



# THE UNIVERSITY OF SOUTHERN MISSISSIPPI®

## Hands-On Science: College Readiness Program II

Department of Biological Sciences

June 20<sup>th</sup> – 24<sup>th</sup>, 2016, 8:00 A.M. – 12:00 P.M.

Rising 9<sup>th</sup> – 11<sup>th</sup> Graders

Please complete this registration form, email or mail it to the address listed at the end of the application or fax it to Marks McWhorter at (601) 266-5797. Once we receive it, we will send you specific information about the program.

The total cost for the program is \$150. Remember, *Friends of Lake Thoreau* members, our membership program through the Department of Biological Sciences receives either a 10% or 20% discount! Participants can be dropped off after 7:30 A.M., with the program ending each day at 12:00 P.M. We look forward to seeing you this summer!

### Participant Information

Participant Name: \_\_\_\_\_ Female Male

Is this participant a member of the *Friends of Lake Thoreau* program? Yes, ID # \_\_\_\_\_ No

Shirt Size: AS AM AL AXL AXXL AXXXL

Price of the program: \$150 ~ *Friends of Lake Thoreau Family* (\$135)  
*Friends of Lake Thoreau Donor* (\$120)

Method of Payment: Cash Check Credit card. \*If credit, please visit  
<https://commerce.cashnet.com/usmLTC>

Make check out to: USM Biology

### Participant Personal Information

Date of Birth: \_\_\_\_\_ Presently enrolled at \_\_\_\_\_ School

Grade in Fall 2016: 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup>

### Parent(s) or Guardian(s) Contact Information

Parent(s) or Guardian(s) Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Phone Number(s):  
Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

In case of emergency, contact: Father Mother Guardian

Email Address: \_\_\_\_\_

**To the Parents or Guardians of the Participant:**

For your child to receive medical care in the event of illness or injury while participating in the USM event, we ask that you bring a copy of all relevant insurance information for your child with you to the event. We will store it securely until the end of the program, where we will then return the copy to you.

Is it permissible to provide medical treatment for your child if needed? Yes No

Please state any special medical conditions that may require staff attention:

Does your child take medication on a regular basis of which we need to be aware?  
If yes, please explain: Yes No

Does your child have any known allergies? If yes, please explain: Yes No

Is your child under the care of a psychologist/psychiatrist, or being treated for  
any emotional or mental issues?  
If yes, please explain: Yes No

Are there any restrictions of physical activity that may apply to your child?  
If yes, please explain: Yes No

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Yes, I grant permission for my child to be photographed or videotaped during this event. This includes photos that may be used for promotional or publicity purposes.

Yes, I would like to receive information about other events through the Biological Sciences Department at USM

I certify that my child has permission to attend this summer program through the Department of Biological Sciences at USM. I release USM from any and every liability, claim, right of action of any kind or nature which my child or legal representative may have for any and all bodily or personal injuries or property damages or any other damages resulting there from which might occur during participation in this program and host institution(s), or representative(s) thereof, and the management or owner(s) of any physical facility in which the program is conducted.

Parent or Legal Guardian's Name (Print, please): \_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send to:  
Marks McWhorter  
Dept. of Biological Sciences  
Univ. of Southern Mississippi  
118 College Drive #5018  
Hattiesburg, MS 39406-0001

For questions, please email [marks.mcwhorter@usm.edu](mailto:marks.mcwhorter@usm.edu) or at (601) 266-6745.

