

# SCITREK/SUMMER VET

## Summer 2008 Registration Form

Please type or print legibly

Student's Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone #(\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age (as of 9/07) \_\_\_\_\_ Grade level (as of 9/07) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name of School (as of 9/07) \_\_\_\_\_ City \_\_\_\_\_

ADA special needs \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_ Work Phone #(\_\_\_\_\_) \_\_\_\_\_

Please state which parent: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone #(\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

### Check all that apply:

- |   |          |
|---|----------|
| <input type="checkbox"/> Summer Vet Program (1 PM – 4 PM) (commuter only) \$400       | \$ _____ |
| <input type="checkbox"/> SciTrek (9 AM – 12 Noon) (commuter only) \$400               | \$ _____ |
| <input type="checkbox"/> Both Summer Vet & SciTrek(9 AM – 4 PM) (commuter only) \$750 | \$ _____ |
| <input type="checkbox"/> Both Summer Vet & SciTrek (Residential) \$1,000              | \$ _____ |
| <input type="checkbox"/> Registration postmarked after June 1 <sup>st</sup> add \$15  | \$ _____ |
| <input type="checkbox"/> Residential departure of Saturday add \$40                   | \$ _____ |

**Total** \$ \_\_\_\_\_

### Payment Type:

- Check for Full Amount Enclosed
- Staggered Payment Option  
(Arrangements for this option **MUST** be made by calling CSMATE at 970-491-1700 **PRIOR** to submitting registration forms)
- Applying for Scholarship from CVMBS

*Lunch is provided only for students enrolled in both the Summer Vet and SciTrek programs.*

### For residential program only:

Name of roommate requested \_\_\_\_\_

(To honor this request, roommates must select each other on their registration forms)

**Payment Policy:**

Please make checks payable to **Colorado State University**. A \$25 handling fee will be charged on all returned checks. Space is limited; registrations will be processed as received. All required forms and payment must be enclosed in order to guarantee registration. Mail this registration form, payment, waiver form, medical consent form, emergency card and a copy of the student's insurance card to:

**SciTrek/Summer Vet Program  
Center for Science, Mathematics, & Technology Education  
B301 Natural and Environmental Sciences Building  
Campus Delivery 1802  
Colorado State University  
Fort Collins, CO 80523-1802**

**Withdrawal/Refund Policy:**

Students withdrawing from these programs may receive tuition refunds, less a \$50 withdrawal fee. The Center for Science, Mathematics & Technology Education (CSMATE) must be notified at least 10 days prior to the first day of the course by mail or by calling (970) 491-1700 or fax at (970) 491-2005. Refunds take at least 6-8 weeks to be processed. The effective withdrawal date is the day that CSMATE is officially notified of the intent to withdraw. If minimum enrollments are not met, CSMATE reserves the right to cancel the course. Full refunds are made to the students who are enrolled at the time the course is cancelled. Non-attendance does not constitute withdrawal. Substitutes will be permitted with completed forms.

**Important:** Please complete the accompanying waiver form, medical consent for treatment form, and emergency card. The waiver, medical consent for treatment, and emergency information forms must be completed and submitted before the registration is accepted.

**RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER**

*Must be completed for application to be accepted.*

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE COLORADO STATE UNIVERSITY, ITS GOVERNING BOARD, AND THE STATE OF COLORADO FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY WHICH MAY ARISE FROM SUCH ACTIVITIES EVEN IF THEY RESULT FROM NEGLIGENCE.

Participant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

In consideration of my being permitted by Colorado State University to participate in the Summer 2008 **SciTrek** and/or **Summer Vet** programs on the Colorado State University campus, I, the undersigned participant, exercising my own free choice to participate voluntarily in the activities described above, and promising to take due care during such participation, hereby acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my participation in the above-named activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept and assume all such hazards and risks, and waive all claims against the State Of Colorado, The Board of Governors of the Colorado State System, and Colorado State University, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage that I may sustain through my participation in normal or unusual acts associated with the above-named activities, regardless of whose fault may be the cause of my injuries or damages, **EVEN IF CAUSED BY CARELESSNESS OR NEGLIGENCE**, so long as the conduct which caused the injuries or damages was not grossly negligent or willful and wanton.

Further, I hereby indemnify and hold harmless The Board of Governors of the Colorado State University System and Colorado State University, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, of any person who suffers and injury, disability, death or other harm, to person or property or both, as a result of my participation in and/or presence at the above listed activities.

I have has sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release From Responsibility, Assumption of Risk, and Waiver.

*I grant permission to Colorado State University to use photos of my child/myself in future promotional materials (please select a box).*

Yes       No

**I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE TERMS:**

\_\_\_\_\_  
Signature of Participant whose printed name appears above

\_\_\_\_\_  
Date

**If participant is under the age of 18, his or her parent or legal guardian must also sign:**

I, (printed name) \_\_\_\_\_, am the parent or legal guardian of the participant who has signed above. I have read and understand the provisions of this document, and acting on behalf of the participant, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Release From Responsibility, Assumption of Risk, and Waiver as authorized pursuant to C.R.S. section 13-22-107.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**CONSENT FOR TREATMENT OF UNEMACIPATED MINOR**

*Must be completed for application to be accepted.*

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_, give my consent for both emergency and routine medical (to include mental health care) and surgical treatment of this minor, at Colorado State University Health Services, Poudre Valley Hospital, or by a private physician, emergency medical technician or dentist. It is understood that this authorization is given in advance of any specific diagnosis or treatment as long as it is considered necessary in the situation and is in accordance with generally accepted standards or medical practice for the particular type of injury or illness involved. I impose no specific limitations or prohibitions regarding treatment other than those that follow: (if none, so state)

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This authorization shall remain in effect until August 31, 2008.

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Signature of parent or legal guardian

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Date

**EMERGENCY CARD**  
*Must be completed for application to be accepted.*

**Child's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Father's Name** \_\_\_\_\_

**Mother's Employer** \_\_\_\_\_ **Father's Employer** \_\_\_\_\_

**Work Hours** \_\_\_\_\_ **Work Hours** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

Person(s) other than parent to be notified in an emergency situation when the parents are not available.

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

Name(s) of person(s) other than parents to whom the child may be released.

1. \_\_\_\_\_ 2. \_\_\_\_\_

CSMATE staff at CSU have my permission to take my child on any field trip away from school grounds for which advance notice has been given.  Yes  No

Signed \_\_\_\_\_

**Child's Specific Medical Information**

**Allergies** \_\_\_\_\_

**Medications** \_\_\_\_\_ **Frequency** \_\_\_\_\_

**Other** \_\_\_\_\_

**Physician** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_ **Office Hours** \_\_\_\_\_

**Hospital preferred for emergency treatment** \_\_\_\_\_

(Poudre Valley Hospital is the closest to Colorado State University.)

**Health Insurance company** \_\_\_\_\_ **Policy #** \_\_\_\_\_

(Please send a copy of the insurance card along with this form.)

**Policy Holder** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

In case of serious illness or injury when neither parent can be reached, will you allow your child to be transported to the doctor of hospital by an employee of Colorado State University? Yes  No

I hereby give permission to Colorado State University to secure emergency medical and/or surgical treatment for the above named minor child while in the care of the above named school. All expenses of such care will be accepted by the parents

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date