

LOCATION: University of South Dakota
DATE: March 13th, 2018
REGISTRATION DEADLINE: March 6th, 2018



PLEASE SAVE REGISTRATION, COMPLETE, PRINT AND MAIL/EMAIL TO:

Audrey Ticknor
University of South Dakota
414 E. Clark Street
Vermillion, SD 57069
Phone: (605) 658-6326
Audrey.Ticknor@usd.edu

All fields must be completed prior to acceptance.

PERSONAL INFORMATION (print or type)

Student Name:
Home Address:
City: State: Zip: Phone:
Email (for confirmation/acceptance letters):
Date of Birth: Gender: Male Female
Ethnicity: African American Asian Caucasian/White
 Hispanic/Latino Native American Other:
Have you previously attended a Scrubs Camp? 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 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:

*If you have a food allergy, please bring your own lunch.

Name of school presently attending:
City:
Current grade in school: 9th 10th 11th 12th

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?

REGISTRATION

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

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.
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. 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 me.
4. I will not leave the Scrubs Camp 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.
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.
8. I will attend and be on time for all Scrubs Camp sessions and activities.

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 Scrubs Camps. Students participating in the Scrubs 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 Signature: _____ Date: _____

Print: _____

*If you have a food allergy, please bring your own lunch.



UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

How to Prepare for Your Gross Anatomy Lab Tour

The following should be read and discussed by the parent/guardian/student prior to attending a tour of the Gross Anatomy Laboratory.

We consider student safety a priority and a visit to the anatomy lab as a privilege. We ask that you prepare for this tour in the following ways:

- Students are expected to conduct themselves in a respectful, professional manner. Inappropriate behavior will result in being excused from the lab.
- No student under the age of 16 will be allowed to participate in the tour.
- Prepare for the tour by having a meal before coming to the lab. This will prevent lightheadedness during the tour.
- On occasions, some may become lightheaded during the tour. We ask that you review the symptoms that may indicate that a person is fainting. These include but are not limited to lightheadedness, dizziness, nausea, blurred vision, or feeling flushed. **Speak up immediately if you experience any of these symptoms.**
- Notify the teacher or the lab staff if you have a history of fainting or any condition that may predispose you to fainting.
- A complete, dissected donor will be viewed during the anatomy tour. If any student is uncomfortable or does not wish to participate, the student should inform their teacher or the lab personnel. Participation is not mandatory.
- Wear close toe shoes the day of the tour (no sandals). No one is allowed in the lab if not wearing appropriate shoes.
- The lab is kept at a constant 60°. Dress appropriately (i.e. wear pants and long sleeve shirt or bring a sweatshirt).
- Photography is prohibited. You will not be allowed to have your phone in your hand during the tour.

We have read and discussed this letter, and understand how to prepare for the lab tour.

Parent/Guardians Name: _____ Date: _____

Student Name: _____ Date: _____



UNIVERSITY OF
SOUTH DAKOTA
 SANFORD SCHOOL OF MEDICINE

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT

By our signatures below, we acknowledge that we are aware of, appreciate the character of, and voluntarily assume the risks involved in participating in

The University of South Dakota
 Basic Biomedical Sciences
 Human Anatomy Laboratory Tour

By our signature below, on behalf of ourselves, our heirs, next of kin, successors in interest, assigns, personal representatives, and agents, we hereby:

1. Waive any claim or cause of action against and release from liability The State of South Dakota, its officers, employees, and agents for any liability for injuries to person or property resulting from participation in the activity listed above;
2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from participation in the activity listed above;
3. Consent to receive any medical treatment deemed advisable during participation in the activity listed above; and
4. Acknowledge that we are signing below as a minor child and as the parent or legal guardian of the minor child named below.

I have read this release and waiver of liability, assumption of the risk and indemnity agreement and consent to medical treatment, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant's Name: _____ Date of Birth: _____

Signature: _____

Address: _____

Date: _____

The section below is required if the participant is under the age of 18 at the time of the tour.

Guardian's Name: _____ Date of Birth: _____

Signature: _____

Address: _____

Phone Number: _____

Date: _____