

## REGISTRATION FORM

### Penn State Weather Camp June 21–26, 2009

#### TO BE COMPLETED BY PARENT OR GUARDIAN.

Please print in ink or type, and be careful not to skip any sections of this form, as all sections are required for registration. This form may be copied for additional registrations. Payment, in full, must accompany this form. **Return to Penn State no later than June 5, 2009.**

#### Participant Information

Male

Female

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Last name

First name

Middle initial

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Applicant's Social Security no.\* or Penn State ID no.\*

Date of birth (m/d/y)

Age

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Home address (no. and street, or box no.)

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City

State

ZIP code

Country

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Home phone no.

Home fax no.

Parent's/guardian's e-mail address

Participant's grade next fall (circle one): 8 9 10

T-shirt size (circle one): S M L XL XXL

Do you want to be put on a waiting list of the program is full?  Yes  No

Roommate preference (one name only; the roommate must also complete and mail in a registration form naming you as his/her preferred roommate):

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#### Drop-off and Pickup

Student participants will not be released to anyone not designated by the parent/guardian.

Name(s) of person(s) who will be dropping off and picking up the student participant each day or at the conclusion of the program:

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Name(s)

Phone no.

Relationship to participant

How did you learn about Penn State Weather Camp?

Postcard

Web site

Teacher

Other

\*The Social Security number (SSN) you provide for enrollment purposes, or when requesting specific services, will be used by the University to verify your identity for official record keeping and reporting. If you choose not to supply your SSN, certain services—such as transcripts, enrollment verification, tax reporting, and financial aid—may not be available to you, and Penn State cannot guarantee a complete academic record for you. Your SSN will be stored in a central system and used only as a primary source to identify you within the Penn State system; the Penn State ID will be used as the primary identifier.

### Parent/Guardian Information

Parent's/guardian's last name	First name
Daytime phone no.	Home/cell phone no.
Additional contact's last name	First name
Daytime phone no.	Home/cell phone no.

### Registration Fee: \$595 per participant

#### Scholarships

If you cannot afford the registration fee, you may be eligible for a full or partial scholarship. If you would like to be considered for a scholarship, please complete the following information and submit a 100-word handwritten essay (sorry, no typed or computer-produced essays) on this topic: “Why I want to go to the Penn State Weather Camp.” Attach the essay to your registration form. **Deadline: April 10, 2009.**

- Yes, please consider me for a  full or  partial scholarship for:  
 Financially disadvantaged students  
 Underrepresented students
- My 100-word, handwritten essay is attached.

#### Method of Payment

Your payment, in full, must accompany your registration form. The Pennsylvania State University's federal ID number is 24-6000516.

- Enclosed is a check or money order for the amount indicated, payable to The Pennsylvania State University.

**MEDICAL TREATMENT AUTHORIZATION**

I hereby authorize the clinical staff of University Health Services and/or Mount Nittany Medical Center to provide care that includes routine diagnostic procedures (e.g., x-rays, blood and urine tests) and medical treatment as necessary to my minor daughter/son, \_\_\_\_\_.

I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the youth program.

Special issues that the program directors and instructors should be aware of (diet restrictions, learning challenges, behavioral challenges, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Physical conditions that the clinician should be aware of (allergies, recurring illness, disabilities, chronic illness, etc):

\_\_\_\_\_  
\_\_\_\_\_

Date of most recent tetanus immunization: \_\_\_\_\_ (If more than ten years ago, a booster shot is recommended.)

List all medications taken regularly: \_\_\_\_\_

\_\_\_\_\_

Penn State program officials will not dispense over-the-counter (OTC) or prescription medications to participants. Participants will be allowed to possess and take OTC and prescription medications on their own if permission is granted in writing by the parent(s) or guardian(s). Both OTC and prescription medications must be in their original containers and listed above.

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for physicians and staff at University Health Services and/or the Emergency/Outpatient Department of Mount Nittany Medical Center to perform any necessary emergency treatment.

\_\_\_\_\_  
Name of emergency contact Phone no.

\_\_\_\_\_  
Name of family physician Phone no.

\_\_\_\_\_  
Name(s) of parent(s) or guardian(s) (please print)

\_\_\_\_\_  
Insurance company Insurance company address (no. and street, or box no.)

\_\_\_\_\_  
City State ZIP code

\_\_\_\_\_  
Policy subscriber's name Policy no. Group no.

**MEDICAL RECORDS RELEASE**

I/we give my/our permission for you to release, to the appropriate medical care provider(s), any records necessary for treatment, referral, billing, or insurance purposes.

Yes  No

**HIPAA**

Penn State honors the privacy of the participants in its programs and complies with the national regulations regarding health information. For a summary of the national standard, see

[http://www.hhs.gov/ocr/hipaa/consumer\\_summary.pdf](http://www.hhs.gov/ocr/hipaa/consumer_summary.pdf).

**LIABILITY RELEASE** (to be completed by parent[s] or guardian[s])

I/we, the undersigned, individually and as parent(s) or guardian(s) of \_\_\_\_\_, a minor, ask that he/she be admitted to participate in this **Penn State Weather Camp** sponsored by The Pennsylvania State University. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the **Penn State Weather Camp** or residence in University housing, or in the course of activities held in connection with the **Penn State Weather Camp**.

**FIELD TRIP PERMISSION**

I/We give my permission for my/our child to participate in the following field trips:

Yes  No

**PERSONAL RELEASE**

Additionally, I/we authorize Penn State Conferences to photograph, videotape, and/or audiotape my/our child in promotion of the University's summer youth programs.

Yes  No

I have reviewed the Standards of Conduct (found on the Fee and Registration page) with my child, who agrees to follow this code. You must agree by checking Yes or your registration will be returned.

Yes

Signature (At least one is required to complete registration.)

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Parent's/guardian's signature

Date

**SEND TO**

Conferences and Institutes Registration  
The Pennsylvania State University  
Box 108  
State College PA 16804