



YOUTH/TEEN PROGRAM REGISTRATION FORM

PLEASE PRINT CLEARLY! Complete one registration form for each student you are enrolling.

STUDENT'S NAME		BIRTHDATE	AGE
*STUDENT'S SS # or PSU ID #		GRADE	
PARENT/GUARDIAN NAME <input type="checkbox"/> (Please check box) I am the parent and/or the legal guardian of _____ and attest that the student is my legal dependent <small>[Student's Name]</small>		PARENT/GUARDIAN E-MAIL <input type="checkbox"/> By checking this box I agree to allow Penn State to use this email address to communicate with me about this program	
STREET ADDRESS		CITY	STATE ZIP
HOME PHONE #	WORK PHONE #	CELL PHONE #	

*The social security number you provide is for enrollment purposes and will be used by the University to verify your child's identity for official record keeping and reporting. The SSN will be stored in a confidential repository, it will not be used as a primary source to identify your child within the Penn State system. The PSU ID # will be used as the primary identifier. A PSU ID # will be assigned for the student and will be his/her ID# for life.

Please register my child for the following course(s)

COURSE NAME	DATES	SCHEDULE #	FEE

Total Amount Due: _____

Please indicate method of payment

Enclosed is my:

Check / Money Order (payable to: *Penn State University*) Amount: \$

Credit Card

Visa MasterCard Amount: \$

Credit Card Number	Expiration Date (Month/Year)
Cardholder's Name (please print)	Cardholder's Signature (Required)

Registrations may be mailed or delivered in person to:

Penn State Abington
 Continuing Education
 Cloverly Building
 1600 Woodland Road
 Abington, PA 19001

Phone: 215-881-7400

Fax: 215-881-7412

Online Registration and Information:

<http://www.abington.psu.edu/youthteen>

PLEASE PRINT CLEARLY! Complete one form for each child enrolled.

STUDENT'S NAME _____

Emergency Contact Information (Please list contact numbers at which you can be reached during the program)

#1 Emergency Contact Name	#1 Emergency Contact Phone	Relationship to Child
#2 Emergency Contact Name	#2 Emergency Contact Phone	Relationship to Child

Pick-Up Information (Please list all individuals authorized to pick-up child from the program. Children will not be released to anyone not designated by parent/guardian)

#1 Name	#1 Phone	Relationship to Child
#2 Name	#2 Phone	Relationship to Child

Medical Information

HEALTH INFORMATION Please describe any medical condition (including allergies, recurring illness, disabilities, etc.)

Please list all medications that your child will be bringing with them.**

Please describe any condition(s) that may require special accommodations for your child to attend our program.***

** Note: Penn State program officials will not dispense over-the-counter or prescription medications to participants. Participants will be allowed to possess and take medications on their own if permission is granted in writing by the parent/guardian. Medications must be in their original containers and listed on this form.
 ***Note: Penn State encourages qualified individuals with disabilities to participate in its programs and activities. Information involving special accommodations must be received by our office in writing at least 1 month prior to the start of the program for which you are registering your child. This information will be kept confidential and revealed only to the necessary staff and health professionals.
HIPAA Penn State honors the privacy of the participants in its programs and complies with the national regulations regarding health information. For a summary of the national standard, see www.hhs.gov/ocr/privacy/index.html

University Release

I, the undersigned (parent/guardian) of _____, a minor, ask that s/he be admitted to participate in the youth program sponsored by The Pennsylvania State University. In consideration of such admission I do hereby agree to release, discharge, and hold harmless The Pennsylvania State University its officers, agents, and employees, of and from all causes, liabilities, damages, claims, or demands whatsoever, on account of any injury or accident involving the said minor out of the minor's attendance at the program or in the course of competition and/or activities in connection with the program.

Additionally, I/we authorize Penn State personnel to photograph, videotape and/or audiotape my/our child in promotion of Penn State's Youth Programs. (Please check one) _____ Yes _____ No

Parent/Guardian signature _____ Date _____

Federal law requires that institutions of higher education gather the following information regarding ethnicity and race.

Please check (✓) the appropriate responses:

Is the student's ethnicity Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin)?

- Yes, Hispanic/Latino No, Not Hispanic/Latino

What is the student's race? (Select one or more.)

- White Black or African American
 Asian American Indian or Alaska Native
 Native Hawaiian/Other Pacific Islander