good standing with current high school. Participant is not in suspended or expelled status.

REFUNDS | CANCELLATION

A refund of 75% is given if a request (in writing) reaches the Continuing Education office one week prior to the first workshop date. Requests submitted after this time will receive a pro-rata refund. No refunds will be given after the first day of workshop. The University reserves the right to cancel any workshop due to insufficient enrollment. A full refund will be made to those students in a cancelled class. Southeastern Louisiana University reserves the right to dismiss a participant for just cause such as misbehavior or disruption of activities. No refund will be given for dismissal.

SEVERE WEATHER

In the event of severe weather, please listen to local radio and television for updates on class cancellations. You may also contact us at 800.256.2771.

NOTE

By signing this Consent and Release Form, I understand the policy listed above.

SIGNATURE (Parent or Guardian): _____ Date: _____