

SMARTgirls

Science & Math Applications
in Real-World Technologies

www.pct.edu/smartgirls

Saturday, October 31, 2009

Registration/Release Form

Event is limited to the first 40 girls registered. Include \$25 check or money order, payable to "Penn College" to cover materials fee. Registration deadline: October 26

1 Student Information

First name _____ Middle initial _____ Last name _____

Birth date _____ Age _____ Current grade _____ School district _____

Home address _____ County _____

Phone number _____ E-mail address _____

Parent/Guardian name _____ Parent/Guardian signature _____

Parent/Guardian address _____

Parent/Guardian daytime phone (in case of emergency) _____

Parent(s)/Guardian(s) will attend lunch: Yes No If yes, number of adults attending at \$10 each _____ (Must pre-pay along with registration)

Girls are expected to stay for the duration of events planned.

★ Workshops have a maximum of 10 girls.

The first **completed** registrations (registration, payment, and release form received) receive priority seats.

Make your workshop selections by priority:

Session I (9-11 a.m.)

1st Choice: Workshop # _____

2nd Choice: Workshop # _____

3rd Choice: Workshop # _____

Session II (noon-2 p.m.)

1st Choice: Workshop # _____

2nd Choice: Workshop # _____

3rd Choice: Workshop # _____

Session III (2:10-4:10 p.m.)

1st Choice: Workshop # _____

2nd Choice: Workshop # _____

3rd Choice: Workshop # _____

*This form has two pages,
please complete page two.*

Pennsylvania College of Technology

PENNSTATE



2 Participant Release Form

In consideration of my participation in SMART Girls activities at Pennsylvania College of Technology, I acknowledge that while the College will make every reasonable effort to minimize exposure to known risks, all stresses, and hazards associated with hands-on activities cannot be foreseen. I have a personal responsibility to follow established safety rules and procedures and will make my group leader aware at any point in which I question my ability to participate in any activity. I assume responsibility for following the established schedule, including staying with the workshop helpers who will assist between locations.

I will abide by all state laws and act in a responsible manner suitable to represent Pennsylvania College of Technology during my SMART Girls experience.

Date _____

Participant signature

Print participant name

Date _____

Parent/Guardian signature

Print parent/guardian name

Check and initial below to give permission to include your daughter's participation and positive comments about SMART Girls in publicity, including written and spoken comments, photos, and video clips.

Initials _____

3 Emergency Authorization/Medical Information Form

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness, or any other significant medical condition?

No Yes (If yes, please state condition)

In case of emergency I hereby authorize treatment and/or care at any hospital. **If there is an emergency and I cannot be reached, please contact the person(s) named below who is/are hereby authorized to act in my behalf.**

Full name _____

Phone number _____

Address _____

If you wish your family doctor to be contacted in case of an emergency, please fill in doctor's name and phone number:

Doctor's name _____

Phone number _____

I, the undersigned, parent or legal guardian of the participant, who is a minor, hereby authorize the teachers and assistants acting in the capacity of activity supervisors of participant to consent to medical, surgical, or dental examination and/or treatment.

Date _____

Parent/Guardian signature

4 Return completed form with \$25 materials fee (plus optional \$10 per adult lunch reservation) by October 19.

SMART Girls DIF 71
Pennsylvania College of Technology
One College Avenue
Williamsport, PA 17701