



**In case of emergency, please contact:**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone 1. \_\_\_\_\_ 2. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MEDICAL HISTORY**

Please list any health conditions (illness, allergies, limitations, or medications) or special circumstances of which we should be aware that might help us in better preparing for your participation. \_\_\_\_\_

\_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Address of carrier \_\_\_\_\_

*\*In the section below, unchecked boxes offer implied consent*

I have a fear of water: Yes  No

My photo may be used by the SEP for future promotional materials: Yes  No

*It is expressly understood and agreed that the Mississippi University for Women shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the participant in connection with any activities of programs.*

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Registration forms will be accepted until sessions are full. Slots will fill on a first-come-first-served basis. To check capacity status, log on to our website at: [http://www.muw.edu/sci\\_math/sep](http://www.muw.edu/sci_math/sep)*

*Please e-mail inquiries to Kenny Langley: [klangley@as.muw.edu](mailto:klangley@as.muw.edu) or call 662.329.7379*

*Mail completed forms to:*

*Attn: Kenny Langley  
Science Enrichment Program  
1100 College St., MUW-100  
Columbus, MS 39701*