



Webb Institute

Prospective Freshman (PF) Overnight Visitation Consent Form

Thank you for requesting an overnight visit! This overnight visit will allow us to get to know you better, while also allowing you to get to know the Webb Community better! To complete your overnight visitation request, please complete this form.

STUDENT INFORMATION:

Student Name: _____

Date of Birth: _____

Address: _____

High School: _____

Graduation Year: _____

Email: _____

Cell Phone #: _____

Gender Identity: _____

Interests: (ex. Sailing) _____

VISIT REQUEST:

The first day of an overnight visit is scheduled between Sunday and Thursday, and the experience typically last approximately 24 hours.

What date would you like to request? From _____ to _____
(What would be your second choice? From _____ to _____)

What time do you expect to:

....arrive on campus? _____

(We typically advise students to arrive between 3:00 pm and 5:30 pm, if the student would like to join our *Webbies* for dinner)

....depart from campus? _____

(Classes typically end at 3:00 pm; however, we can be flexible)

Would you and your parent/guardian like a formal tour of campus during the visit? YES NO

(The student will also receive an informal, host-led tour during his/her visit)

EMERGENCY CONTACT INFORMATION:

Primary Emergency Contact:

Name: _____

Relationship: _____

Phone #: _____

Secondary Emergency Contact:

Name: _____

Relationship: _____

Phone #: _____



VISITATION AGREEMENT:

I am aware that although Webb has agreed to host me overnight, neither the Office of Admissions nor any office or personnel of Webb 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 New York State law and the Webb Honor System and Code of Conduct, which govern students enrolled at Webb. I acknowledge that New York law prohibits all use of illegal drugs and prohibits the drinking of alcoholic beverages by persons under the age of 21.

Furthermore, I understand that any negative behavior during my campus visit will be considered by the Office of Admissions and any violation of the rules stated above or any damage to Webb Institute property could result in the immediate removal from consideration in the admissions process.

Please check the boxes below to allow participation in the following:

- Permission to participate in athletic practices on campus. I understand the inherent risks to doing so and will abide by all safety protocols during my visit and not hold Webb Institute liable for any injury while doing so.
- Permission to participate in watersports on campus. I understand the inherent risks to doing so and will abide by all safety protocols during my visit and not hold Webb Institute liable for any injury while doing so.

Finalist Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

GUEST HEALTH INFORMATION

In the event of an emergency, if we, the undersigned parent or guardian of the above-named child, cannot be reached, we hereby authorize a representative of Webb Institute to consent to any medical treatment or care deemed advisable.

Parent/Guardian Signature: _____

Date: _____

Please list any medications (i.e. prescription drugs, aspirin, vitamins, etc.), allergies, chronic health problems (i.e. asthma, seizures, etc.) - anything which might affect procedures or treatment in an emergency: _____

In case of an emergency, please do not hesitate to contact Marissa Alperin, our Assistant Director of Student Affairs and Residence Life, who lives on campus at 516-403-5950 during business hours, or at 516-776-7278 outside of our business hours.