

The University of Mississippi Rebel Quest 2009 Registration Form

Please print legibly. Registration forms are due into our office by the Thursday before the program begins, and must include **full fee payment** and **Health Form** in order to complete the registration process. The cost of the program is **\$125 for each one-week session**.

Mailing Address: Jason Wilkins
Rebel Quest jewilkin@olemiss.edu
PO Box 9, Ph. 662-915-7621
University, MS Fax 662-915-1535

Name called _____
Legal First _____
Legal Middle _____
Legal Last _____
SS# _____

Please check each term you would like to attend

	June 1-5	A Bug's Life Nature Discovery and Field Games
	June 8-12	Star Trek Astronomy and Team Building
	June 15-19	Dragonball Z Japanese Culture and Games I
	June 22-26	Wall-E Recycling and Art Week
	June 29- July 3	Madagascar Safari Week and Field Games
	July 6-10	Night at the Museum Arts and Crafts Week
	July 13-17	The Seven Samurai Japanese Culture and Games II
	July 20-24	Finding Nemo Undersea Life and Sensory Games
	July 27-31	Rookie of the Year Sports-Oriented Activities

Address _____
City _____ State _____ Zip _____
Mother's Name _____
Father's Name _____
Best email: _____

Date of Birth _____
Home Phone _____
Mother's Cell _____
Father's Cell _____

In case of emergency, we always contact parents. However, should the parents not be available, please provide another emergency contact (i.e. aunt, uncle, grandmother, neighbor, etc.)

Name _____	Relationship to Student _____
Address _____	City _____ State _____ Zip _____
Home # _____	Work # _____ Cell # _____

Do you give permission for your child to be photographed and/or videotaped for instruction and/or publicity? **Yes** **No**

Payment Methods - I would like to pay by:

- Check** (attach it to application)
- Credit Card**; Card # _____ Exp. Date _____
- Payroll Deduct**; SAP # _____ (deducted over two pay periods; payroll deduction is for UM Employees Only)

The University of Mississippi
2009 Rebel Quest Medical Form

This form provides the necessary information and permissions for the Rebel Quest staff to seek medical treatment for a child in the case of an emergency. **A copy of the child's insurance card/forms must be included with this form.**

Student Name _____ Birth Date _____ Social Security Number _____

Custodial Parent or Guardian Name _____

Place of Employment _____ Work Phone Number _____

Parent Home Phone Number _____ Parent Cell Phone Number _____

Insurance Company *(Please attach a copy of the card)* _____

Insurance Policy Number _____

Name of Person Carrying Insurance _____

If this child is covered by Medicaid, when does the current policy expire? _____

Family Physician _____

Physician's Office Telephone _____ Fax _____

Date of Last Tetanus Immunization or Booster Shot: _____

Please list any medical condition for which your child is being treated at this time: _____

List any medications taken: _____

List any food or medications to which your child is allergic: _____

List any restrictions of physical activity that may apply to your child: _____

Children enrolled in Rebel Quest are considered special visitors of the University of Mississippi. They do not have access to the University Student Health Center. If medical assistance is needed, children are taken to the Urgent Care Clinic of Oxford.

Medical Treatment Consent and Liability Release

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter/ward to receive necessary medical treatment in the event of an injury or illness while participating in Rebel Quest at The University of Mississippi. Furthermore, I accept responsibility for full payment of such medical treatment. I hereby hold The University of Mississippi and its representatives harmless in the exercise of this authority.

Parent/Guardian Signature _____ Date _____