STC ACADEMY · SIMULATION TRAINING CENTER

EVENT PARTICIPATION FORM

Permission, emergency info and waiver for academy events, drills and outreach

FORM NO. **STC-SL-1003**

SECTION 10
Student Life & Community

INSTRUCTIONS One form per student per event. Turn in to the event lead before the event. Students under 18 need a parent or guardian signature.

1 EVENT INFORMATION

EVENT NAME	EVENT DATE	START TIME	END TIME

EVENT TYPE

☐ Open House / Demo Day ☐ Joint Training Event ☐ Disaster / MCI Drill ☐ Community Outreach ☐ Skills Competition ☐ Field Trip
☐ Ceremony / Graduation ☐ Other: _____

LOCATION	WING / ADDRESS	EVENT LEAD (STAFF)
☐ On campus ☐ Off campus		

2 STUDENT INFORMATION

FULL NAME	STUDENT ID #	DATE OF BIRTH	PHONE

PROGRAM ☐ EMT ☐ AEMT ☐ Paramedic ☐ Nursing ☐ Fire & Rescue

UNDER 18? ☐ Yes ☐ No

YOUR ROLE AT THE EVENT

☐ Participant ☐ Volunteer ☐ Simulated Patient / Victim ☐ Demonstrator ☐ Team Lead ☐ Setup / Event Staff ☐ Spectator

GETTING THERE

☐ Own vehicle ☐ Academy shuttle / vehicle ☐ Dropped off by parent ☐ Walk / on site ☐ Other

3 EMERGENCY CONTACT & HEALTH

EMERGENCY CONTACT NAME	RELATIONSHIP	PHONE	ALTERNATE PHONE

ALLERGIES	MEDICATIONS	MEDICAL CONDITIONS STAFF SHOULD KNOW

PHYSICAL LIMITS FOR THIS EVENT (IF ANY)	PHOTO / VIDEO RELEASE OK?
	☐ Yes ☐ No

4 PERMISSION & WAIVER

Read before signing

I agree to take part in the event above. I will follow the STC Code of Conduct, wear required PPE, and follow all instructions from event staff and safety officers. I understand that drills and demonstrations can involve physical activity, loud noise, smoke, moulage (fake injuries) and moving vehicles, and that some risk of injury exists. I will report any injury right away (STC-SAF-003). In an emergency I authorize STC staff to get medical care for me (or my child) if my emergency contact cannot be reached. If I checked Yes for the photo / video release, STC may use photos or video of me from this event in academy materials.

5 SIGNATURES

STUDENT SIGNATURE	PRINTED NAME	DATE

PARENT / GUARDIAN SIGNATURE (IF UNDER 18)	PRINTED NAME	DATE

OFFICE USE ONLY

Completed by staff only

APPROVED BY (EVENT LEAD)	DATE	ATTENDED?	HOURS EARNED	LOGGED ON STC-SL-1006?
		☐ Yes ☐ No		☐ Yes ☐ No