



Wenatchee Valley College - Omak | Feb 8, 2019

REGISTRATION DEADLINE: Jan 30, 2019

Student Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Date of Birth: _____ Gender: Male Female

T-shirt size: _____

Ethnicity (optional): African American Asian Caucasian/White
 Hispanic/Latino Native American Other _____

Name of Parent/Guardian: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Email: _____

Parents/Guardians or other family members are welcome but not required to attend the Scrubs Camp.

Will you be attending with your student? YES NO

Will you be attending lunch? YES NO Number of parents attending lunch: _____

Name of school presently attending: _____

City: _____

Current grade in school: 9th 10th 11th 12th

Are you interested in a healthcare career? YES NO

If you answered YES above, what healthcare career(s) are you interested in pursuing?

Signature: _____ Position: _____

Print Name: _____ Phone: _____

Email: _____

The Scrubs Camp is designed to be an educational function, and all plans are made with that objective. Scrubs Camp management wants every attendee to have an enjoyable experience with every attention paid to education, safety and comfort. All attendees will be expected to conduct themselves in a manner best representing their local school district. In order that everyone may receive the maximum benefits from participation, the "Code of Conduct" must be followed at all times.

Note that attendance is not mandatory. By voluntarily participating, you agree to follow the official Scrubs Camp rules and regulations or forfeit your personal rights to participate. Each local school district is proud of its students and knows that by signing this "Code of Conduct" you are simply reaffirming your dedication to be the best possible representative of your school.

I will, at all times, respect all public and private property, including the facility where I attend the Scrubs Camp.

I will, at all times, respect all individuals (other students and adults) while in attendance at the Scrubs Camp. I will not use profanity of any kind while in attendance at the Scrubs Camp.

I will not use alcoholic beverages, tobacco products, or illicit drugs of any kind while in attendance at the Scrubs Camp. I will not use drugs unless I have been ordered to take certain prescription medications by a licensed physician. If I am required to take medication, I will, at all times, have the orders of the physician on my person.

I will not leave the Scrubs Camp without the express permission of my advisor, Scrubs Camp Site Coordinator, or Scrubs Camp Project Coordinator. Should I receive permission, I will leave a written notice of where I will be with my advisor, Scrubs Camp Site Coordinator, or Scrubs Camp Project Coordinator.

My conduct shall be exemplary at all times while at the Scrubs Camp.

I will keep my advisor, the Scrubs Camp Site Coordinator, or the Scrubs Camp Project Coordinator informed of my whereabouts at all times.

I will wear my Scrubs Camp identification badge at all times while at the Scrubs Camp.

I will attend, and be on time, for all Scrubs Camp sessions and activities.

Your signature below authorizes the Eastern Washington University Area Health Education Center (EWU AHEC) and Eastern Washington University (EWU) to collect all information contained in this registration application. This information will be maintained and referenced periodically to evaluate the effectiveness of the Scrub Camps. Students participating in the Scrub Camps may be contacted in the future for evaluation purposes. Registration information may also be used for recruitment/admissions activities.

By signing below, Student and Parent/Guardian grant EWU and the Scrubs Camp permission to take pictures/video of us and grant them an irrevocable right and license to use such pictures/videos for publicity, news, or advertising in any form. The facilitators of the Scrubs Camps are released from any and all claims of payment for performance rights, residuals or damages for libel, slander, invasion of privacy, or any claim based on the use of said material.

I agree that if, for any reason, I am in violation of any of the rules of the Scrubs Camp, I may be sent home at my own expense. I understand that notification of the violation and the action taken will be sent to my local school district and parents or guardians. I understand that through my negative actions, Scrubs Camp attendees from my local school district could be sent home as well.

It is within the spirit of being a proud and meaningful attendee of the Scrubs Camp that I agree to these rules of conduct by signing my name on this registration form. By signing this registration form, my parent and/or guardian, as well as a school district representative, affirm that I am worthy to attend a Scrubs Camp.

Due to the nature of this camp, students may be exposed to latex, finger stick blood sampling, and other elements of a basic physical exam. For finger stick blood sampling, students will prick their own finger – in a supervised lab setting – and use their blood sample for typing and/or other examination procedures. By signing below, the student’s parent/guardian acknowledges and accepts these possible risks. I understand that I must complete the Consent, Assumption of Risk, Waiver and Indemnity Agreement on the following page in order for my child to participate in the Scrubs Camp.

Parent/Guardian Signature: _____ Date: _____

Print: _____

Student (if 18 and over) Signature: _____ Date: _____

Print: _____

CONSENT, ASSUMPTION OF RISK, WAIVER AND INDEMNITY AGREEMENT FOR MINORS EWU Area Health Care Authority / Scrubs Camp / Feb 8, 2019

This form is required for children who wish to participate in Scrubs Camp. Minors cannot participate in Scrubs Camp without the minor’s parent/guardian signing this form.

For and in consideration for the opportunity for his/her child to participate in this activity, the below parent/guardian voluntarily agrees to the following terms and conditions:

1. I certify that I have read this document, understand its provisions, and agree to its terms which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for my child’s participation in Scrubs Camp.
2. I understand and acknowledge that this activity includes some inherent and dangerous risks that could result in harm, loss, damage, personal injuries, illnesses, or death. Risks include, but are not limited to, falling, slipping, exposure to latex, finger stick blood sampling, and other elements of a basic physical exam. I voluntarily choose to allow my child to participate in this activity with full knowledge that the activities may be hazardous. I voluntarily assume full responsibility for any risks of injury, loss, or property damage.
3. I will hold EWU, its employees, volunteers, and agents harmless from any and all liability, actions, causes of action, debts, claims, and all demands arising out of or related to any loss, damage, or injury, including death, that may be sustained by myself or my child, or any property belonging to me or my child, while participating in such activity or any activities related to this event. This agreement shall serve as a release and discharge of EWU for any and all liability arising out of or related to this activity on behalf of myself, my heirs, assigns, or other successors in interest. I agree to indemnify EWU for all loss, damage and expense of any kind or character arising out of injury, death, damage, or loss due to my child’s participation in this activity.
4. I certify that my child is in good health and has no physical, medical, mental or emotional impairments, conditions or concerns that might jeopardize or affect their safety, or the safety of others, related to my child’s participation in this activity. I further understand and acknowledge that:
 - a. I should consult with a medical professional to confirm my child’s fitness for participation in this activity;
 - b. If my child has a prescription for medications or is taking over the counter medications, I should confirm with my child’s medical provider whether the medications will impact my child’s participation in the activity; and,
 - c. My child should not participate in the activity while under the influence of any medication that may impact his/her ability to safely participate.

5. Neither EWU, nor their employees/agents serve as guardians or insurers of my child's safety. EWU does not provide any special insurance for my child's protection, and it is my responsibility to obtain any appropriate insurance. I agree that any and all expenses arising from an accident or injury to my child or myself or to my or my child's property, including but not limited to, emergency transport; emergency medical services; medical treatment; and damage or loss to property are my responsibilities. I have obtained and agree to use my personal medical insurance as primary medical coverage for my child if accident or injury occur.
6. I have notified the supervising instructor/staff member of any existing medical condition or medication that could affect my child's ability to fully participate in this activity. In the event that any medical attention is needed and I am unable to provide consent, I consent to emergency medical treatment and grant EWU and its agents full authority to take whatever actions they may consider to be warranted under the circumstances concerning the health and safety of my child. This includes, but is not limited to, the authority and permission to arrange/provide transportation, approval for a hospital, medical treatment facility, and/or health care provider to provide medical exams, testing, medical treatment, and any medical procedures immediately necessary and advisable in the interest of my child's health and well-being, all at my expense.

By my signature below, I certify I am the legal parent or guardian of the named child, am over the age of 18 and legally competent to sign this form. I certify that I have completely read this document, understand its provisions, and voluntarily accept its terms which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for participating in Scrubs Camp.

Minor's Name (Please Print) _____

Parent/Guardian's Name (Please Print) _____

Parent/Guardian's Signature / Date _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

CONSENT, ASSUMPTION OF RISK, WAIVER AND INDEMNITY AGREEMENT

EWU Area Health Care Authority / Scrubs Camp / Feb 8, 2019

This form is required for parents, guardians, and/or counselors who wish to participate in Scrubs Camp.

For and in consideration for the opportunity to participate in this activity, the below Participant voluntarily agrees to the following terms and conditions:

1. I certify that I have read this document, understand its provisions, and agree to its terms which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for my participation in Scrubs Camp.
2. I understand and acknowledge that this activity includes some inherent and dangerous risks that could result in harm, loss, damage, personal injuries, illnesses, or death. Risks include, but are not limited to, falling, slipping, exposure to latex, finger stick blood sampling, and other elements of a basic physical exam. I voluntarily choose to participate in this activity with full knowledge that the activities may be hazardous. I voluntarily assume full responsibility for any risks of injury, loss, or property damage.
3. I will hold EWU, its employees, volunteers, and agents harmless from any and all liability, actions, causes of action, debts, claims, and all demands arising out of or related to any loss, damage, or injury, including death, that may be sustained by myself, or any property belonging to me, while participating in such activity or any activities related to this event. This agreement shall serve as a release and discharge of EWU for any and all liability arising out of or related to this activity on behalf of myself, my heirs, assigns, or other successors in interest. I agree to indemnify EWU for all loss, damage and expense of any kind or character arising out of injury, death, damage, or loss due to my participation in this activity.

4. I certify that I am in good health and have no physical, medical, mental or emotional impairments, conditions or concerns that might jeopardize or affect my safety, or the safety of others, related to my participation in this activity. I further understand and acknowledge that:
- a. I should consult with a medical professional to confirm my fitness for participation in this activity;
 - b. If I have a prescription for medications or am taking over the counter medications, I should confirm with my medical provider whether the medications will impact my participation in the activity; and,
 - c. I should not participate in the activity while under the influence of any medication that may impact my ability to safely participate.
5. Neither EWU, nor their employees/agents serve as guardians or insurers of my safety. EWU does not provide any special insurance for my protection, and it is my responsibility to obtain any appropriate insurance. I agree that any and all expenses arising from an accident or injury to myself or to my property, including but not limited to, emergency transport; emergency medical services; medical treatment; and damage or loss to property are my responsibilities. I have obtained and agree to use my personal medical insurance as primary medical coverage for myself if accident or injury occur.
6. I have notified the supervising instructor/staff member of any existing medical condition or medication that could affect my ability to fully participate in this activity. In the event that any medical attention is needed and I am unable to provide consent, I consent to emergency medical treatment and grant EWU and its agents full authority to take whatever actions they may consider to be warranted under the circumstances concerning my health and safety. This includes, but is not limited to, the authority and permission to arrange/provide transportation, approval for a hospital, medical treatment facility, and/or health care provider to provide medical exams, testing, medical treatment, and any medical procedures immediately necessary and advisable in the interest of my health and well-being, all at my expense.

By my signature below, I certify I am over the age of 18 and legally competent to sign this form. I certify that I have completely read this document, understand its provisions, and voluntarily accept its terms which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for participating in Scrubs Camp.

Participant's Name (Please Print) _____

Participant's Signature / Date _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

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