



2010 Stayover Student Application

STUDENT INFORMATION: Please fill out completely

LAST NAME: _____ FIRST NAME: _____ M.I. _____

INTENDED MAJOR (circle one that applies): ___ VBSC ___ IID ___ TOX ___ ANSCI ___

HOME ADDRESS: (include street address) _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE: (____) _____ EMAIL: _____

HIGH SCHOOL: _____

T-SHIRT SIZE: Please select your t-shirt size.

- Small
- Medium
- Large
- Extra Large

PARENT/GUARDIAN INFORMATION: Please fill out completely

Parent/Guardian 1

LAST NAME: _____ FIRST NAME: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

Parent/Guardian 2

LAST NAME: _____ FIRST NAME: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

EMERGENCY CONTACT: In case of an emergency during the stayover, parent(s)/guardian(s) will be called first. If we are unable to reach you, please list at least one additional person we can notify.

LAST NAME: _____ FIRST NAME: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

ARRIVAL AND TRANSPORTATION

ANTICIPATED ARRIVAL DATE AND TIME: _____

ANTICIPATED MODE OF TRANSPORTATION: _____

STUDENT AGREEMENT

The Stay Over Committee members have been diligently working to make your visit to Penn State's University Park Campus possible. We would like you to have the best possible experience while you participate in this program. In return, we would like you to agree on the following standards that we feel strongly about:

I, _____

- ✓ **I agree to attend all scheduled events sponsored by the Pre-Vet Club, Biomedical Sciences Club, and the SRUA Club at Penn State.**
- ✓ **Failure to attend the scheduled events, I understand that the Penn State University, Departments of Veterinary and Biomedical Sciences and Dairy and Animal Science, or Pre-Vet Club/Biomedical Sciences ARE NOT responsible for my actions or whereabouts;**
- ✓ **I agree to abide by all residence hall regulations. The following are prohibited: possession and use of alcohol and other drugs; possession of fireworks, guns and other weapons; stealing; violence of any kind; maliciously breaking or damaging the property of others; gambling; leaving campus without permission; behavior that is considered disruptive, or potentially harmful to oneself and/or to others. Smoking is banned in all University buildings, and we would prefer that students do not smoke while attending this program.**
- ✓ In case of illness, see one of the staff immediately – the student will be taken to the Student Health Center or the Emergency/Outpatient Department of Mount Nittany Medical Center.
- ✓ In-room visitation for the participants is restricted to persons of the same gender.
- ✓ **Students are permitted to have electronic devices (i.e. cell phones, ipods), however, they must be turned off during programmed events and in classrooms.**

STUDENT NAME (please print): _____

STUDENT SIGNATURE: _____ DATE: _____

REGISTRATION

Registration Deadline: March 15, 2010 (Note: Registration is on a first-come, first-served basis. Space is limited and the event typically fills prior to the deadline.)

Confirmation of Registration: Confirmation of registration and payment will be emailed (if an email has been provided).

Fees and Payment: The cost to attend the 2010 **Pre-Vet/Biomedical Sciences Stayover** is **\$35 per student**.

Cancellation: No refunds will be provided for cancellations after **March 15, 2010.**

Enclosed is a check or money order for the amount indicated, payable to PENN STATE.
(Note: Check must accompany application in order for your registration to be complete.)

PARENT/GUARDIAN PERMISSION

- ✓ I, the undersigned, as a parent and/or guardian of _____
the above student, a minor, ask that he/she be admitted to participate in the Pre-Vet Club and Biomedical Sciences Club Stayover sponsored by the Departments of Veterinary and Biomedical Sciences and Dairy and Animal Science at Penn State. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the Stayover or in the course of activities held in connection with the Stayover.

- ✓ In the case of illness or injury, I hereby authorize the clinical staff at Student Health Center and the Mount Nittany Medical Center to provide care to my minor daughter/son for routine diagnostic procedures (i.e. x-rays, blood and urine tests) and medical treatment. In the event that an illness or injury will require extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent to perform any necessary emergency treatment. (The University does not provide medical insurance to registrants. In the event of illness or injury requiring treatment, hospitalization, or surgery, family medical insurance must be used. Parents or guardians will be billed directly for any medical care given at the Student Health Center or the Mount Nittany Medical Center). I understand that the consent and authorization herein granted are only valid during this program.

- ✓ I give permission for my daughter/son (considered a minor) to reside in University housing with a Current Penn State student.

- ✓ If my daughter/son will have a different departure plan than originally intended and indicated below, I will communicate it personally to the program coordinator, Dr. Nuket Acar (814-863-5938) as soon as possible.

DEPARTURE PLAN: _____

PARENT/GUARDIAN NAME (please print): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Please check this box if you **don't** want your daughter/son to be photographed.

Please send your registration and payment on or before March 15, 2010 to:

**STAY OVER PROGRAM
c/o Dr. Nuket Acar
Veterinary and Biomedical Sciences Department
115 Henning Building
University Park, PA 16802**