

Application



Legal name _____
First Middle Last Suffix (Jr., Sr., II, etc.)

Preferred name/nickname _____
 (This is how your name will appear on your student ID.)

Have you previously attended Michigan Tech's Youth Programs? Yes No

Contact Information

Participant's email _____
 Street _____
 City _____
 State/province _____
 ZIP or postal code _____
 County _____
 Country _____
 Telephone _____
 (International Students: please provide an international fax number.)
 Country Code _____ City Code _____ Local Number _____

Personal information

Gender _____
 Birth date _____ Age _____

School information

What is the name of the school you attended this year?

 What grade will you have completed by June 2009? _____

Roommate request

Roommate requests are honored whenever possible. However, BOTH friends must request each other. If you request to room with a friend, but your friend does not request you, you WILL NOT be placed together, and it will not be possible to switch rooms when you arrive. If possible, I would like to room with (friend's name): _____

Parent/guardian information—Each parent/guardian must fill out the following.

Relationship to applicant _____
First name Middle name Last name Suffix
 Evening phone _____
 Day phone _____
 Cell phone _____
 Email _____

Relationship to applicant _____
First name Middle name Last name Suffix
 Evening phone number _____
 Day phone number _____
 Cell phone _____
 Email _____

Enrollment

I am enrolling in the following exploration(s):

Exploration number	Exploration name	Dates
Example: 52003	Chemical Engineering	July 19-25
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list alternate exploration choices in order of preference.

Exploration number	Exploration name	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about our program?

- Counselor or teacher Previous participant Youth Programs website Poster Friend
 Catalog Internet search Michigan Tech alumni or faculty/staff YES! Expo
 Other _____

Transportation

More information, including directions to Michigan Tech and specific charter bus drop-off and pick-up locations, will be sent to you in your Welcome Packet. Please refer to our website for more details on your transportation options.

Health History

A health history form will be sent to you in your Welcome Packet. Be sure to fill it out completely and return it promptly.

Parental Consent

I agree that participation in the program is at the student's own risk and understand that parts of the program may be physically or emotionally demanding. I hereby acknowledge that I am aware of these risks and I agree to follow all safety instructions and ask questions, if I do not understand. I also acknowledge that, despite careful precautions, there are certain inherent risks of injury in this program and I accept those risks. I understand that each participant must assume the risk of injury or disabilities that could result from any of the activities. The student and parent or guardian assume full responsibility for any injuries or damages which may occur to the student in, on, or about the premises of Michigan Technological University, or off the premises when involved in an off-campus activity of the program. The student and parent or guardian do hereby fully and forever release, discharge, and hold harmless Michigan Technological University, its Board of Control, employees, and agents from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the student's participation in the program or any injury suffered while participating in the program except insofar as such claim or cause of action arises from intentional misconduct by Michigan Technological University, its officers, agents, or employees. By signing this form, you are granting Michigan Technological University authority to secure emergency medical/surgical treatment for your child while attending the program if there is insufficient time to contact you. You are also giving Michigan Technological University permission to secure routine, nonsurgical medical care for your child while attending the program. Your signature also authorizes publication of the fact of your child's participation, unless you request in writing that this information be kept confidential. Publication would include notice in your local paper from our news bureau of the fact of your child's participation and use of photos and statements in any literature produced for any affiliated Youth Program. In addition, during the checkout process, every student's room will be examined. In the event that there has been any damage to the property of Michigan Technological University, those individuals responsible will be billed.

Parent/guardian signature

Date