REGISTRATION APPLICATION

LOCATION: AmericInn - Chamberlain
DATE: September 30, 2014
APPLICATION DEADLINE: September 16, 2014

PLEASE COMPLETE APPLICATION, PRINT, SIGN AND MAIL TO:
Jessica Neilan
Sanford Mid-Dakota Medical Center
300 S. Byron Blvd.
Chamberlain, SD 57525

FOR MORE INFORMATION:
Jessica Neilan
Phone: (605)234-7217
Jessica.neilan@sanfordhealth.org

PERSONAL INFORMATION (print or type)

Student Name:

Home Address:

City: State: Zip:

Phone:

Email:

Date of Birth: Gender: Male ☐ Female ☐

Ethnicity: African American ☐ Asian ☐ Caucasian/White ☐
Hispanic/Latino ☐ Native American ☐ Other:

Did you attend this camp last year? YES ☐ NO ☐

PARENTAL/GUARDIAN INFORMATION (print or type)

Name of Parent/Guardian:

Home Address:

City: State: Zip:

Daytime Phone Number: Evening Phone Number:

Email:

Parents/Guardians or other family members are welcome but not required to attend the Scrubs Camp.

Will you be attending with your student? YES ☐ NO ☐

Will you be attending lunch? YES ☐ NO ☐ Number of parents attending lunch: _____

EDUCATIONAL INFORMATION (print or type)

Name of school presently attending:

City:

Current grade in school: 9th ☐ 10th ☐ 11th ☐ 12th ☐

APPLICATION CONTINUED

CAREER INTEREST (print or type)

Are you interested in a healthcare career? YES ☐ NO ☐ UNSURE ☐

If you answered YES above, what healthcare career(s) are you interested in pursuing?

WHY DO YOU WANT TO BE ACCEPTED INTO THE SCRUBS CAMP? (print or type)

WHY SHOULD THIS STUDENT BE ACCEPTED INTO THE SCRUBS CAMP? (print or type)

To be completed by a school counselor, teacher or administrator

Signature:_____Position:_____

Print Name:_____Phone: _____

Email: _____

Will you be attending with your student? YES ☐ NO ☐

Will you be attending lunch? YES ☐ NO ☐

APPLICATION CONTINUED

CODE OF CONDUCT AGREEMENT

The Scrubs Camp is designed to be an educational function, and all plans are made with that objective. Many local school districts approve it as an educational activity, and hundreds of students attend the Camps from all over the state.

Scrubs Camp management wants every attendee to have an enjoyable experience with every attention paid to education, safety and comfort. All attendees will be expected to conduct themselves in a manner best representing their local school district. In order that everyone may receive the maximum benefits from participation, the “Code of Conduct” must be followed at all times.

Note that attendance is not mandatory. By voluntarily participating, you agree to follow the official Scrubs Camp rules and regulations or forfeit your personal rights to participate. Each local school district is proud of its students and knows that by signing this “Code of Conduct” you are simply reaffirming your dedication to be the best possible representative of your school.

1. I will, at all times, respect all public and private property, including the facility where I attend the Scrubs Camp and the Scrubs Camp Field Experience if applicable.

2. I will, at all times, respect all individuals (other students and adults) while in attendance at the Scrubs Camp. I will not use profanity of any kind while in attendance at the Scrubs Camp.

3. I will not use alcoholic beverages, tobacco products, or illicit drugs of any kind while in attendance at the Scrubs Camp and (if applicable) the Scrubs Camp Field Experience. I will not use drugs unless I have been ordered to take certain prescription medications by a licensed physician. If I am required to take medication, I will, at all times, have the orders of the physician on my person.

4. I will not leave the Scrubs Camp and Scrubs Camp Field Experience, if applicable, without the express permission of my advisor, Scrubs Camp Site Coordinator, or Scrubs Camp Project Coordinator. Should I receive permission, I will leave a written notice of where I will be with my advisor, Scrubs Camp Site Coordinator, or Scrubs Camp Project Coordinator.

5. My conduct shall be exemplary at all times while at the Scrubs Camp and the Scrubs Camp Field Experience, if applicable.

6. I will keep my advisor, the Scrubs Camp Site Coordinator, or the Scrubs Camp Project Coordinator informed of my whereabouts at all times.

7. I will wear my Scrubs Camp identification badge at all times while at the Scrubs Camp and the Scrubs Camp Field Experience, if applicable.

8. I will attend, and be on time for, all Scrubs Camp sessions and activities and the Scrubs Camp Field Experience, if applicable.

APPLICATION CONTINUED

LIABILITY & PHOTO WAIVER

Your signature below authorizes the South Dakota Department of Education (SD DOE) and the South Dakota Department of Health (SD DOH) to release all information contained in this registration application to the South Dakota Area Health Education Center (AHEC). This information will be maintained and referenced periodically to evaluate the effectiveness of the Scrub Camps. Students participating in the Scrub Camps may be contacted in the future for evaluation purposes.

In consideration of the student's acceptance into and participation in the Scrubs Camp, any and all claims that the student and/or the student's parents, guardians, heirs, agents, representatives, successors or assigns might have against the South Dakota Department of Education and/or South Dakota Department of Health, its employees, contractors, grantees, sponsors, officials and volunteers, for any and all injury or illness which may directly or indirectly result from the student's participation in this program are waived by signing below.

By signing below, the facilitators of the Scrubs Camps are granted the non-exclusive and irrevocable rights and license to make, edit, and use pictures for publicity, news or advertising; including print, video, broadcast media and the internet. The facilitators of the Scrubs Camps are released from any and all claims of payment for performance rights, residuals or damages for libel, slander, invasion of privacy, or any claim based on the use of said material.

*** PARENTAL/GUARDIAN NOTIFICATION ***

Due to the nature of this camp, students may be exposed to latex, finger stick blood sampling, and other elements of a basic physical exam. By signing below, the student's parent/guardian acknowledges and accepts these possible risks.

VIOLATIONS AND PENALTIES

I agree that if, for any reason, I am in violation of any of the rules of the Scrubs Camp, I may be sent home at my own expense. I understand that notification of the violation and the action taken will be sent to my local school district and parents or guardians. I understand that through my negative actions, Scrubs Camp attendees from my local school district could be sent home as well.
It is within the spirit of being a proud and meaningful attendee of the Scrubs Camp that I agree to these rules of conduct by signing my name on this registration form. By signing this registration form, my parent and/or guardian, as well as a school district representative, affirm that I am worthy to attend a Scrubs Camp.

SIGNATURES

Parent/Guardian Signature: _____ Date: _____

Print: _____

Student (if 18 and over) Signature: _____ Date: _____

Print: _____