



Office of Undergraduate Admissions
1717 S. Chestnut Ave.
Fresno, CA 93702
Phone: 559-453-2039
or 1-800-660-6089
Fax: 559-453-2007

Campus Visit Registration Form

Office Use Only
Housing Info: _____

Event:

Date of Event:

Name: _____ Gender (circle one): Male Female
Last First Middle

Address: _____
City State Zip

Phone: (____) _____ Email: _____

High School: _____ GPA: _____

Academic/Extra Curricular Interests: _____

Emergency Contact: (____) _____ Emergency Phone: (____) _____

Medical Concerns: _____

Medical Release

I hereby give my consent for emergency medical, dental treatment and/or hospital care to be given as may be deemed necessary by a physician in the event of injury or accident. I understand that Fresno Pacific University will not be held responsible for any financial obligation incurred related to medical treatment. I understand an immediate attempt will be made to contact persons at my home residence in such an event. This grant of authority shall begin at 8 a.m. the day the event begins and will remain in effect until the event's conclusion.

** Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical provider for rendering such services.

The undersigned shall be responsible for expenses incurred in connection with such medical or dental services rendered to the minor pursuant to this authorization. Should it be necessary for the minor to be evacuated for medical reasons or otherwise, the undersigned shall assume cost for the evacuation.

Signed by a parent/guardian if the student is a minor, or by the student if 18 years of age or older.

Signature: _____ Date: _____

**Bring this completed form with you to campus or send it to:
Fresno Pacific University, Office of Undergraduate Admissions, 1717 S. Chestnut Ave., Fresno, CA 93702**