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**2021-2022**

**INFORMATION FOR ATHLETIC  
VISITORS TO WESLEYAN UNIVERSITY**

**ACKNOWLEDGEMENT of Connecticut Law and Wesleyan's Code of Non-Academic  
Conduct for Wesleyan Visitors**

Welcome to Wesleyan! Campus visits are an excellent opportunity for you to learn more about life as a Wesleyan student. During your stay, we urge you to experience the various academic and social components of a Wesleyan education. As a guest, Wesleyan requires that you assume the sameresponsibility for your own actions that Wesleyan students have assumed.

Please read the following statement and sign your.name on the line below 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 coaching staff to explain it to you before you sign.

I am aware that although Wesleyan University has agreed to host me for a day visit, neither the Office of Admissions nor any other office or personnel of Wesleyan University will be supervising me at all times during my stay on campus. Visiting students, like enrolled students, are responsible for their behavior as adults within the expectations described below.

I am aware that participants in on-campus visitation programs are required to abide by Connecticut State law and the Code of Non-Academic Conduct which governs students enrolled at Wesleyan University. I acknowledge that Connecticut law prohibits all use of illegal drugs and prohibits the drinking of alcoholic beverages by persons under 21 years of age.

Further, I understand that any negative behavior during my campus stay will be considered by the Admissions Office. Any violation of the rules stated above or any damage to Wesleyan property mayimpact my application to Wesleyan.

My signature below indicates that I have read all statements above, that I understand their content, and that I agree to comply with the above requirements.

Sport: \_\_\_\_\_

Coach: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Host (If applicable): \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_

# Permission/Medical Release Form

This form is required for any visiting student. Please complete the form and bring it with you to campus. You will not be allowed to complete a day visit without this form.

Sport: \_\_\_\_\_ Coach: \_\_\_\_\_

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Emergency Contact (If Parent/Guardian cannot be reached): \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Contact Cell Phone: \_\_\_\_\_

## Allergies/Medications

Student's Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Special Medical Problems: \_\_\_\_\_

**I give permission for my son/daughter named above to visit Wesleyan.** I hereby release, indemnify and hold harmless Wesleyan University, its trustees, officers, agents and employees from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my child's participation in this visit to Wesleyan. In case of an emergency and if we cannot be reached, we the undersigned parent or guardian of the above-named child, do hereby authorize a representative of Wesleyan University to consent to any medical-treatment or care deemed advisable.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have read and fully understand all the provisions of the Permission/Release form, I have also read and agree to comply with the Visitation Agreement.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Visitor Vaccination Attestation

Wesleyan University requires all visitors to be fully vaccinated before entering the campus to reduce the risk of COVID for all student, faculty and staff. By signing below, I attest that all members in my travel party are fully vaccinated (two weeks beyond the last dose of a two dose vaccine series or two weeks beyond one dose of a single-dose vaccine that is approved by WHO).

Student Signature: \_\_\_\_\_

Name of Visitor in Travel Party

Date of Last Vaccination Received

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