

Virginia Tech Gateway 2017

Parent and Student Participation Contract

I, _____, understand that:

- I am required to attend all mandatory program activities.
- I am required to stay in the presence of my assigned host at all times.
- All activities will take place on campus; therefore, I am required to remain on campus for the duration of the program and not permitted to ride inside any personal vehicles (mine or others).
- As a university guest I am required to adhere to all university guidelines (Ask if in doubt).
- I am responsible for transporting my luggage and belongings.
- I am required to notify the Gateway Coordinator if I need to leave campus for any reason.
- Should I not follow these rules or other university policies my offer of admission may be rescinded.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent or Guardian

Please complete the following Medical Release

***Required for Student Participation**

I hereby grant permission to the staff of Virginia Tech to seek medical attention for my charge if such a need arises during the program. I grant this permission with the understanding that I might not be contacted before my child receives any medical attention, but I will be informed at the earliest opportunity. I understand that I am responsible for any expenses not covered by my insurance.

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian Signature: _____

Health Insurance Provider: _____

Plan Number: _____