



STUDENT REGISTRATION CAREER CONNECTIONS

Select your Juneau session:

Career Connections: Health Care - April 8-13, 2017

School Information

School Name

School District

Student Information

First Name

Middle Name

Last Name

Mailing Address

Address (Line 2)

City

State

ZIP Code

Home Phone

Cell Phone

Student E-mail

Gender

Female

Male

Other

Date of Birth

Grade

Race/Ethnicity

Student Health Information

Is student taking
prescription
medication?

Yes
No

*Please note: Students will self administer medication

Please list
medication(s), dose,
purpose, and if
controlled

Does student have
any allergies?
(insects, food,
medication, etc.)

yes
no

Please list:

Is student on a(n):

IEP or 504 Plan

Does student
experience:

ADD/ADHD
Autism Spectrum
Diabetes
Medical Disability
Physical Impairment
Learning Difficulties
Other

Asthma
Convulsions or Epilepsy
Emotional/Behavioral
Deaf/Hard of Hearing
Blindness/Low Vision
Speech/Language difficulties

In what subjects does
student have
difficulty?

Does student experience any other health issues or special needs (including pregnancy) that may affect their ability to participate in any part of the program (including physical activity), as well as any special accommodations needed:

List in detail:

Health Insurance
Provider

Group Number

Policy holder name

Policy Number

Primary Physician

Phone

Permission, waivers and releases

Parent or Guardian Permission to Participate

I, the parent or guardian of this student, hereby give my permission for my child to participate in this Alaska Close Up or Career Connections session, and to stay in group housing.

I understand that my child will not be allowed to ride in any vehicle other than those arranged by SERRC or school district staff, or visit friends or family without written permission from parent/guardian.

I understand that program participation may terminate at my request or the request of the school district or program director for disciplinary reasons or misconduct. If it becomes necessary to send my child home from the program, I understand that I will be responsible for all costs associated with this, including return trip expenses.

Child Name Print

Parent/Guardian
Print Name

Parent/Guardian
Signature

Date

Release of Liability

I, the parent or legal guardian of the student, a minor child, on behalf of myself and the minor student ("Releasers"), do hereby freely and voluntarily release and agree to hold harmless SERRC and other released parties as defined below ("Releasees"), from any and all liability arising from or related to any Releasees' negligence, including any and all claims for physical or mental injury, death, property loss, or other damages arising due to the child's participation in Alaska Close Up or Career Connections.

Released parties ("Releasees") include SERRC, their employees, agents and assignees including the school district, workstation, housing parents, and contracting agencies including their officers, employees, agents, contractors, partners, heirs, successors, estates and representatives.

We the Releasers specifically waive any right to make a claim against or sue SERRC or any other Releasees for any injury or loss of any kind arising out of participation in the program and/or caused by the negligence of any Releasee. We understand that if our child sustains any injury or loss, including death, while participating in this program, we have released all claims we and the minor might have against Releasees for participation in the program and/or their negligent conduct.

Child Name

Parent/Guardian
Signature

Date

Photo Release and Waiver

My signature below authorizes SERRC to use any and all photographs, audio and/or video that contain my voice, image, likeness and/or images and likeness for promotional purposes. I hereby waive any right to inspect or approve the finished photograph, audio, video, advertising copy or printed matter that may be used in conjunction therewith or the eventual use that it may be applied.

SERRC will only use the aforementioned photograph, audio and/or video for promotional purposes (i.e. brochures, flyers, website design, etc.).

Child Name

Student Signature

Date

Parent/Guardian
Signature

Date

School Permission To Participate

The student listed below has school permission to participate in this program. The student has been informed that there will be no overnight visits with friends or relatives without prior written permission from parents and the school principal. All information on this application has been checked for completion. This student is in full-time school attendance and will be at the time of participation. The school district's general liability policy covers full-time students participating in SERRC camps.

Child Name

School Official
Signature

Date

School Official Name
(Print)

Questions for student

What careers
interest you?

What motivates you?

Program Rules and Regulations for student

- I will follow all the rules of the Juneau International Hostel, including completing chores as needed.
- I will show honesty, courtesy, and a cooperative attitude while participating in this program.
- I will not use or take others' property.
- I will respect proper manners and conduct and dress appropriately while associating with guest speakers and instructors. I will not wear baseball caps, shorts, t-shirts with inappropriate words or pictures, ragged or overly baggy jeans, sweats, revealing clothing, etc. outside of the hostel.
- Other than cameras used for taking session photos, I will not use cell phones, or other electronic devices during meetings or classroom activities.
- I will be prepared and willing to participate in all activities.
- I will cooperate with staff and participants in all academic, social, and living situations.
- I will abide by the session schedule.
- I will follow the 10:00PM curfew regulations of the Juneau International Hostel.
- I will be with my chaperones or will keep my chaperones informed of my whereabouts at all times.
- I will not rent, borrow, drive, or ride in a private vehicle or visit family or friends while in Juneau without prior written permission provided to my chaperone by my parent/guardian.
- I will not possess or use alcohol, drugs or weapons. I understand that possession, consumption, or participation in illegal activities of any kind will result in immediate dismissal from the program. My parent/guardian will be responsible for all costs incurred.
- I understand that any violation of any state, federal, or municipal laws (theft or shoplifting, for example) will result in the contact of law enforcement and in my immediate removal from this program at my parents' expense.

Student Signature

Date

Fax this form to: (907) 463-3811

Career Connections: Health Care
is a Program of SERRC - Alaska's Educational Resource Center and
the Southeast Alaska Area Health Education Center (AHEC)
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