

The College of Science, Engineering, and Technology

Health and Science Summer Academy



APPLICATION

JUNE 25TH – JULY 20TH 2018

* MONDAY – FRIDAY

* 9:00AM – 4:00PM

(PLEASE PRINT CLEARLY OR TYPE)

I. APPLICANT INFORMATION

Name [Last] _____ [First] _____ [MI] _____ Birth Date ____/____/____

Mailing Address [Street] _____ [Apt. #] _____

[City] _____ [State] _____ [Zip Code] _____

Home Number (____) _____ E-mail _____

Gender: Male Female T-Shirt Size: Small Med Large X-Large XX-Large

Race: African American White Hispanic Asian Native American Other _____

Do you have a computer in your home? Yes No Do you have Internet access? Yes No

Have you participated in the academy before? Yes No

Are your parents able to provide transportation and pick-up at 4:00 p.m. each day of the academy? Yes No

II. SCHOOL INFORMATION

School Name _____ Current GPA _____

Middle School High School (AS OF JUNE 2) _____ Grade (AS OF JUNE 20) _____

Do you receive free or reduced lunches? Yes No

Extracurricular Activities _____

List any school honors or awards you have received _____

List the science related classes you have completed and the grades you received:

COURSE	GRADE	COURSE	GRADE	COURSE	GRADE

III. PERSONAL STATEMENT

Provide a statement consisting of no less than 50 words. This statement should describe why you wish to participate in the Health and Science Summer Academy.

IV. EMERGENCY CONTACT

Name _____ Relationship _____

Address [Street] _____

[City] _____ [State] _____ [Zip Code] _____

Contact Number (_____) _____ Alternate Number (_____) _____

V. PARENT/GUARDIAN INFORMATION

MOTHER/GUARDIAN

Name [Last] _____ [First] _____ [MI] _____

Address [Street] _____ [Apt. #] _____

[City] _____ [State] _____ [Zip Code] _____

Phone #: (_____) _____ [H] (_____) _____ [C] (_____) _____ [W] (_____) _____

Email _____

FATHER/GUARDIAN

Name [Last] _____ [First] _____ [MI] _____

Address [Street] _____ [Apt. #] _____

[City] _____ [State] _____ [Zip Code] _____

Phone #: (_____) _____ [H] (_____) _____ [C] (_____) _____ [W] (_____) _____

Email _____

VI. APPLICANT SIGNATURE

I DECLARE THAT ALL STATEMENTS AND ANSWERS OR OTHER MATERIALS THAT I MAY HAVE SUBMITTED, ARE TRUE AND COMPLETE. I AGREE THAT ANY UNTRUE OR MISLEADING ANSWER, OMISSION, CONCEALMENT OR FAILURE TO ANSWER ANY QUESTIONS COMPLETELY AND ACCURATLEY WILL BE GROUNDS FOR THE REJECTION OF MY APPLICATION.

Signature of Applicant _____ Date _____

Signature of Parent (Guardian) _____ Date _____

Your completed application packet should include:

- Completed Program Application
- Completed Health Form
- Parental Consent forms (field trips & photo waiver)
- Signed Risk Management Waiver Form

**There is a \$250.00 registration fee due June 4, 2018.
Make checks payable to the NSU Foundation, CSET
Health and Science Summer Academy.**

**PLEASE RETURN COMPLETED APPLICATION PACKETS AND FEES
BY June 4, 2018 TO:**

**Patrice C. Smith
College of Science, Engineering, and Technology
Norfolk State University
700 Park Avenue
Norfolk, VA 23504**

Risk Management Waiver Form

CONSENT, WAIVER, RELEASE AGREEMENT

I, the undersigned _____, allow my child/student _____ to participate in the Health and Science Summer Academy of the College of Science, Engineering and Technology, including on-campus events and off-campus events, I do hereby release and discharge NORFOLK STATE UNIVERSITY and/or the College of Science Engineering, and Technology representatives from any and all damages on account of any injuries or illnesses sustained to my child/student while engaged the Health and Science Summer Academy at NORFOLK STATE UNIVERSITY and/or off campus, whether related or not to the activity enumerated above. I understand the risk of injury may be physical or emotional. This agreement *shall* constitute a bar of any recovery by the undersigned individually or brought for an on behalf of the child/student, and said agreement may be urged and used by NORFOLK STATE UNIVERSITY and/or the College of Science, Engineering, and Technology or its representatives as a bar to any recovery by the undersigned or by the child/student in any suit or claim instituted on account of any injury or illness sustained by the undersigned while engaged in the volunteer programs of NORFOLK STATE UNIVERSITY and/or the College of Science, Engineering, and Technology.

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I, _____ the undersigned, release and discharge NORFOLK STATE UNIVERSITY and/or the College of Science, Engineering, and Technology representatives from any and all liability from any and all claims or damages from any accident or illness sustained to or by my child/ student while engaged in the Health and Science Summer Academy of NORFOLK STATE UNIVERSITY and/or the College of Science, Engineering, and Technology. I agree to hold harmless and indemnify NORFOLK STATE UNIVERSITY and/or the College of Science, Engineering, and Technology representatives against any loss, damages, or cost of whatsoever nature including expenditure of attorneys' fees which may be suffered as a result of any action, claim, or demand by me or my child/student or my heirs, by me, my heirs, successors, or assigns, or by any other person on his/her own behalf or for the benefit of me or my child/student.

LOSS/DAMAGE ACKNOWLEDGEMENT

I, _____ the undersigned, will reimburse NORFOLK STATE UNIVERSITY for any damage to the University's property or loss of University's property for which the above named participant is deemed responsible.

MEDICAL RELEASE FORM AND INDEMNITY AGREEMENT

I, _____ hereby acknowledges that as a part of the Health and Science Summer Academy of the College of Science, Engineering, and Technology, there is the possibility that my child/student may need to receive medical attention due to illness, injury or accident. I understand that NORFOLK STATE UNIVERSITY, College of Science, Engineering, and Technology, or their representatives will make a reasonable effort to contact me (parents/guardians) in the event of illness, injury or accident to my child/student based on the circumstances. In the event that NORFOLK STATE UNIVERSITY, College of Science, Engineering, and Technology, or their representatives are not able to contact me (parent/guardian), or if the need for medical care appears to be immediate, then I instruct and authorize the College of Science, Engineering, and Technology representatives to consent to and authorize reasonable and necessary medical treatment for my child/student. I further agree to release NORFOLK STATE UNIVERSITY, College of Science, Engineering, and Technology, and *their* representatives from any liability *for* their efforts to secure reasonable and necessary medical treatment for my child/student as stated above. I, the undersigned, shall assume full responsibility for all medical bills, including doctor and/or hospital bills incurred by my child/student that are not covered by the NORFOLK STATE UNIVERSITY College of Science, Engineering, and Technology *Policy*. I further agree to reimburse NORFOLK STATE UNIVERSITY, College of Science, Engineering, and Technology, their representatives, and/or any other *agents*, employees, sponsors, or volunteers of NORFOLK STATE UNIVERSITY who may incur such expenses in the treatment of the accident or illness of my child/student. **By signing below, I acknowledge that I have read and understand the Risk Management Waiver Form and do hereby agree to all its terms and conditions.**

Signature of Parent (Guardian) _____ Date _____

**The College of Science, Engineering, and Technology
Health and Science Summer Academy**

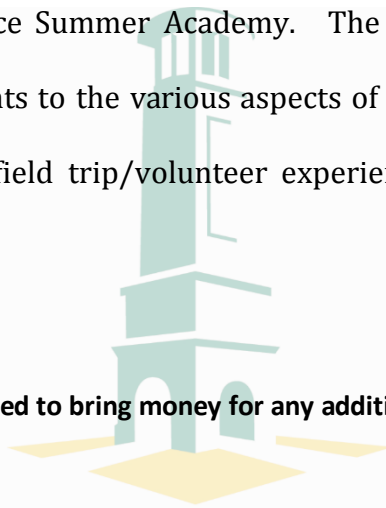
FIELD TRIP/VOLUNTEER EXPERIENCE PERMISSION SLIP

Dates: June 25 – July 20, 2018

(PLEASE PRINT CLEARLY OR TYPE)

I give permission for my child _____ to attend the field trips (or participate in the volunteer experiences) associated with the NSU College of Science, Engineering, and Technology Health and Science Summer Academy. The purpose of the field trips/volunteer experiences is to expose participants to the various aspects of Health and Science. Participants will be transported to and from the field trip/volunteer experiences by bus or van. Lunch will be provided.

NOTE: Your child will need to bring money for any additional items, souvenirs etc.



NORFOLK STATE

Parent/Guardian's Signature _____

Participant's Signature _____

UNIVERSITY

Emergency Contact Person _____

Emergency Contact Number _____

The College of Science, Engineering, and Technology Health and Science Summer Academy

EMERGENCY HEALTH FORM

Dates: June 25 – July 20, 2018

ALL SECTIONS MUST BE COMPLETED

APPLICANT HEALTH INFORMATION

Participant's Name _____

Does the participant have allergies? _____ if yes, please identify _____

Date of last tetanus shot _____

Is the participant under the care of a physician for a medical condition? _____ if yes, please identify _____

Is the participant currently on medication? _____ if yes, please identify _____

EMERGENCY CONTACT INFORMATION

IN CASE OF EMERGENCY, CALL (include area code) _____

Name _____ Employer _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

INSURANCE INFORMATION

Insured's Name _____ Relationship to Participant _____

Insured's Address (include city, state, zip) _____

Insurance Co. _____ Group Name _____

Group # _____ Policy #: _____

The College of Science, Engineering, and Technology

PHOTO / VIDEO / AUDIO RELEASE FORM

I, (Print Name) _____, certify that my signature being affixed below on this consent form gives permission to officials employed by the College of Science, Engineering, and Technology at Norfolk State University the full right to use my name, biography, photograph(s), videotaped image(s) and/or sound byte(s) in its recruitment, public relations, and promotional efforts. I willingly agreed to have my photograph(s), videotaped image and/or sound byte taken knowing that, if used, would be done solely for recruitment and promotional efforts on the Internet and/or in various publications in the Commonwealth of Virginia and/or throughout the United States. I further agree that no monetary compensation is implied in or expected from this release.

Biography: _____



Continue on Back if needed.

Signature: _____

Date: _____

Email: _____