Welcome To Summer Youth Programs At Michigan Technological University!

Throughout each summer, hundreds of students come to our campus from across the nation and world to experience discovery the Michigan Tech way—hands-on activities, field trips, cool laboratory experiments, and more.

Your application has been received and you are enrolled in the following program(s):

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

- We expect only the best from our students, and that includes their conduct while on campus. Learn about the expectations for participants by reviewing and signing form #1, the Community Standards Form.
- Form #2, 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.
- Have allergies or other health issues we should know about? Form #3, 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.
- Now’s the time to confirm when you’re arriving and how you’re getting there. Review form #4, the Participant Confirmation Form, making sure to correct or fill in any missing information. If you’re interested in riding the Summer Youth Programs Charter Bus but have not yet signed up, you can do so on this form.

Forms should be completed promptly and mailed or faxed to the Summer Youth Programs office. We recommend that you make copies 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, items to bring, and more. In the meantime, please feel free to contact our office, or view our website at www.syp.mtu.edu, for more information.

We look forward to seeing you on campus during the summer!
COMMUNITY STANDARDS FORM

COMMUNITY STANDARDS

We believe it is important that you understand your program, living environment, and responsibilities at Michigan Tech’s Summer Youth Programs. Because our greatest priority is the well-being of our students, we require that you sign the following pledge to abide by our community standards while attending Summer Youth Programs.

Please read the following community standards and sign the pledge below indicating your understanding and willingness to abide. While on campus, you are expected to be courteous and respect the rights and properties 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 and no warning need be issued before removing you from the program, at your own expense.
- Michigan smoking laws ban anyone under the age of eighteen from lighting up. Underage buying, smoking, or possession of tobacco is a misdemeanor punishable by a $50 fine. Students who do not follow these rules will be asked to leave the program at their expense, and the 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 also areas on campus that are off-limits during the program, including Douglass Houghton and McNair Halls. To visit the Student Development Complex (SDC), you must be accompanied by a staff member.

Residence Hall Restrictions

- The residence hall will close at 10:00 PM. All participants must be on their assigned floor at that time.
- Members of the opposite gender, 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 in general by the head counselor on Sunday afternoon and later in more detail by your counselor about these rules.
- 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.

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 such things as causing disruptions in class, the use of profane language, and the repeated violation of minor rules. This is not a complete list. If you have any further questions about what behaviors are unacceptable, please contact our office at 1-888-773-2655. The University requires that you read these regulations with your parent(s)/guardian(s).

Your signatures indicate that 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 that parts of my child’s program may be physically or emotionally demanding and I agree that participation in the program is at my child’s own risk. I hereby acknowledge that I am aware of these risks and I agree that my child will follow all safety instructions and ask questions if he/she does 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 that 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 Control, 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 Program. I understand that 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 that my child’s room will be inspected during the Summer Youth Programs checkout process. In the event that 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 his/her 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 Evening Cell

Parent’s/Guardian’s Full Name _______________________________________________________

(____)_____________________________ (____)_____________________________ (____)_____________________________
Telephone/Day Evening Cell

EMERGENCY CONTACTS (in addition to parent/guardian)

Please note that the 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 ___________________________________________ 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 exercise on a regular basis  ☐ Occasional exercise, one or two times a week
☐ Vigorous exercise (e.g., twenty 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

______________________________________________________________________________________________________________________

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) that the student or the doctor feels would limit the participation in this program? If so, explain:

______________________________________________________________________________________________________________________

Please explain in detail any additional information on any behavioral or emotional limitations that 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 Summer Youth Programs to seek any emergency or routine medical or surgical treatment necessary for the care of my child, and I authorize Michigan Tech Summer Youth Programs to give my child the following as needed:

☐ Tylenol  ☐ Ibuprofen  ☐ Pepto Bismol  ☐ Benadryl  ☐ Dramamine  ☐ Other ______________________  ☐ None

Parent/Guardian Signature ___________________________________________________________ Date _____________________
PARTICIPANT CONFIRMATION FORM

Carefully look over the following information that we received from your application. Make any necessary corrections, fill in any missing information, and return the signed form to our office.

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 (www.syp.mtu.edu/enrolled-transportation.php). Tentative locations for this year are:

Bay City  ____________
McDonald's
6325 Westside Saginaw
Bay City, MI 48706

Gaylord  ____________
Family Fare
829 W Main St.
Gaylord, MI 49735

Lansing  ____________
McDonald's
13230 S US 27
Dewitt, MI 48820

Metro Detroit  ____________
Meijer (Off I-275, between 7 and 8 mile)
20401 Haggerty Rd.
Northville, MI 48167

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

Kalamazoo*  ____________
Meijer
5121 S Westnedge Ave.
Portage, MI 49009

Chicago*  ____________
McDonald's
6200 North River Rd.
Rosemont, IL 60018

Milwaukee*  ____________
McDonald's
920 West North Ave.
Milwaukee, WI 53213

Green Bay*  ____________
Mobile Gas
1855 Velp Ave.
Green Bay, WI 54303

Iron Mountain*  ____________
Hardee's
315 North Stephenson Ave.
Iron Mountain, MI 49801

*Only during SYP weeks July 12–25, 2015.

When do you plan to arrive at Michigan Tech?
Check-in: Sunday 9 AM–3 PM EDT.

Date ____________  Time ____________

How do you plan to arrive?

Please note: all participants must check in between 9:00 AM and 3:00 PM on Sunday.

When do you plan to depart from Michigan Tech?
Checkout: Friday 5 PM–11 PM and Saturday 8 AM–12 NOON (except for the week of June 29–July 3: departure must be by 10 pm Thursday, July 3)

Date ____________  Time ____________

How do you plan to depart?

Your current Michigan Tech balance as of ___________________________ is $**

**This amount includes all fees owed to the University.

_________________________________________________________

Parent/Guardian Signature

All forms can be found on our website: www.syp.mtu.edu/apply-forms.php