



## Centrum Student Contract

*Required for students 18-and-under, attending with primary guardian*

Name: \_\_\_\_\_

Workshop: \_\_\_\_\_

Centrum's student guidelines are designed to create a safe and inspiring environment for each student. You must sign and agree to the following contract in order to participate. **Centrum staff reserves the right to dismiss a student without refund if s/he chooses to ignore any of the following rules. Here's what you promise:**

1. If I become injured or ill, I will contact my guardian, and as appropriate, contact Centrum staff, who has access to First Aid kits.
2. I will respect the privacy of male and female dorm wings. Common rooms may be used for social gatherings. I understand that no overt or covert sexual behavior is accepted. This recognizes not only Centrum's legal responsibility but also the intent to be as inclusive as possible and courteous of people's feelings regarding sexual display.
3. I will not possess or use alcohol, illegal drugs or tobacco, while in attendance at the workshop. If I do possess or use alcohol, illegal drugs or tobacco I understand that it will result in my immediate expulsion, without refund, from the workshop.
4. I understand that possessing weapons (real or toy), or physically or verbally threatening another person will result in immediate expulsion without refund. Fireworks and lighters are prohibited.
5. I will respect the privacy and property of other participants. I will be responsible for my own belongings and will not hold Centrum liable for any loss.
6. I will respect the facilities and the grounds of Fort Worden State Park, comply with State Park regulations and obey all posted signs. In the event of any damage to buildings, furnishings, or other property, I and/or my parents or guardians will cover the actual cost of clean-up, repair, or replacement. I will take care of my dorm room and classrooms and help keep the dining area and Park grounds clean.
7. I will not hesitate to bring any problem to the attention of Centrum staff - instructor, dorm counselor, program manger, office staff. I have read the rules and regulations for Centrum workshops and I promise to behave in accordance with them.

\_\_\_\_\_

Date

\_\_\_\_\_

Student signature

\_\_\_\_\_

Student Printed Name

*Parents: Please sign below to acknowledge that you have read the above regulations. Students who choose to break their promise may be expelled without refund.*

\_\_\_\_\_

Date

\_\_\_\_\_

Parent / Guardian signature

\_\_\_\_\_

Parent / Guardian Printed Name

***Please return to Centrum Registration, PO Box 1158, Port Townsend WA 98368  
by payment in full due date.***

**Centrum MEDICAL RELEASE FORM required for any student under 18 years of age**  
**Return to Centrum by payment in full due date.**

**Workshop Attending:** \_\_\_\_\_

**Name of student:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Male / Female**

**Parent/Guardian names & contact numbers:**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Will student bring a Cell Phone?      YES / NO      If yes - Students Cell Phone # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**Emergency contact name & phone number:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
*(if parent/guardian is not available)*

**Allergies:** Please list any allergies you have to medications, foods (ie. seafood, nuts, etc.) insect stings or bug/animal bites, or any other concerns we need to be aware of:

*\*If you carry an EpiPen or allergy kit, please initial here if you authorize Centrum to administer the appropriate medications:*

\_\_\_ YES    \_\_\_ NO    Other instructions:

**Medical Information:**

Please list below any medical conditions (or special needs related to medical problems) that Centrum needs to be aware of in order to insure a safe and comfortable experience:

**Medications:** Please list any medications you are currently taking (must be in original container):

Who do you want to administer the medication/s? Please check one:

\_\_\_ Parent or Guardian                      \_\_\_ Chaperone                      \_\_\_ Dorm Counselor

Date of last Tetanus Shot: \_\_\_\_\_

**Insurance Company and Policy Number:**

\_\_\_\_\_  
*(Please send a copy of your insurance card with this form. It is very important to have this in case of an emergency.)*

**Subscriber Name/Relationship:**

\_\_\_\_\_

**Parents/Guardians:** In case of medical emergency, I hereby authorize Centrum staff to act in their best judgment to seek medical attention through appropriate means, including emergency room treatment, as deemed appropriate by attending medical personnel. I also accept responsibility for expenses incurred through such treatment.

If this student has a headache or sustains a minor injury while at Centrum, please initial here if you authorize Centrum to administer the appropriate over the counter medications: Tylenol (Acetaminophen), Advil (Ibuprofen), Benadryl, Roloids, or cough drops:    \_\_\_ YES    \_\_\_ NO    Other instructions:

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian signature\*

\_\_\_\_\_  
Date

*\*If parent/guardian chooses not to sign the medical treatment release for reasons of personal belief it is necessary to return a written, signed set of instructions of what to do in case of medical emergency.*

**Return to: Centrum Registration, PO Box 1158, Port Townsend WA 98368    Fax:360-385-2470**