



## Overnight Visit Permission Form

Please fill in the information below and bring this form with you to campus or scan and email back to your respective coach by email.

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Dates of Visit to Bluffton University: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Student Statement:**

I have read and understand the Bluffton University [conduct expectations](#) and agree to abide by these expectations during my stay at Bluffton University. I recognize that my failure to meet these expectations may jeopardize my admission to Bluffton University. I agree to hold harmless Bluffton University, its employees, students, and trustees of any responsibility for any behavior on my part and the results of said behavior which may violate this agreement, local laws and/or College policies.

\_\_\_\_\_  
Signature of Student                      Cell Phone                      Date

### **Parent/Guardian Statement:**

I give permission for my child to visit Bluffton University. I have read and understand the Bluffton University [conduct expectations](#) and agree that my child will be held responsible for meeting those expectations during his/her visit to Bluffton University as a prospective student. I agree to hold harmless Bluffton University, its employees, students, and trustees of any responsibility for any behavior on the part of my child and the results of said behavior which may violate this agreement, local laws and/or College policies.

\_\_\_\_\_  
Signature of Parent/Guardian                      Contact Number                      Date