



Lil' Sibs Weekend 2016

Sibling Sleep-Over: February 26th-28th

Defiance College's Sibling Sleep-Over is an activity sponsored by the Campus Activities Board. Defiance College students may host up to two siblings or relatives ages under the age of 18 and are responsible for and must accompany them at all times. Guests arrive on either Friday, February 26th or Saturday, February 27th and may stay overnight at their DC student's residence hall room, provided the student receives his/her roommate's permission. Transportation to and from campus is *not provided*.

Once you complete the **Lil' Sibs Weekend Registration form** found online, please scan and email the **Acknowledgement and Release Form** so participants may be registered for the sleep-over. Our contact information is: Email jarnold@defiance.edu. Phone is 419-783-2388. **The registration deadline is February 24, 2016.**

Please note that guests must follow Defiance College's Student Code of Conduct, as described in the *Student Handbook* on pages 52-64. If the sibling does not comply with behavioral expectation, parents may be contacted to pick up their child at any point during the stay.

Important Information

- Siblings must be under the age of 18. For safety reasons, students may only host up to two siblings/family members.
- Students are responsible for their guests and must accompany them at all times.
- Siblings of either gender may stay in a DC student's residence hall room with his/her roommate's permission.
- Siblings should prepare for an overnight stay: bring a sleeping bag and pillow and necessary toiletries.



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Sibling Sleep-Over Acknowledgement & Release

Please print, sign, scan and email to jarnold@defiance.edu. If you are unable to scan and send, please bring with you to registration/check in during Friends and Family Weekend.

Name of younger sibling: _____

Address: _____

Date of Birth: _____

Name of Parent or Legal Guardian: _____

Address of Parent or Legal Guardian: _____

Emergency Contact for younger sibling: _____

Name, Bldg. and Room # of DC Student: _____

Defiance College's Sibling Sleep Over, as described on page 1, will take place on Friday, February 26 and Saturday, February 27 during Lil' Sibs Weekend. Please read, sign, and return this form *before* participation in the activity. Participants will not be allowed to participate unless this form is signed and returned prior to the activity.

- I am the parent or legal guardian of the above participant.
- I give permission for my child to participate.
- I understand and agree that my child will comply with the College's rules, standards and instructions. I understand the College and its employees have the right to enforce its standards and may at any time terminate my child's participation in the activity for failure to maintain these standards or for any conduct which the College or its employees consider to be incompatible with the interest and welfare of my child, the other participants of the College.
- I understand and hereby acknowledge that I, on behalf of my child, and my family, assume all risks incurred from my child's participation in the activity.
- I understand that I am responsible for my child's medical or medication needs and further agree that in an emergency and/or if I cannot be reached, the College, through its agents and employees, may take whatever action is deemed necessary with respect to my child's health and safety. I authorize the College and its employees to place my child at their discretion and without my further consent, in a hospital or in the care of a medical professional for medical services and treatment. I understand that I will be responsible for any fees and expenses for any service and/or treatment.

Signature: _____