



Residential Healthcare Camp for students entering grades 9-12  
Winona State University - July 25-30, 2010

### REGISTRATION FORM

(Please make sure all 3 pages are reviewed and signed)

- **Cost:** \$400 (\$30 non-refundable deposit) – check or money order payable to WSU/Scrubs Camp
- \$370 scholarships available.
- **Please submit application online, then print, sign and mail with payment to:**  
Winona State University/Scrubs Camp  
PO Box 5838 – Tau 137  
Winona, MN 55987
- **For more information:**  
Phone: 507-474-3900  
Email: camps@winona.edu

#### Student Information

(\*required )

Have you attended Scrubs Camp before?\*  Yes

No

First Name\*

Middle Name\*

Last Name\*

Street Address\*

City \*

State\*

Zip\*

Home Phone\*

Cell Phone

Email address

School\*

Current Grade (2009-10)\*

Male

Female

Last 4 digits of SSN

Date of Birth\*

Scrubs size\* (included in the price of registration):

Small

Medium

Large

X-Large

XX-Large

Health/Dietary Concerns

Registration form, liability waiver and photo waiver MUST be completed and signed for student to participate.

## Behavior Policy

- I will be respectful of all individuals (other students and adults) while at Scrubs Camp. This includes observing the 10 p.m. curfew and being on time for all Camp sessions and activities.
- I will be respectful of all public and private property, including Winona State University dormitory and classroom spaces.
- I will not use alcoholic beverages, tobacco products, or illicit drugs of any kind while at Camp. I will not use drugs unless prescribed by a licensed physician, in which case a medication form needs to be filled out at check-in. Medications must be administered by Camp staff.
- I will keep my Camp counselor informed of my whereabouts and will not leave the Winona State University campus without the supervision of Camp staff.
- If I drive myself to Camp, I will be expected to turn in my car keys for the week for safety and liability reasons.
- I will wear my Scrubs Camp identification badge and/or my scrubs top at all times.
- I understand that I may be sent home if I am in violation of any of the rules above.

Student Signature

## Parent/Guardian Information (\*required )

First Name\*

Last Name\*

Street Address\*

City \*

State\*

Zip\*

Home Phone\*

Cell Phone

Email address

*(By submitting this registration form you are acknowledging that this student meets the eligibility requirements for admission to Scrubs Camp.)*

Parent/Guardian Signature

**Registration form, liability waiver and photo waiver MUST be completed and signed for student to participate.**

## Liability Waiver

I have agreed to allow my child to participate in the SCRUBS Camp. I understand that as part of the Camp, my child may have the opportunity to participate in various other activities such as hiking and other outdoor activities. I am aware of the dangers and risks to person and property that may be caused while participating in these activities. Risks associated with participation in these activities include, but are not limited to, loss of or damage to personal property, bodily injury, or even death. All such risks are known, understood, and assumed by me.

In consideration of the University's agreement permit my child to participate in these activities, I agree as follows:

1) I represent and warrant that my child is covered by a policy of comprehensive health and accident insurance which provides coverage for illnesses or injuries I sustain or experience, and provides coverage for emergency medical evacuation and for repatriation of remains. By my signature below, I certify that I have confirmed that my health insurance policy will adequately cover my child; and, I hereby release and discharge the University of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expenses, emergency evacuation expenses, and repatriation related expenses that my child incurs while participating in the Camp.

2) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) ("Releasees") from any and all liability whatsoever for any and all damages, losses or injuries (including death) my child sustains to person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney fees, which arise out of, result from, occur during, or are connected in any manner with my child's participation in the trip and/or any travel incident thereto, whether caused by the negligence of the Releasees or otherwise; except that which is the result of gross negligence and/or wanton misconduct by the Releasees.

3) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorney fees, that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including attorneys fees, which arise out of, occur during, or are in any way connected with my child's participation in the Camp.

4) I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Minnesota, U.S.A.; and that if any portion thereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that I am the parent or legal guardian of the minor child(ren) listed above and that by signing it am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Signature (parent/guardian signature if participant is under 18)

Name (Printed)

Date

## Photo Waiver

I consent to allow Winona State University ("University") to photograph me and/or my minor child(ren) listed below. WSU may produce publications and/or promotional materials which may involve the use of my and/or my minor child(ren)'s likenesses. Such publications will be used for non-commercial educational, exhibition, promotional, advertising, or other purposes by the University and will not be sold to other entities and/or agencies. Such materials may be copied, copyrighted, edited, and distributed by the University.

I understand that my and/or my child(ren)'s likeness/image may be used in the manner described above, and grant the University the right to use and reuse, in any manner at all, the still photograph productions and/or publications as described above. I hereby forever release and discharge the University from any and all claims, actions and demands arising out of or in connection with the use of said still photograph, including without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefits of the assigns, licensees and legal representatives of the University, as well as the party(ies) for whom the University took the still photograph.

I represent that I have read the foregoing and fully and completely understand the contents hereof.

Signature (parent/guardian signature if participant is under 18)

Name (Printed)

Date

**Registration form, liability waiver and photo waiver MUST be completed and signed for student to participate.**