

**LOCATION: Sinte Gleska University - Mission**  
**DATE: October 30, 2013**  
**APPLICATION DEADLINE: October 16, 2013**



**PLEASE COMPLETE APPLICATION, PRINT, SIGN AND MAIL TO:**

Michelle Verrochi  
 Todd County Schools  
 PO BOX 726  
 Mission, SD 57555

**FOR MORE INFORMATION:**

Michelle Verrochi  
 Phone: (603) 986-7313  
 mverroch@tcsdk12.org

**PERSONAL INFORMATION (print or type)**

Student Name:

Home Address:

City: State: Zip:

Phone:

Email:

Date of Birth: Gender: Male  Female

Ethnicity: African American  Asian  Caucasian/White

Hispanic/Latino  Native American  Other:

Did you attend this camp last year? YES  NO

**PARENTAL INFORMATION (print or type)**

Name of Parent/Guardian:

Address:

Day/Evening Phone Number: D E

Email:

Parents/Guardians or other family members are welcome to attend the Scrubs Camp.

Will you be attending with your student? YES  NO

Will you be attending lunch? YES  NO

**EDUCATIONAL INFORMATION (print or type)**

Name of school presently attending:

City:

Current grade in school: 9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

**CAREER INTEREST (print or type)**

Are you interested in a healthcare career? YES  NO  UNSURE

If you answered YES above, what healthcare career(s) are you interested in pursuing?

**WHY DO YOU WANT TO BE ACCEPTED INTO THE SCRUBS CAMP? (print or type)**

**WHY SHOULD THIS STUDENT BE ACCEPTED INTO THE SCRUBS CAMP? (print or type)**

To be completed by a school counselor, teacher or administrator

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**CODE OF CONDUCT AGREEMENT**

The Scrubs Camp is designed to be an educational function, and all plans are made with that objective. Many local school districts approve it as an educational activity, and hundreds of students attend the Camps from all over the state.

Scrubs Camp management wants every attendee to have an enjoyable experience with every attention paid to education, safety and comfort. All attendees will be expected to conduct themselves in a manner best representing their local school district. In order that everyone may receive the maximum benefits from participation, the "Code of Conduct" must be followed at all times.

Note that attendance is not mandatory. By voluntarily participating, you agree to follow the official Scrubs Camp rules and regulations or forfeit your personal rights to participate. Each local school district is proud of its students and knows that by signing this "Code of Conduct" you are simply reaffirming your dedication to be the best possible representative of your school.

1. I will, at all times, respect all public and private property, including the facility where I attend the Scrubs Camp and the Scrubs Camp Field Experience if applicable.
2. I will, at all times, respect all individuals (other students and adults) while in attendance at the Scrubs Camp. I will not use profanity of any kind while in attendance at the Scrubs Camp.
3. I will not use alcoholic beverages, tobacco products, or illicit drugs of any kind while in attendance at the Scrubs Camp and (if applicable) the Scrubs Camp Field Experience. I will not use drugs unless I have been ordered to take certain prescription medications by a licensed physician. If I am required to take medication, I will, at all times, have the orders of the physician on my person.
4. I will not leave the Scrubs Camp and Scrubs Camp Field Experience, if applicable, without the express permission of my advisor, Scrubs Camp Site Coordinator, or Scrubs Camp Project Coordinator. Should I receive permission, I will leave a written notice of where I will be with my advisor, Scrubs Camp Site Coordinator, or Scrubs Camp Project Coordinator.
5. My conduct shall be exemplary at all times while at the Scrubs Camp and the Scrubs Camp Field Experience, if applicable.
6. I will keep my advisor, the Scrubs Camp Site Coordinator, or the Scrubs Camp Project Coordinator informed of my whereabouts at all times.
7. I will wear my Scrubs Camp identification badge and/or Scrubs Camp scrubs shirt at all times while at the Scrubs Camp and the Scrubs Camp Field Experience, if applicable.
8. I will attend, and be on time for, all Scrubs Camp sessions and activities and the Scrubs Camp Field Experience, if applicable.

**LIABILITY & PHOTO WAIVER**

Your signature below authorizes the South Dakota Department of Education (SD DOE) and the South Dakota Department of Health (SD DOH) to release all information contained in this registration application to the South Dakota Area Health Education Center (AHEC). This information will be maintained and referenced periodically to evaluate the effectiveness of the Scrub Camps. Students participating in the Scrub Camps may be contacted in the future for evaluation purposes

In consideration of the student’s acceptance into and participation in the Scrubs Camp, any and all claims that the student and/or the student’s parents, guardians, heirs, agents, representatives, successors or assigns might have against the South Dakota Department of Education and/or South Dakota Department of Health, its employees, contractors, grantees, sponsors, officials and volunteers, for any and all injury or illness which may directly or indirectly result from the student’s participation in this program are waived by signing below.

By signing below, the facilitators of the Scrubs Camps are granted the non-exclusive and irrevocable rights and license to make, edit, and use pictures for publicity, news or advertising; including print, video, broadcast media and the internet. The facilitators of the Scrubs Camps are released from any and all claims of payment for performance rights, residuals or damages for libel, slander, invasion of privacy, or any claim based on the use of said material.

**\*\*\* LATEX WARNING \*\*\***

One of the sessions during your Scrubs Camp may involve human patient simulators. Therefore, it is important to note that “CAE simulators incorporate latex into their design. When utilizing the simulator or performing certain maintenance procedures, the latex can become exposed. Users with latex sensitivity should take necessary precautions when handling the simulator while performing those procedures.”

**VIOLATIONS AND PENALTIES**

I agree that if, for any reason, I am in violation of any of the rules of the Scrubs Camp, I may be sent home at my own expense. I understand that notification of the violation and the action taken will be sent to my local school district and parents or guardians. I understand that through my negative actions, Scrubs Camp attendees from my local school district could be sent home as well. It is within the spirit of being a proud and meaningful attendee of the Scrubs Camp that I agree to these rules of conduct by signing my name on this registration form. By signing this registration form, my parent and/or guardian, as well as a school district representative, affirm that I am worthy to attend a Scrubs Camp.

**SIGNATURES**

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

Print: \_\_\_\_\_

Student (if over 18) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_