New Student Orientation Forms

Below are all the forms you'll need to complete before coming to campus. There are two ways to return your forms to the Office of Student Life

1. Print the forms, fill them out, and mail them by July 12th to:
   Office of Student Life
   92 Christendom Drive
   Front Royal, VA 22630
2. Download the forms, fill them out digitally, saved the completed copies, and attach them to an email to studentlife@christendom.edu by July 12th. Please send one email with ALL your forms attached rather than multiple emails. Make sure to sign your email with your full name.

Required Forms:

- ☐ Parent/Student Physical Activity Waiver
- ☐ Athletic Department New Student Questionnaire
- ☐ Roommate Questionnaire
- ☐ New Student Health Insurance Form
- ☐ Health and Physical Exam Form *(This form requires a doctor's signature; print these pages, bring them to your appointment, and mail them to our office at the address listed above.)*

Optional Forms:

- ☐ Vehicle Registration Form
- ☐ Apparel Order Form
- ☐ Transportation Shuttle Request Form
- ☐ Immunization Waiver
- ☐ Orientation Dinner RSVP
- ☐ Parents Directory Information Sheet
- ☐ Dietary Restrictions Waiver

PARENT/STUDENT PHYSICAL ACTIVITY WAIVER FORM

TO BE COMPLETED BY ALL STUDENTS

All students are required to sign the waiver which will apply to all physical activities at the college, including but not limited to, intercollegiate varsity sports, club sports, intramural sports, boating, and other activities sponsored by the college throughout the year.

The sports and activities sponsored by Christendom College can involve physical contact and other potential risks. Because of the conditions inherent to sports and some of the activities, participating in these may pose the risk of injury. Those injuries include, but are not limited to, death, paralysis, due to serious neck and back injuries; brain damage, damage to internal organs, serious injuries to the bones, ligaments, joints, and tendons, and general deterioration of health. Such injuries can result not only in temporary loss of function, but also in serious impairment of physical, psychological, and social abilities, including the ability to earn a living.

In an effort to make the sports and activities as safe as possible including the equipment and facilities, the coaches and leaders have a basic knowledge of safety and will impart this to the participants in order to try and ensure the safest and most enjoyable setting. It is vital that participants follow the instructions, training rules, and policies implemented for to decrease the possibility of serious injury.

I have read the information above concerning the risks of playing sports and other physical activity stated above I understand and assume all risks associated with participating in the different physical activities and or sports at Christendom in addition to the use of any equipment or facilities connected with these. I further agree to hold Christendom College and its employees, representatives, coaches, volunteers and agents harmless in any and all liability actions, claims, or additional legal action in connection with the participation in any physical activities including sports. In signing this form, I assume the inherent risks of participation in these activities and waive future legal action by our heirs, estate, executor, administrators, assignees, family members and ourselves.

Student Name (printed):

Signature of Student: Date:

Signature of Parent: (if student is under 18):

Emergency Contact Name & Relation to Student:

Emergency Contact Phone:

Athletic Department New Student Questionnaire

Please take a few moments to fill out the following questions to help our athletic department plan for Varsity Athletics as well as intramural sports at Christendom. Please return in the envelope provided.

Name: Age: Height: Weight:

Name, city, state of high school:

Number of students enrolled in your high school:

INTERCOLLEGIATE

Did you play varsity sports in high school? ☐ Yes ☐ No How many years?

Which High School Sports did you compete in? (check all that apply)

☐ Soccer ☐ Volleyball ☐ Cross Country ☐ Basketball ☐ Softball ☐ Baseball

☐ Rugby ☐ Lacrosse ☐ Crew ☐ Golf ☐ Other:

Did you play on a travel/club team in high school? ☐ Yes ☐ No How many years

What was the name of your travel/club team?

Coaches name and contact info:

What position have you played in these sports?

Have you received any special awards or recognition in these sports?

Which intercollegiate do you hope to play at Christendom at the Varsity level? (check all that apply)

☐ Soccer ☐ Volleyball ☐ Cross Country ☐ Basketball ☐ Rugby ☐ Softball ☐ Baseball

INTRAMURAL

Currently Christendom offers intramural sports throughout the year. Please rank the below list according to the activities you would like offered this coming year as part of the intramural program.

Whiffle Ball / Indoor Soccer / Volleyball / Dodgeball / Basketball / Frisbee

1. 4.
2. 5.
3. 6.

Christendom College Roommate Questionnaire

This form is to be filled out *by the student.* This form will be used to assign your roommate(s). Using this information, we will do our best to pair you with a roommate with similar interests and living style.

Name:

Gender: ◯ Male ◯ Female

Age:

Are you a transfer student? ◯ Yes ◯ No

☐ **Check this box if you would NOT like Student Life to share your name and Christendom College e-mail address with your future roommate.**

I. Personal Information:

1. **I would describe myself as:**
   - ◯ Very private and studious
   - ◯ Social and Studious
   - ◯ More social than studious
   - ◯ Other
2. **When I am with a group of people, I would usually:**
   - ◯ join in the talk of the group.
   - ◯ talk with one person at a time.
3. **I tend to have:**
   - ◯ deep friendships with very few people.
   - ◯ a broad range of friends and acquaintances.
4. **The people I meet can tell what I am interested in:**
   - ◯ right away.
   - ◯ only after they really get to know me.
5. **When conflict arises what do you tend to?**
   - ◯ I keep problems to myself and trust that others will come to see the problem on their own.
   - ◯ I will hint at what bothers me and give the other person space to ask if there is a problem.
   - ◯ I find a time to bring all my concerns out in the open so that the issues can be resolved.
   - ◯ I address the issue bluntly so that there is no miscommunication.
6. **How do you prefer to be confronted?**
   - ◯ I prefer very constructive criticism that I can process on my own time and then respond to.
   - ◯ I prefer to have someone tell me outright what the problem is and to hash it out together.

II. Living/Studying Habits

7. **When I have a task to do I:**
   - ◯ prefer to do things at the last minute.
   - ◯ find doing things at the last minute makes me anxious.
8. **Following a schedule**
   - ◯ appeals to me.
   - ◯ stresses me out.
9. **In my daily work I:**
   - ◯ enjoy a task that makes me work against time. hate to work under pressure.
   - ◯ usually plan my work so I won't need to work under pressure.
10. **Which most describes your preferred study environment?**
    - ◯ The quieter the better
    - ◯ Background noise doesn't bother me
    - ◯ I cannot study with any music
    - ◯ Music does not bother me, no matter the volume
    - ◯ I thrive on all kinds of noise and distractions
11. **How neat are you?**
    - ◯ Very neat, I cannot stand any messes/clutter
    - ◯ I do not like clutter, but I can deal with some of it
    - ◯ I am easy going, I'll clean up once a week
    - ◯ I do not clean unless I am forced to
    - ◯ I cannot remember the last time I saw the top of my dresser

12. **How do you feel about personal space/area?**
    - ◯ It is very important to me, I do not like people touching my things or invading my personal space.
    - ◯ I do not mind if people touch my things as long as they are careful and respectful.
    - ◯ I do not notice if people are in my personal space/area or borrow my things.

13. **Besides using my bedroom as a sleeping area, I primarily see my room as a:**
    - ◯ Social gathering area
    - ◯ Study/ quiet space

14. **What time do you prefer to go to bed?**
    - ◯ 8 pm - 10 pm
    - ◯ 10 pm - 12 am
    - ◯ 12 am – 2 am

15. **What time do you prefer to wake up?**
    - ◯ Before 7 am
    - ◯ 7 am – 9 am
    - ◯ I sleep as long as possible

16. **Are you a heavy or a light sleeper?**
    ◯ Heavy ◯ Moderate ◯ Light

17. **What is your tolerance for the smell of Tobacco?**
    - ◯ I am allergic
    - ◯ I cannot stand it
    - ◯ Bothersome, but I can handle it
    - ◯ No preference
    - ◯ I am a smoker myself

Which word in each pair appeals to you?

18. ◯ systematic or ◯ spontaneous
19. ◯ reserved or ◯ talkative
20. ◯ punctual or ◯ leisurely

<u>Roommate Information</u>

Residence Life will do their best to provide each student with the best roommate option and will take into consideration roommate requests. However, not all requests are guaranteed to be granted. Thank you for your understanding.

1. If you have a preferred roommate, please give the person's name.
   (Note: This person must also have your name on their form for you to be placed together in a room.)

2. **I would like a roommate who is:**
   - ◯ more social than me.
   - ◯ just as social as me.
   - ◯ less social than me.

3. **From the following examples of characteristics, please list these or others you find most desirable for a roommate:**
   Examples: joking, athletic, spiritual, fashionable, shy, social butterfly, musical, prayerful, reserved, messy, super clean/organized, easy going, video gamer, enjoys outdoor activities, etc.

4. **Please list any characteristic which you consider undesirable in a roommate.**

5. **Please list any additional comments**

New Student Health Insurance Information Form

Check here if you (the student) ARE covered by a health insurance plan.* ☐

*This can include a personal plan, the plan of a parent or guardian, or membership in a health care sharing ministry or similar program.

My current health insurance company is:

My policy number is:

My group number is:

If your company does not use group or policy numbers, please just put all valid information on the space provided – this is often the case with insurance for the Military, larger companies, etc.

By signing below, I verify that this information is correct and that I have health insurance coverage for the 2018-2019 school year.

Student's Printed Name

Signature of Student Date

Check here if you (the student) ARE NOT covered by a health insurance plan. ☐

By signing below, I verify that I am not currently enrolled in a medical health insurance plan, and I assume all responsibilities for my medical care, and costs therefore incurred, and for any illness or injury that may occur while I am a student enrolled at Christendom College. I agree to hold Christendom College and its employees, representatives, coaches, volunteers, and agents harmless in any and all liability actions, claims, or additional legal action in connection with the any illness or injury that may occur on campus or at an off-campus college event. In signing this form, I assume the inherent risks of participation in these activities and waive future legal action by our heirs, estate, executor, administrators, assignees, family members and ourselves.

Student's Printed Name

Signature of Student Date

Semester Enrolling:
☐ **Fall**
_____(year)
☐ **Spring**
_____(year)

Please return this form to:
Student Life
Christendom College
92 Christendom Dr
Front Royal VA 22630

HEALTH AND PHYSICAL EXAM FORM

This form is a requirement for enrolling as a student at Christendom College and will be kept confidential. **Pages one and two should be filled out by the student. Pages three and four are to be filled out by your health care provider at the time of your physical exam.** The student is responsible for updating this form. Students will NOT **be permitted to register for classes** if the *Health and Physical Exam Form* is not completed. Questions about this form can be directed to the Nurse's Office or the Student Life Office of Christendom College.

_____	_____	_____
Last Name	**First Name**	**Middle Initial**

_____	☐ **Male** ☐ **Female**
Date of Birth (Month, Date, & Year)	**Gender**

_____	_____	_____	_____
Permanent Address	**City or Town**	**State**	**Zip Code**

_____	_____
Home Phone	**Student Cell Phone**

Emergency Contact Information

_____	_____	_____	_____
Emergency Contact-name and relationship	Home Phone	Cell Phone	Work Phone

_____	_____	_____	_____	_____
Emergency Contact Address	City	State	Zip	E-mail Address

Parent/Guardian Notification: I authorize the staff of Christendom College to notify a parent/guardian in the event of an emergency/serious illness. _____ (Initial Here)

Personal Physician

_____	_____	_____
Primary Physician	Address	Phone

Family History: Have any of your relatives ever had any of the following?

	Yes	No	Relationship		Yes	No	Relationship
Arthritis				Epilepsy, Seizures			
Asthma, Hay Fever				High Blood Pressure			
Cancer				Kidney Disease			
Diabetes				Mental Illness			
Death Before Age 50				Tuberculosis			
Disability Due to Heart Disease				Other (specify)			

MEDICAL HISTORY

Student to Complete and Sign.

Alcohol Abuse	□Yes □No	Fainting/Dizziness	□Yes □No	Polio	□Yes □No
Anemia	□Yes □No	Gallbladder Trouble	□Yes □No	Psychological Counseling	□Yes □No
Arthritis	□Yes □No	Hay Fever (Recurrent)	□Yes □No	Rheumatic Fever	□Yes □No
Asthma	□Yes □No	Head Injury/Concussion	□Yes □No	Rubella	□Yes □No
Back Problems	□Yes □No	Headache (Recurrent)	□Yes □No	Scarlet Fever	□Yes □No
Bone Fractures	□Yes □No	Heart Disease/Problems	□Yes □No	Sickle Cell Trait (Anemia)	□Yes □No
Cancer	□Yes □No	Hepatitis/Jaundice	□Yes □No	Sinus Trouble	□Yes □No
Chicken Pox	□Yes □No	Hernia/Rupture	□Yes □No	Skin Problems (Chronic)	□Yes □No
Colitis	□Yes □No	High Blood Pressure	□Yes □No	Sleep Problems	□Yes □No
Convulsions/Seizures	□Yes □No	Intestinal/Stomach Trouble	□Yes □No	Smoking (how long?)	□Yes □No
Cough (Chronic)	□Yes □No	Joint Disease/Injury	□Yes □No	Spleen, Surgical Removal	□Yes □No
Depression/Anxiety	□Yes □No	Measles	□Yes □No	Thyroid Disease	□Yes □No
Diabetes	□Yes □No	Menstrual Problems	□Yes □No	Tuberculosis	□Yes □No
Disability/Handicap	□Yes □No	Migraine Headaches	□Yes □No	Urinary Tract Infection	□Yes □No
Drug Abuse	□Yes □No	Mononucleosis, Infectious	□Yes □No		
Ear/Hearing Trouble	□Yes □No	Mumps	□Yes □No		
Eating Disorder	□Yes □No	Paralysis	□Yes □No		
Eye Disease/Problems	□Yes □No	Pneumonia	□Yes □No		

Brief explanation of any marked:_____

_____

MEDICATIONS (list all currently taking)

_____

ALLERGIES (Drug, Latex, Tape, Food, Others, etc.)

_____

HOSPITALIZATIONS/SURGERIES (**If yes, please list date and reason**)

Carry an Epipen? □Yes □No

Medical Consent and Health Form Agreement

I give permission for treatment that may include, but is not limited to, routine, urgent, and emergency care, medicines, immunizations, laboratory tests, diagnostic studies, referral to hospitals, clinics or medical specialists deemed necessary by health care providers when the undersigned is not able to make such decisions or when emergency contact person(s) cannot be reached. It is understood and agreed that the Christendom College may release any medical information necessary to other physicians, insurance companies, and government agencies that may require such information. Christendom College is not responsible for any medical treatment received outside the Nurse's office.

Christendom College will make reasonable accommodations for health conditions; the ability/decision to make such accommodations is left solely to the discretion of the administration of Christendom College. I understand that the College may not grant some accommodations. I acknowledge and understand that Christendom College reserves the right to revise a student's standing considering his health condition.

I verify that all medical and psychological information I provide is complete and accurate. I understand that I am required to notify the Nurse's Office of Christendom College of any changes in my health that may occur while a current student. I understand I am personally responsible for seeking health care and informing the proper persons of any and all health conditions I have. I further agree and understand that any information that is withheld or any failure to inform the College of any physical health or mental health conditions/changes could result in disciplinary action including the possibility of permanent dismissal from the College.

_____ _____

Signature of Student **Date**

_____ _____

Signature of Parent/Guardian (If the Student is under 18 years of Age) **Date**

Physical Exam Form

To be completed by a licensed physician, physician's assistant, or nurse practitioner.

Last Name	**First Name**	**Middle Initial**

Month	**Date**	**Year**	☐ **Male** ☐ **Female**	
Date of Birth			**Gender**	

Height:_____ **Weight:**_____ **Blood Pressure:**_____ **Pulse:**_____

Clinical Evaluation	Normal	Abnormal	Comments
Skin			
Head, Ears, Eyes, Nose, Throat, Hearing, Visual Activity			
Tonsils, Teeth, Gums			
Neck & Thyroid			
Respiratory			
Breasts			
Cardiovascular			
Gastrointestinal			
Menstrual Cycle/Testes			
Back/Spine			
Extremities/Musculoskeletal/Femoral Pulses			
Neurologic			
Emotional/Psychological			
Other Findings			

Is there loss of or seriously impaired function of any paired organ? ☐ No ☐ Yes If yes, please explain:

_____

_____

Please explain any other physical conditions found during examination:

_____

_____

Is this student cleared for full physical activity, including participation in intramural, club, and intercollegiate sports and able to meet the physical and emotional demands of college life, including study abroad?

☐ Yes/Unlimited activity and fit for college. ☐ No/Limited Activity Reason:_____

Recommendation:_____

I have reviewed the medical history and examined the student noted above. The information is accurate and complete to the best of my knowledge.

Signature of Licensed Physician, PA, or NP	**Date**
Print Name of Licensed Physician, PA, or NP	**Date**

Review done by:
initials_____ **Date**_____

Missing Information Notification:
☐ **Letter** ☐ **Email** ☐ **Phone** ☐ **In-Person** **Initials**_____
Date___

IMMUNIZATIONS

To be completed by a licensed physician, physician's assistant, or nurse practitioner.

Effective Fall 2014:

1) All **international** students must have a Tuberculin Skin Test (Mantoux) done within 6 months prior to the start of the student's first semester. This can be recorded on the TB Screening section below or submitted separately, written in English.
2) The below immunizations are required for admission to Christendom College. This is to be completed by the start of the student's first semester or a plan for completing these immunizations need to be submitted. An immunization waiver for medical or personal exemption is located online

	Month	**Day**	**Year**
Student Name	**Date of Birth**		

TB Screening:

1. **Does the student have signs or symptoms of active TB disease ___Yes ___ No. If NO, proceed to question two.**
2. **Is the student a member of a high risk group, or an international student ___Yes ___No**

If NO, STOP. No further evaluation is needed at this time. If **YES**, place tuberculin skin test (Mantoux only). A history of BCG vaccination does not preclude testing of a member of a high risk group. History of BCG vaccine ___Yes ___No

3. Tuberculin Skin Test: (Mantoux) Must be within six months Date given __/___/__ Date read: __/__/__

Result:____ (record actual mm of induration, transverse diameter; if no induration, write "0")

Interpretation (based on mm of induration as well as risk factors): ___positive ___negative

4. Chest xray (required if tuberculin skin test is positive) __normal __abnormal__date of chest xray __/__/__

5. Treatment plan if indicated:_____

REQUIRED VACCINATIONS:

MMR If born after 12/31/56 two doses required. (Measles, Mumps, Rubella)	Dose #1 must be given on or after first birthday. Dose #2 must be given after 15 months of age and at least 28 days after 1st dose.	Dose #1 ___/_____/___ M D Y	Dose #2 ___/_____/___ M D Y	
Measles	If born after 12/31/56 two doses of live measles vaccine are required **or** positive serology.	Dose #1 ___/_____/___ M D Y	Dose #2 ___/_____/___ M D Y	Serology date ___/_____/___ M D Y ☐ Immune
Mumps	If born after 12/31/56 one dose of live mumps vaccine is required **or** positive serology.	Dose #1 ___/_____/___ M D Y		Serology date ___/_____/___ M D Y ☐ Immune
Rubella	If born after 12/31/56 one dose of live rubella vaccine is required **or** positive serology.	Dose #1 ___/_____/___ M D Y		Serology date ___/_____/___ M D Y ☐ Immune
Tetanus, Diphtheria, Pertussis	Dose within 10 years. Please specify: Td | Tdap	___/_____/___ M D Y		
Polio Vaccine	Date Series Completed	___/_____/___ M D Y		

RECOMMENDED VACCINATIONS:

Meningococcal Vaccine	One dose of either: ☐ Menomune™ ☐ Menactra™	___/_____/___ M D Y			
Varicella Vaccine	Two doses, disease date or serology results.	Dose #1 ___/_____/___ M D Y	Dose #2 ___/_____/___ M D Y	Serology date ___/_____/___ M D Y ☐ Immune	Disease Date ___/_____/___ M D Y

I verify that the immunization records and TB Screen results are complete and accurate to the best of my knowledge.

Signature of MD, PA, or NP	**Phone Number**	**Date**

Christendom College
Vehicle Registration Form

All students at Christendom College are allowed to bring vehicles to campus with the understanding that vehicles are not to be used for transportation around campus. Rather, they are to be used for transportation after class times to off-campus jobs, errands in town, etc.

Each student who brings a vehicle is to purchase a vehicle registration. A registered vehicles is assigned a parking lot. Vehicles should remain parked in their assigned lot unless they're being driven off campus.

Having a vehicle on campus can be beneficial to a student for transportation to the store, doctor's visits, the dentist and the like. The College provides limited transportation to specific stores (Walmart, etc.) in town on a weekly basis and to the airport for scheduled holidays, but otherwise there is no shuttle service for personal appointments or errands in town.

However, any student who chooses to bring a vehicle to college should be sure to consider important measures of responsible vehicle ownership. Vehicles parked or driven improperly on campus will be ticketed. Repeated driving or parking violations may result in a student losing the privilege of having a vehicle on campus.

If you decide to bring a vehicle to campus, please provide the following information. The registration fee of $25/year or $15/semester will be paid when you pick up your parking decal on campus.

Full Name

Make

Model

Year

License Plate Number/ State

Color of Vehicle

It is each student's responsibility to be informed of the Vehicle and Parking Policies found in the Student Handbook and also distributed with your parking decal after your arrival on campus.

Order Christendom Wear TODAY!!

Standard Jersey-style T-shirts are only $10,
Crewneck sweatshirts are only $20
Hoodies are only $30!

Traditional Logo Style

Jerusalem Cross Design

Please fill out this form and return it with all Orientation forms to Student Life.
Payment (check or cash) can be made when you pick up the items on campus.

Student's Full Name:

Please enter <u>desired quantity</u> next to appropriate style, size, and color:

<u>T-Shirt ($10 each)</u>

Jerusalem Cross Style:	**Red**:	Small	Med	Large	XL	XXL
	Gray:	Small	Med	Large	XL	XXL
Traditional Logo Style:	**Navy**:	Small	Med	Large	XL	XXL
	Gray:	Small	Med	Large	XL	XXL

<u>Crew Sweatshirt ($20 each)</u>

Jerusalem Cross Style:	**Red**:	Small	Med	Large	XL	XXL
	Gray:	Small	Med	Large	XL	XXL
Traditional Logo Style:	**Navy**:	Small	Med	Large	XL	XXL
	Gray:	Small	Med	Large	XL	XXL

<u>Hoodie ($30 each)</u>

Jerusalem Cross Style:	**Red**:	Small	Med	Large	XL	XXL
	Gray:	Small	Med	Large	XL	XXL
Traditional Logo Style:	**Navy**:	Small	Med	Large	XL	XXL
	Gray:	Small	Med	Large	XL	XXL

Airport Shuttle Registration Information

The Christendom College Transportation Department picks up students from Washington Dulles International Airport. Passengers who fly into Baltimore International Airport (BWI) or Reagan National Airport (DCA) can take the train or metro to the Vienna Metrorail station where there are also scheduled shuttles to the College. The fee for shuttle service is $30 one-way.

For the pick-up schedule and to register for a shuttle, please visit the Transportation website:

www.christendom.edu/transportation

Please register and pay online for shuttle service no later than August 2nd, 2019.

Directions Upon Arrival

For Arrivals at IAD/Washington Dulles Airport:

After collecting your belongings from baggage claim, proceed outside via **ARIVAL DOOR #6**. Wait here for the white Christendom College van. Please do not wander or wait elsewhere. We want to know where to find you.

Directions to Vienna Metro from BWI/Baltimore International Airport

Take the Amtrak to Union Station in DC. Then take the Metro Red Line toward Shady Grove. At the Metro Center stop get off the Red Line and transfer to the Orange Line going toward Vienna.

Directions to Vienna Metro from DCA/Ronald Reagan National Airport

Take the Metro Blue Line toward Largo Town Center. At the Rosslyn stop get off the Blue Line and transfer to the Orange Line going toward Vienna.

Directions to Vienna from Union Station/Amtrak

Take the Metro Red Line toward Shady Grove. At the Metro Center stop get off the Red Line and transfer to the Orange Line going toward Vienna.

Once you get to the Vienna Metro Stop…

Exit the Metro area and wait at the "South-Side Kiss and Ride" for the white Christendom van.

CHRISTENDOM COLLEGE IMMUNIZATION WAIVER

Last Name: First Name: Middle Initial:

Date of Birth: Gender: ◯ Male ◯ Female

Check the immunizations that the student does NOT have:

☐ Measles/Mumps/Rubella

☐ Polio

☐ Tetanus

☐ All of the above

Medical Exemption

The physical condition of the above-named individual is such that immunization would endanger life or health.

Physician's Signature:

Date:

Personal Exemption

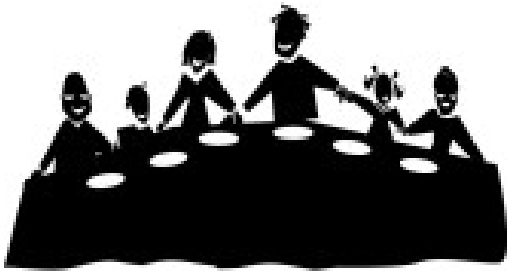
I hereby request exemption from the immunization requirement for entry to Christendom College because some immunizations are contrary to my beliefs. I am aware of the symptoms and consequences of these diseases and should I develop any one of these, I accept the sole responsibility to obtain medical help immediately. I take full responsibility in the event of any possible illness or injury resulting from waiving or delaying my immunization requirement.

Signature of Student **Date**

Signature of Parent/Guardian (if the Student is under 18 years of age) **Date**

Please be aware: In the case of an outbreak of a specific disease for which you have waived immunization, it is plausible that the College and/or the Public Health Department may mandate a quarantine. Non-immunized students may be denied access to or continued residency on campus in compliance with a quarantine or other directions from the Public Health Department.

You are invited to Christendom College's Annual Orientation Dinner!



Who: All incoming students and their families

When: Friday, August 23, 2019

See the Orientation schedule for your assigned time.

Where: St. Lawrence Commons

Dress: Casual

Student Name:

Number of Individuals Attending Dinner (Not including Student):

Adults Children

Following dinner there is a reception for faculty, staff, and parents at 7:00 p.m. in the St. John the Evangelist Library. Dress is semi-casual.

Names of Individuals Attending the Parents & Faculty Reception:

Parents Directory Information Sheet

The Parents Directory allows families to contact each other via their preferred means (email, telephone, etc.) Participation is completely voluntary. We will compile the information we receive by August 1st and email the finished directory to all of the families who have opted in to this opportunity.

We will make periodic changes to the directory (as new information is shared with us) and send out monthly or quarterly updates. In this way only the information you wish to provide will be shared and no contact information will be posted anywhere online. We hope this will be the start of increasing and facilitating communication between our Christendom families!

Please provide *only* the information you would like included in the Directory to be shared with other Christendom families. You may provide multiple phone numbers or email addresses.

Last Name:

First Name(s):

Your Christendom Student(s):

Home Address:

Phone Number:

Email Address*:

*We will need an email address to send you a copy of the Parents Directory. We understand that not every family would like their email address shared with others. If you would *not* like your email address included in your entry, please indicate below.

☐ Please *do not* include my email address in my entry in the Directory.

Department of Operations
134 Christendom Dr., Front Royal, VA, 22630
540-636-2900 ext. 1300

STUDENT DIETARY RESTRICTION/ALLERGEN WAIVER

All students with documented dietary restrictions or food-born allergies who elect to be on the College's meal plan and/or eat meals in the St. Lawrence Commons communal dining hall are required to sign this waiver recognizing that the College cannot ensure the student will not come into contact or ingest food that may cause an allergic reaction.

By signing this waiver, the student recognizes that they are taking meals prepared and served in a communal dining environment where the ability to limit cross-contamination is limited. Additionally, once the student has been served food prepared by the kitchen and is eating that food in the dining hall, he or she will be in close proximity to other diners and may be at risk from cross contamination caused by sharing a dining space with others. This can result in cross contamination and potentially result in an allergic reaction up to an including anaphylaxis. Such a reaction could result in significant injury or ongoing health issues.

In an effort to make the dining hall as safe as possible for students with allergies, the Chef and kitchen staff have a knowledge of preparing food for individuals with dietary restrictions and allergies. They will take reasonable action to prevent cross contamination during food preparation and in the serving area and properly label food with potential allergens. It is vital that students take responsibility for their own health and allergies by being aware of what is being served and closely adhering to all food labels to decrease the possibility of serious injury.

I have read the information above concerning the risks of eating food prepared and served in the communal dining hall. I understand and assume all risks associated with eating in the communal dining hall at Christendom or any food served at other on-campus or College-sponsored events. I further agree to hold Christendom College and its employees, representatives, volunteers, and agents harmless in any and all liability actions, claims, or additional legal action in connection with eating food prepared in the communal dining hall or other food provided on campus or at College-sponsored events. In signing this form, I assume the inherent risks and waive future legal action by my heirs, estate, executor, administrators, assignees, family members and myself.

Name (printed):

Signature of Student: Date:

Signature of Parent: (if student is under 18):

Emergency contact name and relation to student:

Emergency contact phone number: