### 2014 Central Oklahoma Debate Institute Student Application Packet Student Information

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| --- | --- |
| Student’s Name |  |
| Student’s Address |  |
| City, State, Zip Code |  |
| Student’s High School |  |
| Student’s email address |  |
| Student’s phone number |  |
| Parent or Guardian’s Name |  |
| Parent or Guardian’s Email Address |  |
| Parent’s Mailing Address |  |
| Parent’s City, State, Zip Code  |  |
| Parental phone contactName: | Home: Cell:Work: |
| T-Shirt Size (circle) | Small Medium Large X-Large XX-Large |
| Commuter or Dorm Resident  | Commuter Dorm Resident  |

### Debate Information

|  |  |
| --- | --- |
| High School Coach |  |
| Coach’s Email |  |
| How Many Semesters Have You Debated? |  |
| Camp Partner Preference (if any) |  |
| Have you attended a debate camp before? |  |
| If yes, which camps? |  |

### Prior Debate Record

Please provide an accurate assessment of you last 10 tournaments, starting with the most recent.

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| --- | --- | --- | --- | --- | --- |
| Tournament Name | Date | Division | Prelim Record | Elim Record | Honors/Awards |
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Apply by email: You can fill out the above form and email it to Matthew Moore (mmoore3@uco.edu) and mail in your deposit. Applications will not be counted as official until the deposit is received.

Apply by mail. Please fill out and print the form and mail it, along with your deposit check, to:

Matthew Moore

University of Central Oklahoma/CODI

100 North University drive

Campus Box 182, LAR 126

Edmond, OK 73034

**MAKE ALL CHECKS PAYABLE TO THE UNIVERSITY OF CENTRAL OKLAHOMA**

#### Costs:

|  |  |
| --- | --- |
| Registration Before June 1Cost of Institute: $300Cost of Housing: $200 | Registration After June 1Cost of Institute: $350Cost of Housing: :$225 |

Previous CODI attendees receive a $75 tuition discount

Non-Refundable Deposit amount: Commuter ($50) Dorm Resident ($150)

All applications are due by July 10th, 2014. Final payment is due by July 10th, 2014.

If you have any questions please email Matthew Moore at mmoore3@uco.edu

# Emergency Contact Information

Please list all emergency contacts and phone numbers for parents/guardians/family members to be reached in case of an emergency.

We will call these numbers in the order they are listed.

# Medical Information

In the unfortunate event of injury or illness, students may have to seek medical treatment. In case of illness or minor injuries during normal business hours we will take students to the Mercy Clinic at the UCO Wellness Center (<http://www.mercy.net/practice/mercy-clinic-primary-care-uco>). For more serious medical conditions or after hours care, students will be taken to the emergency room at the OU Medical Center Edmond (<http://www.oumedicine.com/home/emergency-care>). In order to ensure students receive the best care possible, please provide the following information.

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security or ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_\_\_

Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Daytime Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Evening Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions:

Allergies:

Current Medications:

# Medical Treatment Consent

#### Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, as the parent or legal guardian of the named student hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury to the minor. The attending physician, appropriate staff, and the University of Central Oklahoma and its officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical, and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability. I understand that I will be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

#### Signature of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_