

Prospective Student Athlete Name

Home address

## **Intercollegiate Athletics**

Keene State College 229 Main Street Keene, NH 03435-2301 603-358-2813 • Fax 603-358-2888 keeneowls.com

## KEENE STATE COLLEGE Prospective Student-Athlete Overnight Form

I am aware that although Keene State College has agreed to host me overnight, I will not be subject to the continual supervision or custody of the College or any of its departments or personnel. I understand and agree that I will be fully responsible for my behavior at all times during my visit.

I further understand and agree that at all times during my visit I am required to obey all federal, state, and local laws as well as the applicable policies of the College, Little East Conference, and NCAA and that if I fail to do so, the College may terminate my visit, report my behavior to my parents or guardians, report my conduct to the appropriate law enforcement or campus safety, officials, and take any such further actions as may be warranted.

I specifically acknowledge that New Hampshire State Law and College policy prohibits the possession or consumption of alcohol by anyone under the age of 21. I hereby promise to obey the law and policy and acknowledge that I will be subject to criminal prosecution for failure to do so.

Date

Telephone

Sport	Signature
Emergency Contact	
NAME	NAME
PHONE	PHONE
RELATIONSHIP	RELATIONSHIP
Parent/Guardian I give permission for my son/daughter to visit Keene State. I hereby release, indemnify and hold Harmless Keene State, its trustees, officers, agents and employees from and all liability, damage, claim of any natur whatsoever arising out of or in any way related to my child's visit to Keene State. In case of an emergency and if we cannot be reached, we the undersigned parent/guardian hereby authorize a representative of Keene State to act on our behalf to consent to any medical treatment or care deemed advisable and access to medical information for my son/daughter.	
Parent/Guardian Signature	Date
Student Signature (If over 18 years Old)	Date

Please return this form to: KSC Athletics, 229 Main Street, Keene, NH 03435 fax# 603-358-2888 Little East Conference