Welcome to Summer Youth Programs at Michigan Technological University!

Each summer, hundreds of middle and high school students come to our campus from across the nation and around the world. Participants get to experience college life and STEM education the Michigan Tech way—through hands-on experiences like island adventures at Isle Royale National Park, programming an underwater robot, and building your own rocket.

We received your application and you are enrolled in the following program(s):

Now that you’re accepted, we need to finalize your registration information. This packet includes four forms you and a parent or guardian must complete: Participant Confirmation, Community Standards, Parental Consent, and Health History.

☐ Now’s the time to confirm when you’re arriving and how you’re getting here. Review and sign form #1, the Participant Confirmation Form, making sure to correct or fill in any missing information. If you’re interested in riding the SYP charter bus, but have not yet signed up, you can do so on this form.

☐ We expect only the best from our students, and that includes their conduct while on campus. Learn about our expectations by reviewing and signing form #2, the Community Standards Form.

☐ Form #3, the Parental Consent Form, contains important program information for parental review and consent. This is also where you have the option to indicate a preferred roommate. Roommate requests are honored whenever possible—both roommates must request each other.

☐ Allergies or other health issues we should know about? Form #4, the Health History Form, includes questions about health concerns, emergency contacts, and insurance information. A parent or guardian must complete this form on your behalf. Be sure to complete both sides.

Forms should be completed and scanned, mailed, or faxed to Summer Youth Programs at least two weeks prior to arriving on campus. Make a copy for your records.

Michigan Tech Summer Youth Programs
1400 Townsend Drive
Houghton, MI 49931-1295
Fax 906-487-1136
syp@mtu.edu

Later this summer, you will receive a Welcome Packet with details about your exploration, life on campus, and items to bring. In the meantime, please contact our office or visit syp.mtu.edu for more information.

We look forward to seeing you on campus this summer!
PARTICIPANT CONFIRMATION FORM

Carefully look over the following information we received from your application. Make corrections, fill in any missing information, and return the signed form to our office at your earliest convenience. By signing here, you verify the information below is correct:

Parent/Guardian Signature

PARTICIPANT INFORMATION

Name ____________________________  Preferred Name ____________________________

Gender ____________________________  Birth Date ____________________________  Email ____________________________

PARENT/GUARDIAN INFORMATION

Parent/Guardian Email

1. ____________________________________________________________  2. ____________________________________________________________

CONTACT PHONE NUMBERS

Home Phone ____________________________________________________________

Parent/Guardian Phone Numbers

1. ____________________________  2. ____________________________

Cell Phone Numbers

1. ____________________________  2. ____________________________

TRANSPORTATION INFORMATION

Please indicate how you will be arriving to campus, including the times of your arrival and departure. If you are arriving or departing by plane, please attach a copy of your flight itinerary. If you are interested in riding the SYP charter bus, there is still time to sign up. Simply indicate your location choice below. For more information, visit the Transportation and Accommodations section of our website (syp.mtu.edu/enrolled-transportation.php). Tentative locations for this year are:

Bay City
McDonald’s
6325 Westside Saginaw Rd
Bay City, MI 48706

Chicago
Walmart
1460 Golf Rd
Rolling Meadows, IL 60008

Gaylord
Family Fare
829 W Main St
Gaylord, MI 49735

Grand Rapids
Meijer
5500 Clyde Park Ave SW
Wyoming, MI 49509

Kalamazoo
Meijer
5121 S Westnedge Ave
Portage, MI 49002

Lansing
McDonald’s
13230 S US 27
Dewitt, MI 48820

Rochester
Kroger
65 S Livernois Rd
Rochester Hills, MI 48307

St. Ignace
Truck Stop
917 US 2
St. Ignace, MI 49781

Novi
McDonald’s
42665 W 12 Mile Rd
Novi, MI 48377

When do you plan to arrive at Michigan Tech?
Check-in: Sunday 10 AM-2 PM (Eastern)

Date ____________________________  Time ____________________________

How do you plan to arrive?
__________________________________________________________

When do you plan to depart from Michigan Tech?
Checkout: Friday 5-9 PM and Saturday 9 AM-NOON

Date ____________________________  Time ____________________________

How do you plan to depart?
__________________________________________________________

All participants must check in between 10:00 AM and 2:00 PM on Sunday.

Your current Michigan Tech balance as of ____________________________ is ____________________________

*This amount includes all fees owed to the University.

All forms can be found on our website (syp.mtu.edu/apply-forms.php) and are due at least two weeks prior to arrival.
COMMUNITY STANDARDS FORM

COMMUNITY STANDARDS
It's important you understand your program, living environment, and responsibilities during Michigan Tech's Summer Youth Programs. Our greatest priority is the well-being of our students; we require you to read and sign the pledge below indicating your understanding and willingness to abide by our community standards.

While on campus, you are expected to be courteous and respect the rights and property of participants and staff members. Remember, you are a guest of the City of Houghton and Michigan Technological University.

Attendance Requirements
• Attendance at all selected daytime sessions is mandatory.
• Evening recreational activities, special student-formed groups, etc., are optional, but you are encouraged to participate in as many different experiences as possible.

Controlled Substances and Other Restrictions
• Alcoholic beverages, illegal drugs or drug-related paraphernalia, fireworks or other explosives, and weapons have no place here. If you are found using or possessing any of these, it will be considered a major violation of the rules; no warning need be issued before removing you from the program at your own expense.
• Michigan smoking laws ban anyone under the age of 18 from lighting up. Underage buying, smoking, or possession of tobacco is a misdemeanor punishable by a $50 fine. Michigan Tech is committed to providing a healthy, safe, and clean campus community. For this reason, the University is tobacco, smoke, and vapor free. The use of all tobacco products and vapor e-cigarettes is prohibited on campus property. Students who do not follow these rules will be asked to leave the program at their expense; program fees paid will be forfeited.

On-Campus Restrictions
Anytime you leave campus, you must be accompanied by a staff member or other authorized adult. There are areas on campus off-limits during the program, including Douglass Houghton, McNair Halls, and Hillside Place. To visit the Student Development Complex (SDC), you must be accompanied by a staff member.

Residence Hall Restrictions
• The residence hall will close at 10 PM. All participants must be on their assigned floor at that time.
• Members of other genders, except parents, guardians, or staff, are not permitted in participants’ rooms or immediate living area (hall).

The indoor and outdoor lounge areas, recreation room, and TV room are available for you to interact with your friends.
• Personal friends not associated with the program are not allowed to visit during your stay. Unusual situations should be approved by the director before the program begins.
• You will be briefed about these rules by the head counselors on Sunday afternoon and later in more detail by your residence counselor.
• You are not permitted to drive while here. Students who drive themselves to the program must turn their keys in to Summer Youth Programs staff for the week and will be required to purchase a temporary parking permit.

Be sure to ask questions if you do not understand a rule or regulation.

COMMUNITY STANDARDS AGREEMENT
Michigan Tech Summer Youth Programs reserves the right to terminate the stay of any student when it is deemed to be in the best interest of either the student or the program as determined by the University and the program staff. The University and the program staff expressly reserve the exclusive right to establish and determine the standards of conduct, behavior, and performance of the participants engaging in the program and to require compliance with such standards as a condition of participation in the program. Students who do not follow these rules, or engage in dangerous or inappropriate behavior, will be expelled from the program at their own cost. Examples of inappropriate behavior include causing disruptions in class, profane language, and repeated violation of minor rules. This is not a complete list. If you have further questions about what behaviors are unacceptable, please contact our office at 1-888-773-2655. The University requires you read these regulations with your parent(s)/guardian(s).

Your signatures indicate you understand and accept them as part of your participation in Michigan Tech Summer Youth Programs.

________________________________________________________________________    ________________________________________
Student Signature Date

________________________________________________________________________    ________________________________________
Parent/Guardian Signature  Date
PARENTAL CONSENT FORM

Parent(s)/Guardian(s): Please review the following information carefully and sign below to grant your consent.

- I understand parts of my child’s program may be physically or emotionally demanding and I agree participation in the program is at my child’s own risk. I hereby acknowledge I am aware of these risks and I agree my child will follow all safety instructions and ask questions if they do not understand.

- I acknowledge that, despite careful precautions, there are certain inherent risks of injury in this program and I accept these risks. I understand each participant must assume the risk of injury or disability that could result from any of the activities. My child and I assume full responsibility for any injuries or damages that may occur in, on, or about the premises of Michigan Technological University, or off the premises when involved in an off-campus activity of the program. My child and I do hereby fully and forever release, discharge, agree to indemnify and hold harmless, and covenant not to sue Michigan Technological University, its Board of Trustees, employees, and agents from and for 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, I am granting Michigan Technological University authority to secure emergency medical/surgical treatment for my child while attending the program if there is insufficient time to contact me. I am also giving Michigan Technological University permission to secure routine, nonsurgical medical care for my child while attending the program.

- My signature authorizes publication of my child’s participation. Publication may include notice in my local newspaper, as well as use of photos and statements in any literature produced for any affiliated Summer Youth Programs. I understand if I do not wish for my child’s participation in Summer Youth Programs to be publicized, I must request confidentiality in writing.

- I understand my child’s room will be inspected during the Summer Youth Programs checkout process. In the event there has been any damage to the property of Michigan Technological University, responsible individuals will be billed.

- By signing this form, I am granting Michigan Technological University permission to survey my student regarding their experience. I understand that no private or identifying information will be collected, and my student may refuse participation in the survey. For more information, please contact Summer Youth Programs.

________________________________________________________________________________      __________________________________
Parent/Guardian Name  (Please Print)  Date

_____________________________________________________________________________________________________________________
Parent/Guardian Signature

ROOMMATE REQUEST

Roommate requests are honored whenever possible. However, both friends must request each other. If you request to room with a friend, but your friend does not request you, you will not be placed together, and it will not be possible to switch rooms when you arrive.

If possible, I would like to room with (friend’s name): ________________________________.
HEALTH HISTORY FORM (Part 1 of 2)

STUDENT INFORMATION  (Please Print)

Student’s Full Name __________________________________________________________________________________________________________
Birth Date_________________________________________    Grade __________________________________________
Address __________________________________________ City ______________________ State _________________ ZIP ____________

Please check the box next to the ethnicity that best describes you. Your response is voluntary.
All information is kept confidential and will only be used for statistical purposes.

[ ] Caucasian [ ] African-American [ ] Hispanic/Hispanic American [ ] Asian/Asian American [ ] Pacific Islander
[ ] American-Indian or Alaskan Native [ ] Multiracial

PARENT/GUARDIAN CONTACT INFORMATION
Each parent/guardian must fill out the following information.

Parent’s/Guardian’s Full Name________________________________________________________________________________________
(______)______________________________   (______)______________________________    (______)______________________________
Telephone/Day Eveni ng Cell

Parent’s/Guardian’s Full Name________________________________________________________________________________________
(______)______________________________   (______)______________________________    (______)______________________________
Telephone/Day Eveni ng Cell

EMERGENCY CONTACTS (in addition to parent/guardian)
Please note emergency contacts should be individuals other than the parents/guardians listed above.
(In the event of an emergency, the parent/guardian is the initial contact.) This information is mandatory.

Name _________________________________________________ Relation to Participant____________________________________
Telephone Day (______)__________________________________ Evening (______)_________________________________________

Name _________________________________________________   Relation to Participant____________________________________
Telephone Day (______)__________________________________ Evening (______)_________________________________________

RELEASE OF STUDENT (to someone in addition to parent/guardian)
No student shall be released without permission of the program director and without completion of the release below. For safety
reasons, the student will not be released to unauthorized individuals. In case of emergency or an authorized event,
_____________________________________________________________________________ may be released to the following people:

Student’s Name
Name _________________________________________________ Phone Number (______)___________________________________
Name _________________________________________________ Phone Number (______)___________________________________

INSURANCE INFORMATION
Do you have health insurance? [ ] Yes  [ ] No

IF YES: Please provide the name and address of insurance company:
_____________________________________________________________________________________________________________________

Policyholder’s name, relationship to student, and address:
_____________________________________________________________________________________________________________________

Name and address of policyholder’s employer:
_____________________________________________________________________________________________________________________ 

Work Telephone (______)_________________________________

If you have HMO, IHS, or PHP insurance, please list emergency phone number for treatment authorization purposes.
____________________________________________________________________________________________________________________

IF NO: If you do not have insurance, you must read and agree to the following acknowledgement of risk statement. Your signature on the following page indicates your consent.

I have no health insurance. I understand the risk, and I take responsibility for any injury my child may receive. I will assume responsibility for all costs incurred.
HEALTH HISTORY (Part 2 of 2)

Please check the box next to medical difficulties the participant has had or is currently experiencing.

- □ Asthma
- □ Back Problems
- □ Epilepsy
- □ High Blood Pressure
- □ Dislocations
- □ Joint Problems
- □ Heart Problems
- □ Diabetes
- □ Other ______________________

Indicate the student's level of fitness:

- □ Little or no regular exercise
- □ Occasional exercise, one or two times a week
- □ Vigorous exercise (e.g., 20 minutes of running, fast walking, etc.) three times a week or more

For any conditions checked above, please describe symptoms/conditions, how often they occur, how long they last, and how you care for them.

_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________

Does the student have allergies (e.g., foods, medications, or local anesthetics)? □ Yes □ No Please list:

_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________

Does the student have special dietary needs? If so, explain:

_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________

Does the student currently have any infectious diseases? If so, explain:

_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________

Does the student have any limiting physical or health disabilities or handicaps (temporary or permanent) the student or the doctor feels limits participation in this program? If so, explain:

_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________

Please explain in detail any additional information on any behavioral or emotional limitations the student might have:

_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________

Name of participant's doctor __________________________________________ Telephone/Day (______)_________ Evening (______)_________
Address __________________________________________ City ___________________ State ____________ ZIP ____________

Date and location of the participant's last physical exam:

_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________

Please list any medication the student is taking as well as the correct dosage (including over-the-counter medications and vitamins):

_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________

Are all immunizations up to date? □ Yes □ No
Date of last tetanus shot _____________________________

SIGNATURES

I do hereby authorize Michigan Tech Summer Youth Programs to seek any emergency or routine medical or surgical treatment necessary for the care of my child, and I authorize Summer Youth Programs to give my child the following as needed:

- □ Tylenol
- □ Ibuprofen
- □ Pepto Bismol
- □ Benadryl
- □ Dramamine
- □ Other ___________________________
- □ None

Parent/Guardian Signature __________________________________ Date _____________