CONNECTICUT COLLEGE ATHLETICS OVERNIGHT VISIT INFORMATION SHEET

Welcome to Connecticut College! We are excited about your upcoming stay and believe that our campus provides a great opportunity to experience life as a member of the Connecticut College community. We value this residential community highly and, as a result, have set high standards for the behavior of all its members— including students, members of the faculty and staff of the College, residents of New London, and all visitors to our campus.

VISITATION POLICY

Visitors are expected to assume the same responsibility for your own actions that a Connecticut College student has assumed. Please read the following statement and sign your name to indicate that you understand the statement. If you have questions about this statement or how it applies to you, please ask the coach who is sponsoring your visit before signing.

I am aware that although Connecticut College has agreed to host me overnight, neither the Department of Athletics nor any other office or personnel of Connecticut College 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 Honor Code which governs enrolled students. 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 Office of Admission. Any violation of the rules stated above or any damage to Connecticut College property may impact my application to Connecticut College.

We ask that you and your parents complete and sign the attached form and return it immediately upon your arrival to the coach who is helping coordinate your visit. Your signature shows that you understand our Visitation Policy and agree to adhere to it throughout your stay at Connecticut College. We also ask that you provide us with contact information in case of an emergency.

We hope you have a great stay at Connecticut College!

-Fran Shields, Director of Athletics

PLEASE COMPLETE PERMISSION FORM ON PAGE TWO
CONNECTICUT COLLEGE ATHLETICS PERMISSION/MEDICAL RELEASE FORM

This form is necessary for any visiting student. Please complete the information below and bring the form with you to campus. You will not be allowed to stay overnight without this form.

Name of student: _________________________________________ Date of Birth: ___________________

Home Address: _________________________________________________________________________

Phone Number: ____________________ High School: ___________________ Sport:________________

Special medical problems or allergies to medications:

Name of Parent or Guardian: ______________________________________________________________

Home Address: _________________________________________________________________________

Daytime Phone Number: _______________________ Evening Phone Number: ______________________

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

I have read and fully understand all the provisions of the Permission/Medical Release form. I have also read and agree to comply with the Visitation Policy described above.

_____________________________________________   _____________________
Signature of Parent/Guardian       Date

_____________________________________________   _____________________
Signature of Student        Date