



**FAYETTEVILLE STATE UNIVERSITY  
EDUCATIONAL TALENT SEARCH  
PROGRAM CONTRACT**

**As a participant in the Educational Talent Search Program (ETS), I agree to the following:**

1. To be present and on time for all workshops, field trips and individual appointments scheduled by the ETS Academic Advisor.
2. To give the ETS Academic Advisor a copy of all grade reports at the end of each grading period.
3. To actively participate in all meetings, workshops, and field trips.
4. To encourage my parent(s) and/or guardian(s) to attend the Educational Talent Search Parent's meetings and participate in other ETS activities.
5. To have a positive attitude and behave in a respectful manner that is neither disruptive nor rude during all meetings, workshops, and field trips.

**I understand and agree to accept the duties and responsibilities outlined above.**

**I understand that failure to adhere to any of the above mentioned conditions might result in being placed on probation or possible suspension from the Educational Talent Search Program.**

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**Student's Signature**

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**Parent's Signature**

**RELEASE FORM**

The information requested on this form will be utilized to assist us in providing services for your child. In order to provide the most effective services, we may need to obtain information from several sources, such as high schools, colleges, testing agencies, counselors, admissions and financial aid offices, social workers, etc. **ALL INFORMATION RECEIVED WILL BE KEPT CONFIDENTIAL IN COMPLIANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT.**

**SCHOOL RECORDS, TRANSPORTATION, & MEDICAL RELEASE**

As the parent and/or legal guardian of \_\_\_\_\_, I grant Educational Talent Search permission to obtain school and college records, transcripts, grade reports, test results, and financial aid information for college. I will also permit Educational Talent Search staff to speak with teachers, counselors, and other school administrators at my child's school in order to obtain and exchange information as part of the services my child will receive from the Educational Talent Search Program.

**WAIVER OF LIABILITY**

As parent and legal guardian of the above-mentioned student, I authorize and permit my child to participate in field trips, activities, and events offered by the Educational Talent Search Program. I understand that my child may be leaving his/her school campus or Fayetteville State University and may be transported by the Educational Talent Search staff of Fayetteville State University. I agree that Fayetteville State University, Educational Talent Search, and anyone associated with Fayetteville State University will not be held liable for any loss, injury, or death related to any field trips, or events. Further, I agree to hold Fayetteville State University, Educational Talent Search, Advisory Committee members, officers, staff, and volunteers, harmless from any claims whatsoever occasioned in any of the situations which I have agreed, that Educational Talent Search at Fayetteville State University shall not be held liable.

In the event that my child, \_\_\_\_\_ is involved in a medical emergency, I authorize the Educational Talent Search staff to make decisions regarding immediate medical attention (hospitalization, administration of prescribed medications, doctor treatment, etc.) if they are unable to contact me for verbal authorization.

Please provide facts concerning your child's medical history including allergies, medications, and any physical impairment which a physician may be alerted:

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Insurance Name & Number \_\_\_\_\_

Medicaid Card # \_\_\_\_\_

**Emergency Contacts:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address & Phone Number

\_\_\_\_\_  
Address & Phone Number

**I authorize the Educational Talent Search Program to access or release copies of my child's academic transcripts, test scores, college admissions attendance and financial aid information that is necessary to assist my son/daughter in achieving his/her educational goals.**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Student's Signature**

<b>FOR OFFICE USE ONLY:</b>			
Date entered in Blumen:	____ / ____ / ____	Dependent ____	Independent ____
L&FG ____	FG ____	L ____	O ____
			____ / ____ / ____ <b>Date</b>