

Manifest Academy Registration Form



P.O. Box 11355
Atlanta, GA 30310

404-755-3535 office
404-393-9381 fax

Program Permission / Waiver of Liability

I, , give permission for my child,
(Print name of parent or guardian)

, to attend and participate in the Manifest Academy
(Print Student's Name)

Program housed at Morehouse College July 7 – 10, 2019. In addition, I agree to waive my liability rights and hold **Manifest Academy** and Morehouse College, and its agents harmless. I further agree to provide and use if necessary, personal liability, and health insurance coverage during the above mention program dates. By signing this form you have agreed to all of the payments and policies and you are certifying that you are the parent or legal guardian of the applicant named above.

Student Name	Student Cell	Student Email	Grade / Graduation Year
Projected College Major	Age	School Name	School Address
Mother Name	Mother Cell	Mother Email	Mother Address
Father Name	Father Cell	Father Email	Father Address

Medical Release Form

Medical Precautions/Restrictions

If a medical emergency should arise regarding my child, I hereby give permission to the official representative or representatives of Manifest Academy to select a physician and/or hospital for my child's care and to administer any emergency medical treatment that my child may require. I also give such medical personnel and or hospital my permission to treat my child at the request of representatives of Manifest Academy. I understand that Manifest Academy cannot assume responsibility for medical expenses for my child and I agree to bear such responsibility and pay any such expenses incurred with respect to such medical emergency. I also relieve Manifest Academy and its representatives from any claim/or liability or damages as a result of any illness or injury, or any property damage, which may be suffered by my child during scheduled activities. I also understand that the activities have an element of risk and that my child must listen carefully to all instructions and obey all rules.

Last Name (Student)	First Name	Middle Initial
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Last Name (Parent)	First Name	Middle Initial
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Home Address	Parent Cell Telephone Number
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Home Telephone Number	Work Telephone Number
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Students' Date of Birth	Students School
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Secondary Contact Name	Relationship	Secondary Contact Phone
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Known Allergies	Medical Insurance Company
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Physician's name

Medication taken daily	Dosages	Time taken	Reason
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Allergies (food, drugs, other)

Any other information we need to know for medical care:

Student Code of Conduct

1. No water activities are allowed.
2. There will be no use or possession of alcohol, controlled substance (drugs) or tobacco at any time.
3. Students must be inside lodging rooms by 11:00 p.m. each evening. Students are not allowed to leave room after 11:00 p.m.
4. Students are not allowed to leave lodging room or designated area without permission.
5. No *bad attitudes*, swearing, cuss words, or any offensive language.
6. Students will respect the property of others; they will not steal or take anything from the hotel room that does not belong to them.
7. No writing graffiti on private property (bus, walls, bathroom stalls, etc.).
8. An acceptable level of maturity, conduct and dress will be expected at all time.
9. Prompt attendance is expected at all times for all activities.
10. Proper respect and consideration for others is expected at all times. Problems are to be resolved with open communication and goodwill. Anger, Moodiness, envy, emotional manipulation, pettiness, and immature behavior are to be avoided at all times.
11. All students MUST participate in group activities.
12. The schedule and itinerary will be followed. No tardiness or absences unless required for medical reasons. Some alterations in the schedule can be expected. Be prepared to be flexible when necessary.
13. I agree to accept responsibility for my own conduct and judgment at all times.

I agree with each of the above: Trip Permission / Waiver of Liability; Medical Release Form; Codes of Conduct

Parent Print Name	Parent Signature	Date
Student Print Name	Student Signature	Date

Please send completed form:

404-393-9381 (fax) or support@ManifestAcademy.net (email)

Basic Packing List

The Basics	Personal	Clothing
<p>Small suitcase Small duffle bag Wallet Student ID Emergency Numbers Copy of Health Insurance Card Smart Phone Blanket, full sheet, and Pillow</p>	<p>Soap and container Prescription Medications Comb and Brush Toothbrush, toothpaste, floss Lip balm and sun screen Small towel w/Ziploc bag Hand cleaner Deodorant Sunglasses</p>	<p>3 to 4 casual outfits 1 pair of walking shoes 5-6 pairs if underwear 3-4 pair of socks 1 cap or hat 1 pair of pajamas</p>