

# SMARTgirls

Science & Math Applications  
in Real-World Technologies

www.pct.edu/smartgirls

Saturday, April 2, 2011

## 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: March 25

### 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)

Parent(s)/Guardian(s) will attend Information Session and Campus Tour: Yes  No  If yes, number attending \_\_\_\_\_

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.)**

1<sup>st</sup> Choice: Workshop # \_\_\_\_\_

2<sup>nd</sup> Choice: Workshop # \_\_\_\_\_

3<sup>rd</sup> Choice: Workshop # \_\_\_\_\_

**Session II (noon-2 p.m.)**

1<sup>st</sup> Choice: Workshop # \_\_\_\_\_

2<sup>nd</sup> Choice: Workshop # \_\_\_\_\_

3<sup>rd</sup> Choice: Workshop # \_\_\_\_\_

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

1<sup>st</sup> Choice: Workshop # \_\_\_\_\_

2<sup>nd</sup> Choice: Workshop # \_\_\_\_\_

3<sup>rd</sup> 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 March 25.

SMART Girls DIF 72  
Pennsylvania College of Technology  
One College Avenue  
Williamsport, PA 17701