

# REGISTRATION FORM

## Penn State Weather Camp – **WAIT LIST**

June 16–20, 2024 | Penn State University Park Campus

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN.

This form may be duplicated for additional registrations. Please print in ink or type. Registration confirmation will be sent to the email address that you provide here. Include all information requested and **return the completed form to Penn State by May 17, 2024.**

*\* **Required Information** — Penn State requires the collection of personal information to create and maintain accurate and secure records. Penn State is committed to keeping personal and institutional information secure. Your registration will not be processed if required fields are not completed.*

### PARTICIPANT PROFILE INFORMATION

*Penn State is committed to equal access to programs, facilities, admission, and employment for all persons. It is the policy of the University to maintain an environment free of harassment and free of discrimination against any person because of their actual or perceived age, race, color, ancestry, national origin, sex, sexual orientation, gender, gender identity, physical or mental disability, religion, creed, service in the uniformed services (as defined in state and federal law), veteran status, marital or family status, pregnancy, pregnancy related conditions, genetic information or political ideas. Discriminatory conduct and harassment violate the dignity of individuals, impedes the realization of the University's educational mission, and will not be tolerated. This access is extended to all university sponsored youth programs, including 4-H.*

*The needs of any participant in a youth program will be discussed privately with that child's parent/legal guardian on a case-by-case basis with the goal of promoting a safe environment and quality experience. If you have any questions, please contact the program manager, **Karen Dinunzio**, at [kxd20@psu.edu](mailto:kxd20@psu.edu).*

\*  Male       Female

\*Participant Last Name: \_\_\_\_\_

\*Participant First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\*Participant Date of Birth (month/day/year): \_\_\_\_\_

\*Home Address (no. and street, or box no.): \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_

\*ZIP Code: \_\_\_\_\_ \*Country: \_\_\_\_\_

\*Parent/Legal Guardian #1 Preferred Phone: \_\_\_\_\_

\*Parent/Legal Guardian #1 Email: \_\_\_\_\_

*Penn State will use this email address to communicate logistical information regarding the program.*

## REGISTRATION FEE

- \$950.00 residential fee per participant (No payment due at this time. You will be notified if an opening becomes available)

*If your request to withdraw is received at least 15 business days prior to the first day of the program, we can issue a partial refund. Send your written request by email to [psuconferences@psu.edu](mailto:psuconferences@psu.edu). A \$50 administrative fee will be charged for each withdrawal.*

## ADDITIONAL PROGRAM INFORMATION

### Parent/Legal Guardian #1

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_

\*Daytime Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

### Parent/Legal Guardian #2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

*If there are any legal issues related to custody that we should be aware of, please provide us with an updated court document stating as such. We will abide by legal documents only when dealing with children and custody issues. Otherwise, either parent has equal rights to their child. Please contact Karen Dinunzio at [kxd20@psu.edu](mailto:kxd20@psu.edu) in advance of your participation or visit.*

\*How did you hear about the Camp?  website  teacher  previous camper  other

\*Would you like to be considered for a scholarship for financially disadvantaged or underrepresented campers?  Yes  No

A limited number of partial scholarships are available. To be considered, please submit a hand-written essay of 150 words or fewer (sorry, no typed or computer-produced essays) on this topic: "Why I want to go to the Penn State Weather Camp." Attach the essay to your registration form and email to Darbi Bubb at [dah982@psu.edu](mailto:dah982@psu.edu)

Deadline for scholarship consideration is March 22, 2024.

Do you wish to be put on the waitlist if the camp is full?  Yes  No

\*Participant Age during Program: \_\_\_\_\_

Participant Email: \_\_\_\_\_

Participant Cell Phone: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

*Penn State encourages qualified persons with disabilities to participate in its programs and activities. If you anticipate needing any type of accommodation or have questions about the physical access provided, please contact Karen Dinunzio at [kxd20@psu.edu](mailto:kxd20@psu.edu) in advance of your participation or visit.*

\*Participant's Grade Next Fall:       8       9       10       11       12

\*Adult T-Shirt Size:                       S       M       L       XL       XXL

Roommate Preference: \_\_\_\_\_

*One name only; the roommate must also complete and submit a registration form naming you as their preferred roommate*

### Emergency Contact Information

*If neither parent/guardian is available in an emergency, please contact:*

\*Name of Adult Contact #1: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_

\*Name of Adult Contact #2: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_

## MEDICAL TREATMENT AUTHORIZATION

\*Is physician authorization needed?     Yes       No

*Indicate YES if, in the case of emergency, the physician listed below must be consulted before treatment.*

\*Name of Family Physician: \_\_\_\_\_

\*Physician Phone: \_\_\_\_\_

Please check and provide approximate dates that youth suffered from allergies and other conditions listed below.

### Allergies

Hay Fever

Bee/Wasp Stings

Insect Stings

Penicillin

Peanut

Other Food/Drugs    If other, please list: \_\_\_\_\_

**Allergy Dates and Details:** \_\_\_\_\_

**Other Conditions**

- Asthma
- Diabetes
- Convulsions
- Concussion
- Behavioral/Emotional

**Other Conditions Dates and Details:** \_\_\_\_\_

**\*Does the youth wear any medical appliances (glasses, contact lenses, orthodonture, etc.)?**

- No
- Yes If Yes, explain: \_\_\_\_\_

**\*Does the youth have any special dietary restrictions?**

- No
- Yes If Yes, explain: \_\_\_\_\_

**\*Any major past illnesses (contagious and non-contagious)?**

- No
- Yes If Yes, explain: \_\_\_\_\_

**\*Any major operations or serious injuries (include dates)?**

- No
- Yes If Yes, explain: \_\_\_\_\_

**\*Has the youth ever been hospitalized (include dates)?**

- No
- Yes If Yes, explain: \_\_\_\_\_

**\*Does the youth have any chronic or recurring illness?**

- No
- Yes If Yes, explain: \_\_\_\_\_

**\*Is there anything else in youth's health history that the program staff should know about?**

- No
- Yes If Yes, explain: \_\_\_\_\_

**\*Are there any activities from which the youth should be restricted?**

- No
- Yes If Yes, explain: \_\_\_\_\_

**\*Are there any specific activities that should be encouraged?**

No

Yes If Yes, explain: \_\_\_\_\_

**\*Date of Most Recent Tetanus Immunization:** \_\_\_\_\_

I understand that all Youth Program participants are recommended to have a meningococcal vaccination prior to attending the program.

I acknowledge and agree that attendance at any public event, including Youth Programs, involves certain unavoidable risks such as exposure to or infection by transmissible diseases, viruses, and other illnesses (including, but not limited to, COVID-19 and its variants). On behalf of myself and my child, I assume any and all such risk and acknowledge that such exposure or infection may result in personal injury, illness, severe complications, permanent disability, and/or death to my child or others. I agree on behalf of myself and my child to adhere to all applicable University policies including, but not limited to, those intended to [mitigate the spread of transmissible illnesses](#). I understand it is my and my child's responsibility to practice basic health, safety, and sanitation measures to avoid contracting or spreading transmissible illnesses. I further agree that my child will not attend the event if they are symptomatic of any commonly spread transmissible illness.

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I give my consent for Penn State University Health Services staff or other licensed health care practitioners to perform any necessary emergency treatment.

I hereby authorize the clinical staff at The Pennsylvania State University ("Penn State" or the "University") (e.g., clinical staff at Penn State's University Health Services) or other licensed health care practitioners, acting within the scope of his or her practice under State law, to provide medical care that includes routine diagnostic procedures (e.g., x-rays, blood and urine tests) and medical treatment as necessary to my minor daughter/son/dependent. I understand that the consent and authorization herein granted does not include major surgical procedures and is valid only during the Youth Program/event.

I agree to the release of records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. If treatment is provided by Penn State, I understand that the University charges for services and that it is my responsibility to pay the bill. I may be responsible to submit any claims to my health insurance carrier for reimbursement. I also authorize Penn State to receive medical/billing information and submit it to the University's insurance carrier.

I understand that, unless specifically stated otherwise in the Penn State Youth Program/event literature, Penn State does not provide medical insurance to cover emergency care or medical treatment of my child.

**Medical and Related Health Information:** Penn State is committed to protecting the medical and related health information about your child. Medical and related health information provided on this form will only be used as Penn State deems necessary to provide services for your child while participating in the Youth Program. Information will be stored, archived, and disposed of according to Policy AD35, University Archive and Records Management and Policy AD95, Information Assurance and IT Security.

If there are any changes to your child's health, please contact the youth program.

## MEDICATION AUTHORIZATION

It is NOT permissible for a participant to share any medications with any other participants. ***If at all possible, medication should be administered at home.*** Medications will be allowed at the Youth Program only when failure to take such medicine would jeopardize the health of a child and they would not be able to attend the Youth Program if the medicine were not made available.

The parent(s)/legal guardian(s) of Youth Program participants are required to disclose their intention to bring medications to the Program, especially to treat potentially life-threatening conditions (i.e., inhalers, EPI-pens, insulin injections). Upon arrival to the Program, parent(s)/legal guardian(s) should plan to meet with a member of the Youth Program staff at registration to review medication issues for a Youth Program participant and complete additional required paperwork if not completed prior to arrival.

All medications (prescription and over-the-counter) must be stored in the original product packaging and clearly labeled with the participant's name. Prescription medication(s) must also include a label with the medication's name and dosage instructions, as well as the prescribing physician's name and telephone number.

All medications will be kept in a securely locked cabinet used exclusively for storage of medications. Medications that require refrigeration will be stored and locked in a refrigerator designated for medications ONLY. Access to all medications will be limited to approved personnel. ***The need for emergency medication may require that a Youth Program participant carry the medication on their person or that it be easily accessed (i.e., inhalers, EPI-pens, insulin injections, seizure medication).*** Penn State Youth Program staff will NOT purchase medications of any type (prescription or over-the-counter) for Youth Program participants of any age.

Penn State youth program does not carry over the counter medication. If a Program has professional medical staff on-site, then the medical staff may administer over the counter medications (e.g., ibuprofen or Tylenol) supplied by the parent(s)/guardian(s) per package instructions. Medical staff may monitor the self-administration of medications, if necessary, upon written consent of the parent(s) and/or legal guardian(s) and/or physician orders.

If there are no medical staff on-site, Penn State Youth Program staff will not dispense medications, but may monitor the self-administration of certain medications, if necessary, ONLY upon written consent of the parent(s)/legal guardian(s) and /or physician's orders.

It is the responsibility of the parent(s)/legal guardian(s) to be sure that the participant's medications brought to the Youth Program are not left behind at the end of the Program. Failure to do so will result in the medications being destroyed within three working days after the participant's last day at the Program. Absolutely no medications will be returned via mail regardless of circumstance.

I understand that, in accordance with Youth Program policy, any medication(s) should be given at home before and/or after the Youth Program. However, when this is not possible, and medications will be brought to Youth Program camp, I agree to the provisions outlined above relating to the management of medications.

**\*Will the youth be bringing any medications to be taken during the program?**

- No
- Yes

If YES, please list the specific prescription or over-the-counter medications below, reasons for medication, and daily dosage. For identification purposes, a current picture of the child is to be provided upon registration. If any medications change prior to arriving at the program, please provide an updated list upon arrival.

Medication	Reason(s) for Medication	Daily Dosage/Time(s) Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### DROP-OFF AND/OR PICK-UP AUTHORIZATION

*Please list the names of people including parent/legal guardian that have permission to drop-off and/or pick-up your child.*

**\*Name of Adult #1 Who Will Be Picking Up the Participant:** \_\_\_\_\_

**\*Phone Number for #1:** \_\_\_\_\_ **\*Relationship to Participant for #1:** \_\_\_\_\_

**Name of Adult #2 Who Will be Picking Up the Participant:** \_\_\_\_\_

**Phone Number for #2:** \_\_\_\_\_ **Relationship to Participant for #2:** \_\_\_\_\_

**Name of Adult #3 Who Will Be Picking Up the Participant:** \_\_\_\_\_

**Phone Number for #3:** \_\_\_\_\_ **Relationship to Participant for #3:** \_\_\_\_\_

**Name of Adult #4 Who Will Be Picking Up the Participant:** \_\_\_\_\_

**Phone Number for #4:** \_\_\_\_\_ **Relationship to Participant for #4:** \_\_\_\_\_

*The above individuals will be asked to verify their identity by showing an official picture ID before your child will be released into their care.*

*If there are any legal issues related to custody that we should be aware of, please provide us with an updated court document stating as such. We will abide by legal documents only when dealing with children and custody issues. Otherwise, either parent has equal rights to their child. Please contact Karen Dinunzio at [kxd20@psu.edu](mailto:kxd20@psu.edu) in advance of your participation or visit.*

**Special Drop-Off/Pick-Up Instructions:**

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## Walk/Bike/Drive Authorization

**\*My Child Will Walk/Bike/Drive Themselves to the Program:**     Yes     No

For the safety of your child, we must have on file, a written authorization/permission form from the parent/legal guardian, permitting your child to walk/bike/drive to and/or from the program.

Please note that this permission is for the child to leave camp without adult supervision. For your child's safety, campers may walk home, bike home, drive home or wait at a bus stop unsupervised only when a permission slip is signed, dated by parent/legal guardian, and is on file at the Penn State Youth Program identified above. Campers will only be released at the scheduled program ending time, or at another time designated to the program in writing or in person by the parent/legal guardian. If the Penn State Youth Program identified above does not have this signed slip, your child will not be released without authorized adult supervision. You will be called to pick him/her up from camp.

### My Child Will: (check all that apply)

- Walk
- Bike
- Drive
- Use Public Transportation

### To the Program:

- Sunday, June 16, 2024

### From the Program:

- Thursday, June 20, 2024

By signing this waiver, I authorize my child (listed above) to walk, bike or drive to and/or from the Penn State Youth Program identified above. This includes permission to walk home from my child's regularly scheduled bus stop and includes waiting at the bus stop unsupervised if you have signed your child up for public transportation.

## CODE OF CONDUCT

I understand that my child will be subject to the rules and standards of conduct of The Pennsylvania State University ("Penn State" or the "University") when participating in a University-sponsored program. I further understand that my child's violation of the rules and standards of conduct or failure to comply with the reasonable direction of Program Staff or a University employee may result in my child's dismissal from the Program.



## LIABILITY RELEASE

\*I/we, the undersigned individual(s) and as parent(s) and or legal guardian(s) of the above-named child, a minor, give permission to participate in the **Weather Camp 2024**, sponsored by **the College of Earth and Mineral Sciences** of The Pennsylvania State University located at **University Park, PA**, on **June 16–20, 2024**, and pursuant to the Acknowledgments set forth above. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its trustees, officers, agents, and employees of and from all actions, causes, lawsuits, liabilities, damages, claims, or demands whatsoever on account of any injury, accident, or illness involving the said minor and/or me arising out of my child's participation in the **Weather Camp 2024**.

### *Title IX Policies & Procedures and Reporting Concerns*

All Penn State youth programs have policies in place to ensure the safety of youth participating in our programs, activities, and services is not compromised. All program staff are trained in emergency protocols and all relevant internal, external, and parental reporting requirements.

Title IX prohibits sex discrimination (including sexual harassment and/or sexual abuse) against Youth Participants in any of the University's education programs or activities, including recreational and/or athletic programs or services operated by the University. Please review [the University's Title IX policy](#) and procedures.

To report an incident of suspected sex or gender-based discrimination, please contact Penn State's Title IX Coordinator, using the contact information below:

Amber Grove, Esq.  
Title IX Coordinator  
212 Rider Building, 227 West Beaver Avenue  
State College, PA 16801  
Phone: (814) 8675088  
Email: [alg6440@psu.edu](mailto:alg6440@psu.edu) or [titleix@psu.edu](mailto:titleix@psu.edu)

You may also submit the [Online Reporting Form](#).

Parents are encouraged to notify the program director immediately if they, or their child, are experiencing problems, difficulties, or concerns with the program, other youth in the program, and/or staff. You may also contact Sandy Weaver, Youth Programs Compliance Specialist, at [stw126@psu.edu](mailto:stw126@psu.edu) or 814-865-8785 or call the University's Ethics Hotline at 1-800-560-1637.

### *\*Media Release*

I/we grant/do not grant permission to The Pennsylvania State University and its agents or employees to use photographs and/or video, taken of my child from this event for use in promotional and educational materials and to use such photographs/video in publications, websites, articles, brochures, books, magazines, newsletters, exhibits, broadcasts, videos, films, social media, advertisements, and training programs in any form now known or later developed. I hereby agree to release, indemnify, and hold harmless The Pennsylvania State University and its agents or employees, including any firm publishing and/or distributing the materials in whole or in part, in any medium, from and against any claims, damages, or liability arising from or related to the use of the photographs/video.

Grant       Do Not Grant

### *Parent/Guardian Acknowledgement*

I have read and completed this registration prior to signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

**Parent/Legal Guardian Name (please print):** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **BEFORE MAILING**

**Did you remember to:**

- Answer the media release question on page 9?
- Provide parental/legal guardian signature?

### **SEND TO**

Darbi Bubb, Program Coordinator, Penn State

Email: [dah982@psu.edu](mailto:dah982@psu.edu)