

Parental/Guardian Consent Form

Arkansas and the World: International Affairs Summer Camp

University of Central Arkansas

July 14-19, 2024

Student Information

Student Name _____ Date of Birth ____/____/____

Phone _____ Email Address _____

Mailing Address _____

Parent/Guardian

1. I am the parent or legal guardian of the above named student. I hereby consent to his/her participation in the International Affairs Summer Camp at the University of Central Arkansas on July 14-29, 2024.
2. I acknowledge that my student will be subject to all of the guidelines and policies of the summer camp which are available at: <https://uca.edu/politicalscience/home/experiential-learning-activities/model-united-nations/arkansas-and-the-world/>.
3. For students who are accepted for the International Affairs Summer Camp at UCA, I understand that there are no registration fees.
4. I understand that participants will be provided housing (double-occupancy dorm room), meals, tee-shirt, four workshops, instructional materials, and other activities during the summer camp. Parents or guardians of participants are responsible for providing or arranging transportation to and from Conway, Arkansas.

I have read and understand the above policies and requirements:

Name of Parent/Guardian (Please Print)

Signature of Parent/Guardian (required)

Date