



2009 MICHIGAN TECHNOLOGICAL UNIVERSITY SIBLING ORIENTATION

Participant Information

Name _____ Date of Birth ___/___/___ Age _____ Sex: M F
(Last) (First) (MI)

Address _____ School Name _____

City _____ Grade (2008-2009) _____

State _____ Zip _____ Home phone (____) _____

Emergency Contact Information

Mother/Guardian

Father/Guardian

Full Name _____ Full Name _____

Phone(day) _____ (night) _____ Phone(day) _____ (night) _____

Cell _____ Local Lodging _____ Cell _____ Local Lodging _____

Parental Consent

I agree that participation in the program is at the student's own risk and understand that parts of the program may be physically or emotionally demanding. I hereby acknowledge that I am aware of these risks and I agree to follow all safety instructions and ask questions if I do not understand. I also acknowledge that, despite careful precautions, there are certain inherent risks of injury in this program and I accept those risks. I understand that each participant must assume the risk of injury or disabilities that could result from any of the activities. The student and parent or guardian assume full responsibility for any injuries or damages which may occur to the student in, on or about the premises of Michigan Technological University, or off the premises when involved in an off-campus activity of the program. The student and parent or guardian do hereby fully and forever release, discharge and hold harmless Michigan Technological University, its Board of Control, employees and agents from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the student's participation in the program or any injury suffered while participating in the program except insofar as such claim or cause of action arises from intentional misconduct by Michigan Technological University, its officers, agents or employees. By signing this form, you are granting Michigan Technological University authority to secure emergency medical/surgical treatment for your child while attending the program if there is insufficient time to contact you. You are also giving Michigan Technological University permission to secure routine, non-surgical medical care for your child while attending the program. Your signature also authorizes publication of the fact of your child's participation, unless you request in writing that this information be kept confidential. Publication would include notice in your local paper from our news bureau of your child's attendance and use of photos and statements in our literature. In addition, this form allows transport of your student in a Michigan Technological vehicle as a part of the program.

Date _____ Signature of Parent/Guardian _____

Date _____ Signature of Student _____

Payment information:

Number participating at \$25.00 each = _____

Check Enclosed

Bill Credit Card Number _____ Expiration Date ___/___

Name of Cardholder _____

Please Check One Discover Visa MasterCard

Authorized Signature _____

Mail to:
Sibling Orientation
c/o Youth Programs
302 Alumni House
1400 Townsend Dr.
Houghton, MI 49931
Fax: 906-487-1136