

PENNSSTATE



**PREVET/BIOMEDICAL SCIENCES PRESENTS**  
**March 15-16 2018**  
**Discover Animal, Veterinary, and Biomedical Sciences Program**  
**(a.k.a., Stay Over)**

**STUDENT INFORMATION:** *Please fill out completely*

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

GENDER: \_\_\_\_\_ (F) \_\_\_\_\_ (M)

INTENDED MAJOR (*circle one that applies*): \_\_\_\_\_ ANSC \_\_\_\_\_ IID \_\_\_\_\_ TOX \_\_\_\_\_ VBSC  
*In order to be eligible for this program, you have to have a Penn State offer of admission for one of the above listed majors.*

HOME ADDRESS: (*include street address*) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
*(it is important to check your emails and your junk mail since we will be communicating with you via e-mail)*

PARENT/GUARDIAN E-Mail: \_\_\_\_\_  
*(Please provide this email to keep better inform you/the family to avoid numerous email correspondences)*

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 visitation, 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: ( ) \_\_\_\_\_

**ANY ALLERGIES:** and/or Food allergies should be listed here:

VEGETARIAN: ( ) Yes \_\_\_\_\_ or ( ) No \_\_\_\_\_

**STUDENT AGREEMENT**

The Discover Program 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 and Biomedical Sciences 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 program events and in classrooms.**

STUDENT NAME (please print): \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**REGISTRATION**

**Registration Deadline:** March 2, 2018 (Note: Registration is on a first-come, first-served basis. Space is limited and the event typically fills prior to the deadline). Make sure that we RECEIVE your form and check by March 2. **We will not be accepting registration forms postmarked on or after March 2. You have to understand that we also have our deadlines to order the right amount of T-shirts and food; and most important of all that we will have a host student for you!!** Also, let us know as soon as you can if you cannot make it to the program after you register. This way we would make your spot available to another student on the wait list. Our goal is to have 36 high school seniors in the program which seems to be the viable number to provide a great experience. Thus we discourage last minute cancellations unless something unforeseen comes up. Please take a hard look at your March calendar and make a decision to participate in the program.

**Confirmation of Registration:** Confirmation of registration and payment will be emailed to you if an email has been provided which we encourage you to because we would like to communicate some important messages before you come to our campus for this event. We would ideally like to have student's email and a parent/guardian email.

**Fees and Payment:** The cost to attend the 2018 Pre-Vet/Biomedical Sciences Discover Program is **\$75/per student.**

**Cancellation:** No refunds will be provided for cancellations after **March 2, 2018.**

**Enclosed is a check or money order for the amount indicated, payable to PENN STATE.**

**(Note: Check must accompany this form in order for your registration to be complete.)**

Mail to: Ms. Karen Brown,  
"Discover Penn State Program",  
115 Henning Building,  
Veterinary and Biomedical Sciences Department  
University Park, PA 16802  
(814) 865-5630

**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 Discover Program sponsored by the Departments of Veterinary and Biomedical Sciences, 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 Visit Program or in the course of activities held in connection with the visitation.

- ✓ 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 Penn State 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. Nüket Acar (814-863-5938) as soon as possible before the program starts.

✓ **Additionally, we will not under any circumstance allow the prospective high school senior student coming up with an "impromptu" alternative plan of hers/his to be with "other people" on/off campus during the course of the Discover Program unless a written/signed communication is provided by a parent/guardian to Dr. Acar or Ms. Rachel Cloninger on a separate sheet before the program starts. Also, we will not accept any alternative host of your choosing for your daughter/son on or off campus. The host student has to be part of this program but no others.**

**ARRIVAL AND TRANSPORTATION**

ANTICIPATED ARRIVAL DATE AND TIME: \_\_\_\_\_

ANTICIPATED MODE OF TRANSPORTATION: \_\_\_\_\_

DEPARTURE PLAN: \_\_\_\_\_

PARENT/GUARDIAN NAME (please print): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please check this box if you **do not** want your daughter/son to be photographed.