

Registration Form
Architecture and Landscape Architecture Summer Camp
July 15–19, 2018

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN.

Please print in ink or type, and be careful not to skip any sections of this form, as all sections are required for registration. **You must also complete the Penn State Youth Program Health Services Medical Treatment Authorization form (attached)**. This form may be copied for additional registrations. Payment, in full, must accompany this form. **Return to Penn State no later than Friday, June 22, 2018.**

STUDENT INFORMATION

Male Female

Last name _____ First name _____ Middle initial _____

Birth date (month/day/year) _____ Age _____

Home mailing address (no. and street, or box no.) _____

City _____ State _____

ZIP code _____ Country _____

Home phone number _____

Student cell phone number _____

Student email address _____

Special dietary needs/accommodations (if none, leave blank) _____

Applicant's PSU ID no. _____ (if you do not have a PSU ID, you may supply your SSN*)

****Providing your Social Security Number is optional.*** *The Social Security number (SSN) you provide for enrollment purposes, or when requesting specific services, will be used by the University to verify your identity for official record keeping and reporting. If you choose not to supply your SSN, certain services — such as transcripts, enrollment verification, tax reporting, and financial aid — may not be available to you, and Penn State cannot guarantee a complete academic record for you. Your SSN will be stored in a central system and used only as a primary source to identify you within the Penn State system; the Penn State ID will be used as the primary identifier.*

PARENT/LEGAL GUARDIAN INFORMATION

Parent's/Legal Guardian's last name _____ First name _____

Parent's/Legal Guardian's email address _____

Penn State will use this email address to communicate logistical information regarding the program.

Daytime phone no. _____ Home phone no. _____ Cell phone no. _____

Camper Pickup: Name of person who will be picking up the student. _____

Phone no. _____ Relationship to participant _____

Student's grade next fall (circle one): 9 10 11 12 2018 high school graduate

Adult T-shirt size: S M L XL XXL

Each camp participant will have exposure to both architecture and landscape architecture.

Please choose the area of greatest interest to the camper:

Architecture Landscape Architecture

Do you wish to be put on a waiting list if the program is full? Yes No

Roommate preference (One name only; the roommate must also complete and mail in a registration form naming you as his/her preferred roommate.):

Release

I/we, the undersigned, individually and as parent(s) and or legal guardian(s) of the minor registering in this program, give permission for him/her to participate in this camp sponsored by The Pennsylvania State University. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its trustees, 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 my child's participation in this program (including residence in University housing, or in the course of activities and field trips held in connection with the camp).

I/we grant do not grant permission to The Pennsylvania State University and its agents or employees to use photographs and/or video taken of my child from this event for use in promotional and educational materials and to use such photographs/video in electronic versions of the same publications or on Penn State Web sites or other electronic forms of media, and to offer them for use or distribution in other non-college publications, electronic or otherwise, without notifying me. I hereby agree to release, defend, and hold harmless The Pennsylvania State University and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from and against any claims, damages, or liability arising from or related to the use of the photographs/video.

I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release. I hereby certify that I am the parent/legal guardian of this minor, and do hereby give this consent and release to The Pennsylvania State University for myself and on behalf of such minor child.

Parent/Legal Guardian's Signature _____

Field Trip Permission

I/We give permission for my/our child to participate in the following field trips: construction site visits located on the Penn State University Park campus and/or local vicinities. Note: Participants are to wear long pants, hard-soled closed-toe shoes (no sneakers or sandals, for example), and shirts with 4-inch sleeves, minimum length, when visiting a construction site.

- Yes
- No

Registration Fee

- \$995 residential fee per participant (on or before Friday, June 1, 2018)
- \$1,045 residential fee per participant (after Friday, June 1, 2018)

Method of Payment

Your payment, in full, must accompany your registration form. The Pennsylvania State University's federal ID number is 24-6000376.

Enclosed is a check or money order for the amount indicated, payable to The Pennsylvania State University.

Credit card guarantee: May be mailed or faxed.

- American Express
- MasterCard
- Visa
- Discover

Cardholder's name (please print) _____

Cardholder's signature _____

Cardholder's phone number _____

Credit card billing address (no. and street, or box no.) _____

City _____ State _____

ZIP code _____ Country _____

Credit card number _____ Exp. date (month/year) _____

(Credit card charges cannot be processed without signature and expiration date.)

BEFORE MAILING

Did you remember to:

- provide parental/legal guardian signature?
- enclose the Health Services Medical Treatment Authorization form?
- enclose payment in full?

SEND TO

Conferences and Institutes Registration
The Pennsylvania State University
Box 410
State College PA 16804-0410

Phone: 814-867-4973

Fax: 814-863-2765