

● **REGISTRATION & PERMISSION FORM** ●

Please register my child to attend the 2019 PHocus Summer Learning Experience from August 5-9, 2019 at Rutgers School of Public Health, Newark, NJ. I understand the registration fee is \$395 per child and my child's registration is not considered complete until registration payment is received. Registration form and payment should be sent to: PHocus Summer Learning Experience, 683 Hoes Lane West, Room 115, Piscataway, NJ 08854 • Telephone (732) 235-9752 • summercamp@sph.rutgers.edu.

Registration Fee (please check one):

A check is enclosed (payable to Rutgers School of Public Health)

I'll pay online via credit card. Please email me an online link to process credit card payment.

A scholarship is requested to cover my child's registration fee (scholarships will be provided to children needing financial assistance)

Child's Name: _____
Last First MI

Home Phone: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Age as of 7/1/2019: _____ DOB _____ Student Email: _____

Please let us know if your child keeps Kosher or is a vegetarian.

School: _____ Grade Entering in Fall 2019: _____

Does your child have any special requirements? Please specify: _____

Parent/Guardian Information

Name: _____ Relationship: _____ Employer: _____

Day Phone: (____) _____ - _____ Cell: (____) _____ - _____ Email: _____

Name: _____ Relationship: _____ Employer: _____

Day Phone: (____) _____ - _____ Cell: (____) _____ - _____ Email: _____

Media Permission

PHocus organizers may use photography, videography, and audiorecordings from the PHocus Summer Learning Experience to feature program activities in the local media and on its web site(s), as well as for future promotions and publications. It is our policy to NOT publish names or addresses of minors in these publications. Media Release is not mandatory to participate in PHocus. Please check one:

I agree to allow Rutgers to use my child's likeness for the purpose of publication or promotion, and will complete and return the separate Minor Model Release (page 3).

I do NOT agree to allow Rutgers to use my child's likeness for the purpose of publication or promotion.

Dismissal Instructions

I will pick up my child following camp each day. Your Name: _____

My child will go home with _____. Driver's cell phone number _____

I give my child permission to take alternate means of transportation (e.g. Public Transportation).

Other Information

If there is any information about your child we should know, please include on a separate sheet.

Parent or Guardian Signature _____

Parent or Guardian Name (please print) _____

2019 PHocus Summer Learning Experience—Session 2 (August 5-9)

(Public Health: Outbreaks, Communities and Urban Studies)

Hosted by the Rutgers School of Public Health

● **REGISTRATION & PERMISSION FORM** ● **PAGE 2**

Parent/Guardian Agreement

I certify that my child's current physical condition is satisfactory for participating in the PHocus Summer Learning Experience. I recognize and acknowledge that there are certain risks of physical injury in any program and I hereby assume full responsibility for any expenses incurred as a result of my child's participation in the PHocus Summer Learning Experience.

In case of emergency, I authorize my child to receive first aid from Rutgers staff and/or be transported to the nearest hospital by emergency medical personnel. I desire that notification of such emergency be sent to me by prompt means of communication. I understand that I am responsible for any bills related to hospital or doctor visits.

I understand that the PHocus Summer Learning Experience is a week-long summer program and that my child will learn about population health and the fundamentals of epidemiology. I understand the PHocus program includes a field trip to a local farm/garden and my child may participate in the field trip. (Transportation for the field trip will be provided by the program.)

I hereby (a) release and discharge, (b) waive and relinquish, and (c) covenant not to sue Rutgers, its respective administrators, directors, agents, officers, members, volunteers, and employees, and lessees of premises on which activities take place from all liability, claims, demands, losses, or damage on my account caused or alleged to be caused in whole or in part by the negligence of any of the above named including the negligence of emergency operations.

It is my desire that my child be enrolled, as indicated on the page 1 of this application, subject to the above conditions. In signing this application, I certify that my child is covered by health and accident insurance or Medicaid and I understand that I am obligated to provide the PHocus Summer Learning Experience with the name of the carrier and policy number.

Medical Information

In case of emergency, I give my consent to Rutgers representatives to acquire emergency medical treatment from competent medical personnel/facilities should it become necessary.

Name of Child's Physician: _____ Phone: _____

Insurance Carrier: _____ Policy or Group No.: _____

Allergies/Medical Conditions: _____

Please provide emergency contact information in the event neither parent/guardian may be reached:

Alternate Contact Person: _____ Phone: _____

I have read this agreement and all other information referenced herein, fully understand that I have given up certain rights by signing it and have signed it freely and without inducement or assurance of any nature.

Child's Name: _____

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Name (please print): _____



**Minor Model Release
Consent and Authorization**

I, (please print) _____, give Rutgers permission to record the image and/or voice of the minor named below, and I grant Rutgers all rights to use these sound, still, or moving images in any medium for educational, promotional, advertising, or other purposes that support the mission of the university. I agree that all rights to the sound, still, or moving images belong to Rutgers.

Parent or Guardian's Name (please print): _____

Minor's Name (please print): _____

Parent or Guardian Signature: _____ Date: _____

Address: _____

Telephone Number: _____

Email: _____

Notes _____

FOR DEPARTMENTAL USE

Project Number: 2019-August 5-9 Project Name: PHocus (Newark)

Project Manager: Laura Liang Photographer: _____

Location: School of Public Health, Newark, NJ Gender: Male Female