

# Rural Collaborative Opportunities for Occupational Learning in Health (R-COOL-Health)



## Scrubs Camp



### Student Application

LOCATION:

DATE:

APPLICATION DEADLINE:

PLEASE COMPLETE APPLICATION AND MAIL TO:

FOR MORE INFORMATION:

Personal Information	
Student Name:	
Home Address:	
City/State/Zip:	
Phone Number:	
E-mail Address:	
Shirt Size (circle one):	ADULT XS S M L XL 2XL 3XL 4XL 5XL
Date of Birth (mm/dd/yy):	
Ethnicity (circle):	Hispanic Non-Hispanic
Race (circle):	American Indian/Alaskan Native Asian Black/African Caucasian/WhiteNative Hawaiian/Pacific Islander
Gender (circle one):	Male Female

Educational Information	
Name of school presently attending:	
City:	
Current grade in school (circle one):	5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup> 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>
Student ID#	

\*Student ID# are required for tracking purposes and are needed for the Scrubs Camp Roster. The school will have a student ID#.

### Parental Information

Name of Parent/Guardian:

Phone Number:

E-mail Address:

Parent/Guardian Signature:

### Waiver

In consideration of the **insert site/lead applicant name** acceptance of my participation in the R-COOL Health Scrubs Camp, I waive any and all claims for myself and my heirs that I may have against the **insert site/lead applicant name**, its employees, contractors, sponsors, officials, and volunteers, for any and all injury or illness which may directly or indirectly result from my participation in this program.

Parent/Guardian Signature:

Date:

Student (if over 18) Signature:

Date:

### Photo/Video & Evaluation Waiver

I hereby grant permission for the coordinators and sponsors of the R-COOL-Health Scrubs Camp to take, edit, and use photos/videos for publicity, news, and advertising. I understand that the photos/videos may be used only for educational and public information purposes.

I grant permission

I do not grant permission

I authorize the Center for Rural Health to maintain and reference the application and registration information periodically to evaluate the effectiveness of the Scrubs Program through email and the school's student identification number. Students participating in the Scrubs Camp may be contacted in the future for evaluation purposes.

I authorize

I do not authorize

Parent/Guardian Signature:

Date:

*To be completed by a school counselor, teacher, or administrator*

### Why do you recommend this student be accepted into the R-COOL Health Scrubs Camp?

Signature:

Position: