

West Virginia University at Parkersburg

2023 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 2023 Teen Medical Explorers Academy**

July 10-13, 2023

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 2023 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 I understand that my child can be withdrawn from Teen Medical Explorers Academy for disruptive conduct or any conduct deemed as bullying.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 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 30, 2023

Permission Form

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

DATE OF EVENT: July 11, 2023

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 July 11, 2023 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: _____

PARENT/GUARDIAN SIGNATURE

DATE