



Princeton University
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Princeton NJ 08544
Phone: (609) 258-6136
Fax: (609) 258-0443
www.princeton.edu/house

Summer Program Application

Summer 2013

Please check all programs that you are planning on attending

Odyssey Prep SAT & College Prep

STEM Program/Which Session _____

FIRST NAME _____ LAST NAME _____

AGE _____ DATE OF BIRTH _____ GENDER: MALE FEMALE

GRADE IN FALL 2013 _____

HOME PHONE _____ CELL PHONE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____

NAME OF PARENT OR GUARDIAN _____

PARENT EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

RELEASE, WAIVER AND CONSENT FORMS #1

I am the parent guardian of _____, who is, with my permission, a "Participant" in Community House's programs. Activities may include, but are not limited to: receiving instruction from certified teachers and Princeton University students, visiting science laboratories, art studios, theaters and other venues on campus, getting trained on microscopes and other equipment, creating water filters out of clay, playing recreational sports, including, and participating in field trips to nearby locations.

I authorize my child to go on field trips that may be scheduled and sponsored by Community House. I understand that the trip organizers will take all possible care and precaution to ensure the safety of my child. Therefore, I agree that neither I nor any member of my family will seek to hold Princeton University, Community House, and their respective students, officers or employees liable for any damage or injuries which may be sustained to the above child. I will not hold Princeton University, Community House responsible for incidents beyond their control. I understand pursuant to New Jersey law that any damage or injury sustained by my child as a result of an automobile accident will be covered by my automobile insurance policy (under PIP/No Fault). I reserve the right to keep my child from attending any field trip.

In the event that I am not immediately available, should the Participant suffer a serious or life-threatening injury for which medical treatment may be necessary, I hereby authorize an appropriate adult staff member to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that a representative of Princeton University will use all reasonable efforts to notify me, where practical, prior to initiating medical treatment for any such injury to the Participant. If I am not available, I give my permission to any such physician or other medical personnel to provide such medical treatment as that individual deems medically appropriate. I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant's injuries including, without limitation, physician, hospital, lab, drug and device expenses.

I hereby give approval for _____ to participate in this program and waive, release, and agree to hold harmless the organizers, supervisors, participants, and personnel involved in the operation, organization, sponsorship, supervision or participation of these programs, including without limitation, the Trustees of Princeton University, Community House, and all their respective trustees, directors, members, officers, employees and agents from any claim or cause of action of any nature that may be available to the Participant or his/her parents and/or legal guardians, arising out of any injury, accident, or illness to the Participant, arising in any way out of or in connection with the Participant's participation in such program and activities.

Parent/Legal Guardian Signature

Date

RELEASE, WAIVER AND CONSENT FORMS #2

Media Release

CHILD/WARD RELEASE FORM

In recognition of my child/ward's participation in programs, events and activities in conjunction with Princeton University, I hereby grant The Trustees of Princeton University permission to videotape, photograph or otherwise record my child/ward and to use such recordings and biographical data in any media, on a perpetual basis, for non-commercial purposes. I certify that I am the parent or guardian authorized to sign this release on behalf of my child/ward.

Name of Child/Ward

Name of Parent/Guardian

Signature of Parent/Guardian

Address

Phone Number

Date

Transportation

PLEASE INDICATE HOW YOUR CHILD WILL GET TO AND FROM THE PROGRAM.

WALKER:

I GIVE _____ PERMISSION TO WALK FROM SCHOOL TO THE PROGRAM AND FROM THE PROGRAM HOME.

PICK UP:

THE FOLLOWING INDIVIDUALS ARE ALLOWED TO PICK UP MY CHILD

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

Parent/Legal Guardian Signature

Date