

**STUDENT APPLICATION FORM
ENGINEERING IS ELEMENTARY
ICCS ENGINEERING CLUB AT MCNEESE STATE UNIVERSITY**

Student Last Name: _____

Student First Name: _____

Student Middle Name: _____

Student Street Address: _____

City: _____ Zip: _____

Gender: Male/Female Student T-shirt Size: _____

Elementary School Presently Attending: _____

Teacher's Name: _____

Teacher's Email Address: _____

Family Information:

Mother's name: _____

Mother's address: _____

City: _____ Zip: _____

Mother's Email: _____

Mother's Phone Number: _____

Father's name: _____

Father's address: _____

City: _____ Zip: _____

Father's Email: _____

Father's Phone Number: _____

Turn in the filled out application, photo release, and release, waiver and hold harmless agreement forms along with payment of \$65 (make checks payable to ICCS) to ICCS with attention to Mrs. Jarreau. Email any questions to Gerry Obluda at gobluda@polarisengr.com

**ICCS Engineering Club Engineering is Elementary Program
at McNeese State University
Release, Waiver, and Hold Harmless Agreement**

I, the undersigned parent/legal guardian of _____,

authorize my child's full participation in the **ICCS Engineering Club Engineering is Elementary** program at McNeese State University, including all related activities. I understand that the activities are not without some inherent risk of injury. In consideration of my child's right to participate in this activity, I agree to release, waive, discharge, agree not to sue, and agree to hold harmless for any and all purposes, Immaculate Conception Cathedral School, McNeese State University, the University of Louisiana System, the Louisiana Board of Regents, the State of Louisiana, their officers, employees, agents, and volunteers (Releasees) from any and all liabilities, claims, or injuries, including death, that may be sustained while participating in this activity, or while on premises owned or controlled by the Releasees. I understand that this release does not apply to injuries caused by intentional negligent or conduct on the part of Releasees.

I further agree to indemnify and hold harmless the Releasees for any loss, liability, or injury caused by my child while participating in this activity, including traveling to, from, and for the activity, or while on the premises owned or controlled by the Releasees.

Parent or Guardian Name (print)

Parent or Guardian Name (sign)

Date

Please email or submit the form to Gerry Obluda (gobluda@polarisengr.com)

PHOTO RELEASE



Date: _____

I hereby grant McNeese State University permission to interview me and/or to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by McNeese State University, in perpetuity, and for other use by the University. I will make no monetary or other claim against McNeese State University for the use of the interview and/or the photograph(s)/video.

Name (Please Print):

Last: _____ First: _____ M.I.: _____

Signature: _____

Relation to subject: _____
(If student is a minor)

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone:

Home: _____ Cell: _____

MCNEESE

STATE UNIVERSITY

4205 Ryan St. Lake Charles, LA 70609 337-475-5000