

West Virginia University at Parkersburg

# 2024 Teen Medical Explorer's Academy

## Ages 13 – 17 years old

Name: \_\_\_\_\_ Date \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email to receive information \_\_\_\_\_ Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Age: \_\_\_\_\_ SSN# \_\_\_\_\_

Gender:  M  F

**Tuition is \$150 per student**  
**Min: 8 Students**  
**Max: 20 Students**

\_\_\_\_\_ **I am attending 2024 Teen Medical Explorers Academy**

**June 24-27, 2024**

**9:00 am to 3:30 pm**

**\$150**

**Schedule:**

8:30-9:00: Arrival and check-in

3:30: check-out

➤ **Emergency Contact Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

➤ **List any medical situations WVU-Parkersburg staff and instructors should be aware of:**

\_\_\_\_\_

➤ **List any food allergies/restrictions/sensitivities WVU-Parkersburg staff and instructors should be aware of:**

\_\_\_\_\_

➤ **Authorized to pick student up from Teen MEDICAL Academy: (list ALL people authorized to pick up)**

Name(s) \_\_\_\_\_

**OR**

My Child has my permission to leave Teen MEDICAL Academy on his/her own:

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

➤ **\$150.00 PAYMENT MUST ACCOMPANY REGISTRATION.**

Please find enclosed, check number \_\_\_\_\_

Credit Card:    Visa    Mastercard    Discover    Other

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Name on Card \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ 3 Digit CVV (back of card) \_\_\_\_\_

**WVUP/Business Office, 300 Campus Drive, Parkersburg WV 26104.  
Please make checks out to WVUP.**

I have registered my child for Summer 2024 Teen Medical Explorers Academy and I hereby give consent for the image of my child to be used in MEDIA, electronic, photograph, video or audio manner in any way deemed appropriate for educational, instructional and institutional advancement materials which support the educational and outreach activities of WVU-Parkersburg. I will make no monetary or other claim against WVU-Parkersburg for use of such items. I understand WVU-Parkersburg is not liable for injuries or lost items. I understand that my child can be withdrawn from Teen Medical Explorers Academy for disruptive conduct or any conduct deemed as bullying.

**PARENT SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_

-----Detach Here-----

Drop off (8:30-9:00) and pick up (3:30) for Teen Medical Explorers Academy is at the WVUP South East Entrance by Multipurpose Room. We will head to class at 8:30 AM each day, and release from class at 3:30 PM. **Each child must be signed out at the end of each day by an authorized parent or guardian or have permission from parent to leave on their own.** Make sure you have included a contact number where you can be reached throughout the day. If you need to reach me, please do so by email at wed@wvup.edu, as I am not always near a phone. I will respond as soon as possible. If there is an emergency, contact WVU-Parkersburg security by calling 304.424.8000.

Teen friendly foods are provided each day. If you want to provide a sack lunch for your child, or money to buy cafeteria food or snack machine food, you are welcome to do so.

West Virginia University at Parkersburg is an Equal Opportunity/Affirmative Action institution and does not discriminate on the basis of race, sex, gender identity, marital status, pregnancy, sexual orientation, age, disability, veteran status, religion, color, ancestry, or national origin in admission, employment, educational programs or activities; nor does it discriminate on the basis of genetic information in employment or employee health benefits. Further, faculty, staff, students, and applicants are protected from retaliation for filing complaints or assisting in an investigation of discrimination. Inquiries regarding non-discrimination policies may be directed to: Mary Bentz, Executive Director, Human Resources & Compliance, 304-424-8212, WVU Parkersburg, 300 Campus Drive, Parkersburg, WV 26104.

**DEADLINE: REGISTRATION MUST BE RECEIVED BY June 10, 2024**

## Permission Form

EVENT NAME: WVU-P Teen Medical Explorer's Academy tour of WVU Medicine Camden Clark

DATE OF EVENT: June 25, 2024

BEGINNING TIME: 9:30 AM      ENDING TIME: 3:00 PM

I give permission for my child, \_\_\_\_\_ (Child's name) to go to WVU MEDICINE CAMDEN CLARK on June 25, 2024 during WVU-P Teen Medical Explorers Academy. I understand that transportation will be provided by WVU MEDICINE CAMDEN CLARK.

### EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

### IN EVENT THAT YOU ARE UNABLE TO CONTACT ME, PLEASE CONTACT:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

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PARENT/GUARDIAN SIGNATURE

DATE