

Freddie T. Davy Honors College  
HAMPTON UNIVERSITY



Summer Residential Program  
June 28 – July 3, 2020

**Please Print Clearly**

Student Name	Age				DOB		
Male    Female	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>		
Gender <i>(Please Circle One)</i>	20/21 Grade <i>(Please Circle One)</i>						
T-Shirt Size:    Small            Medium Large            XLarge            XXXLarge (+\$2.00)	XXLarge (+\$2.00)					XXXLarge (+\$2.00)	
Address:							

Phone: \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

.....  
**Medical Information**

Medical/Mental Health Conditions \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies \_\_\_\_\_

.....  
**Permission to Photograph (signature required)**

\_\_\_\_\_ I give permission or \_\_\_\_\_ I DO NOT give permission for the above stated child to be participate in photographs and for his/her image to be used in A+ printed and digital reports, miscellaneous printed and digital materials, advertisements and/or social media as necessary.

Parent/Guardian Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

.....  
**Permission to Transport (signature required)**

\_\_\_\_\_ I give permission or \_\_\_\_\_ I DO NOT give permission for the above stated child to be transported to and from activities by an advisor during scheduled and spontaneous organization activities.

Parent/Guardian Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_