



- Program is free to all students
- Participants will be registered on a first-come, first-served basis
- Students must have daily transportation to and from program location
- Students may bring a bag lunch or have the option to receive a free lunch from IU5 Summer Foods
- Send completed application to IU5 by June 30, 2019
- Details regarding drop-off/pick-up locations and times will be sent out the week of June 10, 2019

Questions? [studentprograms@iu5.org](mailto:studentprograms@iu5.org)

**Northwest Tri-County Intermediate Unit**

**252 Waterford Street**

**Edinboro, PA 16412**

**814.734.8389**

It is the policy of the Northwest Tri-County Intermediate Unit not to discriminate on the basis of age, religion, sex, race, color, national origin, ancestry, disability, or non-job related disability (including sexual harassment, sexual orientation, gender identity, and gender expression), in the admission or access to, or in the provision of services, programs, or employment in compliance with Title VI of the Civil Rights Act of 1964, Section 1604 of Title VII of the Civil Rights Act of 1964, Executive Order 11246 and 11375, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Age Discrimination in Employment Act, the Civil Rights Act of 1991, the Pennsylvania Human Relations Act.

For information relevant to this policy, contact Christine Carucci, 504 Coordinator, Dr. Dean Maynard, ADA Coordinator, or Brad Whitman, Title IX Coordinator, 252 Waterford Street, Edinboro, PA 16412; Phone (814) 734-5610, or TDD (814) 734-1098.

# ***Physics of Flight” Summer Camp Student Registration Form:***

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Student Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Secondary Phone#: \_\_\_\_\_

Alt. Phone Number: \_\_\_\_\_

***Students may bring a bag lunch or have the option to receive a free lunch from IU5 Summer Foods.  
Please indicate lunch option below (check one):***

- I would like for my student to receive a free meal for lunch
- My student will be bringing their own lunch

**All document must be returned in order to complete registration.**

**Mail or deliver this completed registration form to:**

**Northwest Tri-County Intermediate Unit**

**Attn: Judy Baker**

**252 Waterford Street**

**Edinboro, PA 16412**





Northwest Tri-County Intermediate Unit 5

252 Waterford St. Edinboro, PA 16412  
Phone: 814-734-5610 / 1-800-677-5610  
Fax: 814-734-2303  
TDD: 711  
www.iu5.org

## Physics of Flight Summer Camp for Students

July 8 -12, 2019

Northwest Tri-County Intermediate Unit in partnership with Edinboro University

### MEDICAL HEALTH RECORD AND RELEASE FORM

The Northwest Tri-County Intermediate Unit will make every effort to guard the health, safety, and welfare of the participants in the ConstrX Summer Program. Despite these efforts and the precautions taken, it can be anticipated that an emergency, sickness, or injury may affect participants in our program.

No advisor is permitted to administer students' medications unless he/she believes, in good faith that the student needs emergency care. Students are not permitted to self-administer medications unless it is an asthma inhaler and epinephrine auto-injector. If medication(s) are imperative to a child's health, parents/guardians must make arrangements for administering either prior to or during the program. Medications may be stored on site in designated/locked cabinets and labeled with date, the name of the student, name of the medication, amount of medication and signatures of the parent/guardian.

Neither the Northwest Tri-County Intermediate Unit, nor any officer, director, employee, or agent with the Northwest Tri-County Intermediate Unit, nor any party, organization, or agency collaborating with the Northwest Tri-County Intermediate Unit, is or shall be responsible or liable for any injury, loss, damage, deviation, delay, or curtailment, however caused, or the consequences thereof, which may occur during any part of the program. Also, the Northwest Tri-County Intermediate Unit accepts no responsibility whatsoever for members of the program during free time activities. The Northwest Tri-County Intermediate Unit therefore requires that each program participant carry appropriate medical and liability insurance.

I have read the above paragraphs and do accept the statement set forth by the Northwest Tri-County Intermediate Unit.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**Please complete the MEDICAL HISTORY FORM (on the back of this page) as background information to enable prompt and proper care in the event of illness or injury.**

**PLEASE RETURN THIS FORM AND CURRENT IMMUNIZATION RECORDS BY:**

**June 30th to:**

**Northwest Tri-County Intermediate Unit, Attn: Judy Baker  
252 Waterford Street, Edinboro, Pennsylvania 16412**

**(OVER)**

# Physics of Flight Summer Camp for Students

July 8 – 12, 2019

Northwest Tri-County Intermediate Unit in partnership with Edinboro University

## MEDICAL HEALTH RECORD

Student Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Parent/Guardian Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Parent/Guardian Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ ID #: \_\_\_\_\_

Service Code: \_\_\_\_\_ Group #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Current Medications (if applicable): \_\_\_\_\_

Prescription #: \_\_\_\_\_ Dosage: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

Known Allergies (medications, food, insect bites, etc.): \_\_\_\_\_

Glasses:  Yes  No      Contacts:  Yes  No

Recent Operations / Illnesses (Description & Date): \_\_\_\_\_

Special Needs (Diet, Refrigeration of Medicine, etc.): \_\_\_\_\_

Other Health Related Comments: \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**Northwest Tri-County Intermediate Unit**

**Photograph/Video Release Form**

I, \_\_\_\_\_ (*print name*), hereby grant to the Northwest Tri-County Intermediate Unit permission to display and share electronically via the Internet and/or in other displays and/or in the news media photographs and/or video footage of me taken in conjunction with my participation in:

**Physics of Flight Summer Camp**

By signing this release, I understand and consent that photographs and/or video images of me may be electronically displayed by the Northwest Tri-County Intermediate Unit or by the news media. I also understand that the Northwest Tri-County Intermediate Unit's display of photographs and/or video images of me on the Internet and/or in other displays and/or in the news media will allow the videos or photographs to be viewed by the general public.

If any of the above-listed works and/or materials are displayed on the Internet by the Northwest Tri-County Intermediate Unit and/or used in other informational displays, then I would like the following credit to be used:

\_\_\_\_\_  
*(You may use your name, initials or a combination thereof, or indicate "no credit" if you do not want your name used at all. If no choice is indicated by you, it will be deemed you choose "no credit.")*

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

Participant's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School District: \_\_\_\_\_

District Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_ E-Mail Address (optional): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If this release is obtained from a student under the age of eighteen (18), then the signature of that student's parent or legal guardian is also required.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



252 Waterford Street, Edinboro, Pennsylvania 16412-2315

**NORTHWEST TRI-COUNTY INTERMEDIATE UNIT**

PHONE 814-734-5610

1-800-677-5610

FAX 814-734-5806

TTD 814-734-1098

<http://www.iu5.org>

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**Students Name**

Student Pick Up / Drop Off

Due to safety regulations, parent/guardians will be asked to sign in their students in the morning and sign them out in the afternoon. At the end of each day you will be asked to provide photo ID when picking up your child.

Please list the name of the person(s) that are permitted to pick your child up at the end of the day.

**Name**

**Relation**

**Primary Phone #**

**Alt. Phone #**

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