



Office of Admissions
OVERNIGHT POLICY and RELEASE FORM

Dear Prospective Student (and Parents/Guardians):

Welcome to Grove City College! We are excited to host you on campus! From experiencing life in a residence hall, exploring extracurricular activities, and best of all, meeting and talking with current students, overnight visits offer the opportunity to survey various aspects of campus life. Please take the time to fill out this form and return it to our office **three days prior** to your stay. **You will not be permitted to stay overnight in on-campus housing without submission of the Overnight Policy and Release Form three days prior to your arrival.**

FOR PROSPECTIVE STUDENTS:

As a campus guest, Grove City College requires that you assume the same responsibility for your actions that Grove City students have assumed. For instance, among other things Grove City College is a drug and alcohol free campus. Accordingly, please read the following statement and sign your name to indicate that you understand the statement. If you do not understand the statement or how it applies to you, please ask a member of the Admissions staff to explain it to you before you sign:

I am aware that although Grove City College has agreed to host me overnight, neither the Office of Admissions nor any other office or personnel of Grove City College will be supervising me during my on-campus stay. Visiting students, like enrolled students, are responsible for their behavior and are expected to behave as adults within the expectations described below. I am aware that participants in on-campus visitation programs are required to abide by the policies governing student conduct at Grove City College, including Federal, State and local law. Further, I understand that the Office of Admissions will consider any negative behavior during my campus stay when reviewing my application for admission. My violation of any of the above laws, regulations, codes and/or any damage to Grove City College property may impact my application to Grove City College.

I have read, fully understand and agree to comply with all of the provisions of the Overnight Policy and Release Form.

Signature of Prospective Student

Date

FOR PARENTS/GUARDIANS:

I give permission for my child to visit Grove City College. I hereby indemnify and hold harmless Grove City College its agents and employees including board of trustees, directors, and officers (hereinafter "parties released"). I release and give up all claims (including claims of negligence) I may have in the future against Parties Released that arise out of my child's participation in this activity. In case of emergency and if I cannot be reached, I, the undersigned parent or guardian of the child, do hereby authorize a representative of Grove City College to consent to any medical treatments or care deemed advisable either through my insurance carrier and/or myself being self-insured.

I understand that should a situation come to our attention that warrants a College or local safety personnel response, emergency aid will be administered as deemed appropriate by the responding personnel consistent with Grove City College's on-campus emergency response protocol. This includes, but is not limited to, CPR, First Aid, transport to medical or emergency room facilities, etc.

I have read and agree to the College's Overnight Policy and Release Form.

Signature of Parent/Guardian

Date

This form will be shared with all staff and students involved in the facilitation of overnight stays.

DATE OF REQUESTED OVERNIGHT VISIT: _____

STUDENT INFORMATION:

Full Name: _____ Date: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

High School: _____ Year of High School Graduation: _____

Date of Birth: _____

Potential Major: _____

Activities: _____

EMERGENCY CONTACT

Name: _____ Relationship to Student: _____

Daytime Phone: _____ Work or Cell Phone: _____

Second contact in case parent/guardian cannot be reached:

Name: _____ Relationship: _____

Home Telephone: _____ Cell Number: _____

STUDENT MEDICAL HISTORY

Chronic Illness/Condition/Disease/Recent Surgery: _____

Current Medications: _____

Allergies: _____

Dietary Restrictions: _____

Any other restrictions: _____

Insurance Company: _____ Policy Number: _____

Group Number: _____

Please return this form to the Office of Admissions in one of the following ways:

Mail completed form to: Grove City College
Office of Admissions
100 Campus Drive
Grove City, PA 16127

Email completed form to: visit@gcc.edu

Fax completed form to: (724) 458-3395

Please remember that you will not be permitted to stay overnight in on-campus housing without submission of the Overnight Policy and Release Form three days PRIOR to your arrival.

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