

2009 Summer Science Workshop Registration Form

In order to process your application, complete a separate form for each camper. Applications will be accepted in the order that they are received. Typically, we have many more applications than available places in these workshops. You may wish to consider this when deciding whether to mail or drop off an application. By submitting an application, you are agreeing that your child will attend the program. In order to be guaranteed your child's participation in the program, we will need a completed application and check.

Mail completed forms to: Julie Brosius, Weis Center for Research, Geisinger Clinic, 100 North Academy Avenue, Danville, PA 17822-2600

PROGRAM	WEEK	FEE \$75
Fun with DNA	July 6-10	
Fun with Science	July 13-17	

*NO REFUNDS AFTER JUNE 1, 2009

STUDENT INFORMATION

Name: _____

Grade entering in Fall 2009 (circle one) 5 6 7 8

Birth date: _____ T-shirt size (circle one): Children's – M or L
Adult – S, M, L, or XL

Allergies (e.g., bees, peanut butter, and latex) _____

Medications (medications need to be in the original bottle and will not be given without written instructions):

Special medical considerations: _____

Primary physician: _____
Physician phone: _____ Hospital of choice _____

If parent, adult designee or the physician of choice cannot be reached, do you
authorize Weis Center staff to accompany your child to the nearest hospital?
 YES NO

Parent/Guardian's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ (Evening): _____

Fax: _____ Email: _____

In emergency, contact: _____

Emergency contact's relationship to child: _____

Phone (Home): _____ (Work): _____

Signature of Parent/Guardian: _____

Date: _____

In the event that you cannot drop off or pick up your child from camp, you may authorize the following person(s) to do so:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

(To add names to this form during camp, notify the group leader)

NOTE: The person listed above may be required to show proper identification.

Signature of Parent/Guardian: _____

Date: _____

Release is made as of (date) _____ by the undersigned. I understand and appreciate that participation in 2009 involves potential, although highly unlikely, loss or damage to, personal property and bodily injury.

In consideration of my or my child being permitted to participate in the scheduled activity. I hereby release and hold harmless the Weis Center for Research as sponsor, its commissioners, officers, trustees, employees, affiliates and agents (the "Released Parties") from any and all actions, damages, claims or demands which I or my child(ren), our heirs, executors, administrators or assigns may have against the Released Parties for all bodily injuries, know misconduct or grossly negligent act, if any of the Released Parties.

I, the undersigned, have read this Release and understand its terms. I realize this is a partial release of liability, and limits, to some extent, my rights to sue in the event of any loss or injury, and I execute it voluntarily and with the full knowledge of its significance. I agree to follow, or cause to be followed, all directions of the activity's leaders.

*Note to parents: There will be photographs taken, and the news media may participate in this program.

I, the undersigned, am the parent or legal guardian or the following named minor:

and enter into the foregoing release on the minor's behalf.

Signature of Parent/Guardian: _____

Date: _____

FOR OFFICE USE ONLY

Payment Type and Amount _____ **Date Rec'd** _____

Rec'd By: _____ **Confirmation #:** _____