

# ISU SUMMER SCIENCE CAMP

## July 29-August 13, 2009

### Registration Form

**DIRECTIONS: Please print clearly. Thank you.**

Student's First Name: \_\_\_\_\_ Student's Last Name: \_\_\_\_\_

Student's Grade Next Year (2009-2010): \_\_\_\_\_

Parent's/Guardian's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Street Number & Street Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

What school does the child attend (include city, state if outside Vigo County)? \_\_\_\_\_

\_\_\_\_\_

How did you hear about the Summer Science Camp? \_\_\_\_\_

\_\_\_\_\_

Please indicate child's t-shirt size: \_\_\_\_\_

Please check here if child's t-shirt needs to be adult sized \_\_\_\_

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*Please make check payable to "Indiana State University" in the amount of \$100.00 per child and send to the address listed below. (Please write your child's/children's name(s) in the memo section of your check. Thank you.)*

#### MAILING ADDRESS:

Tammy Barnes  
ISU Summer Science Camp  
Center for Science Education  
Terre Haute, IN 47809

#### CONTACT INFORMATION:

Phone: (812) 237-3010  
Fax: (812) 237-3002  
E-mail: [scienceteach@indstate.edu](mailto:scienceteach@indstate.edu)

# ISU SUMMER SCIENCE CAMP 2009

## Liability Release, Waiver, Discharge, Covenant, Medical Treatment Authorization, and Video/Photograph Permission Form

**DIRECTIONS: Please print clearly. Thank you.**

Name of Child: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

This is a legally binding Release and Authorization executed by the Parent/Guardian, acting on behalf of their child or children (the "Participant") enrolled in the ISU Summer Science Camp, to Indiana State University, Terre Haute, Indiana 47809 (the "Institution").

I, the undersigned, request that my child be granted permission to participate in the following activity: ISU Summer Science Camp sponsored by the ISU Center for Science Education, to be held on the Indiana State University Campus and various off-campus field trip sites (the "Activity").

In consideration of the Participant being permitted to participate in the Activity, I do release, waive, forever discharge, and covenant not to sue the Institution, its governing board, officers, agent, employees, and any students acting as employees ("Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of actions, costs and expenses of any nature which Participant may have or which may hereafter accrue to Participant arising out of or related to any loss, damage, or injury, including but not limited to, suffering and death, that may be sustained by Participant or by any property belonging to me, while Participant is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I understand and agree the Releasees do not have medical personnel available at the location of the Activity. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

I understand that any photograph, video or audio recording, and/or any other image or likeness of my child participating in the Activity becomes the property of the Institution and may be used by the Institution for the purposes of publicity of the Activity without any further consent or request for consent.

**I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS LIABILITY RELEASE, MEDICAL TREATMENT AUTHORIZATION, AND VIDEO/PHOTOGRAPH PERMISSION FORM.**

IN WITNESS WHEREOF, I have caused this Release and Authorization to be executed the \_\_\_\_\_ day of \_\_\_\_\_, 2009.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Printed Name)

# MEDICAL CONCERNS FORM

**DIRECTIONS: Please print clearly. Thank you.**

## **PART I: Child's Name**

Name of Child \_\_\_\_\_  
(Last) (First)

Names of any additional children \_\_\_\_\_  
(Last) (First)

\_\_\_\_\_ (Last) (First)

## **PART II: Emergency Contacts**

Parent/Guardian's Name(s) \_\_\_\_\_

Parent/Guardian's Telephone Numbers \_\_\_\_\_  
Home Phone Number (with area code)  
\_\_\_\_\_ Work or Daytime Phone Number (with area code)  
\_\_\_\_\_ Cell Phone Number (with area code)

Alternate Emergency Contact \_\_\_\_\_  
Contact Name & Relationship to Child  
\_\_\_\_\_ Contact Telephone Number (with area code)

## **PART III: Insurance Information**

Name of Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Number and/or other information required by your plan for proper treatment.  
\_\_\_\_\_

Is pre-certification of medical treatment required in advance by your insurance plan?  
(Please check) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide name and telephone number (including area code) to be called in advance  
of treatment \_\_\_\_\_

## **PART IV: Medical Conditions**

Please list any known medical conditions (including allergies) of which we need to be aware.  
Describe below. If none, please write "N/A". (Please note: If more space is needed, you may  
continue comments on the reverse side.)

\_\_\_\_\_