**Applicant Information Form**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last Name) (First Name) (Middle Initial)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (State) (Zip Code)

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Home Number) (Cell Number)

Date of Birth (mm/dd/yy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male \_\_\_\_\_\_\_\_\_\_\_ Female \_\_\_\_\_\_\_\_\_\_

Grade Level: \_\_\_ 9th Grade (Freshman) \_\_\_ 10th Grade (Sophomore) \_\_\_ 11th Grade (Junior)

T-shirt Size \_\_\_\_\_\_\_\_Small \_\_\_\_\_\_\_Medium \_\_\_\_\_\_\_\_Large \_\_\_\_\_\_\_XL \_\_\_\_\_\_\_\_XXL

High School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (State) (Zip Code)

Current GPA (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cumulative GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a returning Weekend Scholar? \_\_\_\_yes \_\_\_\_no

**NOTE: If you are a returning Weekend Scholar, you are automatically re-enrolled**

**once the form is submitted. Please complete remaining pages except**

**page 2 of this packet.**

List any School Related/ Non School Related Extra Curricular Activities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental/Legal Guardian Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last Name) (First Name) (Middle Initial)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (State) (Zip Code)

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Home Number) (Cell Number)

**Emergency Contacts**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last Name) (First Name) (Last Name) (First Name)

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain below why you wish to participate in Greater Huntsville Chapter Weekend Scholars Program (in less than 150 words)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Student Code of Conduct & Responsibility Contract**

As a participant of Greater Huntsville Chapter Weekend Scholars Program:

1. I agree to abide by the rules and regulations set forth by Greater Huntsville Chapter Weekend Scholars Program personnel and to conduct myself with respect.
2. I agree to be cooperative and follow instructions ensuring that I respect adults and all authorized authority.
3. I will not bully or participate in negatively speaking to or of anyone nor act in a violent manner.
4. I will provide a copy of my recent grade report with the application.
5. I will remain in good academic standing with a cumulative minimum average of a “C” or its equivalent.
6. I understand that my membership may be revoked after three unexcused absences from meetings and activities within an academic year and that I must notify Greater Huntsville Chapter Weekend Scholars Program personnel of any absence.
7. I understand that my personal and private information will not be shared with any individuals, agencies or institutions without my parent’s written consent.
8. I will participate in workshops and activities that seek to prepare me for a career and or college attendance.
9. I will be fully engaged in attending program meeting and activities that will include civic and cultural activities.
10. I understand that I cannot bring guests to meetings or activities without prior consent or knowledge of Greater Huntsville Chapter Weekend Scholars Program personnel.
11. I understand my admission and participation in the program is voluntary and maybe terminated by any party of this agreement at any time.
12. I understand that I may be photographed or videotaped during the program meetings and activities for use of such images to be used by Greater Huntsville Chapter of The Links, Incorporated and Greater Huntsville Chapter Weekend Scholars Program personnel in print or electronic media for promotion of the program.
13. I understand that this form will be kept on file by Greater Huntsville Chapter of The Links, Incorporated and Greater Huntsville Chapter Weekend Scholars Program personnel.
14. I will evaluate Greater Huntsville Chapter Weekend Scholars Program when requested.
15. I will notify the program coordinators when I am unable to attend a session
16. I understand that my program membership may be revoked after two unexcused absences.
17. I understand that I have released The Links, Incorporated, Greater Huntsville Chapter of The Links, Incorporated their officers, members, agents, representatives, assigns and heirs of any and all presumed and/or actual liability arising out of or related to my participation in Greater Huntsville Chapter Weekend Scholars Program.

By affixing my signature below, I certify that I have read all the above information and agree with code of conduct and responsibilities as a participant of Greater Huntsville Chapter Weekend Scholars Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student/Applicant Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student/Applicant Signature Contact Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email

Parental Consent & Responsibility

As the parent or legal guardian of (hereinafter to as “she” or “her” or “he” or “his”), I hereby certify and affirm the following:

1. I am legally entitled to give consent for his/her participation in Greater Huntsville Chapter Weekend Scholars Program.
2. I acknowledge that he/she will be enrolled in 9th and 10th grade and a student in good academic standing with a cumulative minimum average of a “C” or its equivalent.
3. I am aware that upon application to Greater Huntsville Chapter Weekend Scholars Program, I must provide a copy of his/her most recent grade report.
4. I understand that program membership may be revoked after two unexcused absences from meetings and activities within an academic year and I must notify Greater Huntsville Chapter Weekend Scholars Program personnel of any absence.
5. I understand that his/her personal and private information will not be shared with any individuals, agencies or institutions without my written consent.
6. I understand that he/she will be involved with workshops and activities that seek to provide an innovative learning experience for all the children through programs that target Science, Technology, Engineering, Art, Math, community service and cultural enrichment.
7. I understand that it is my responsibility to make sure that she/he is present at all program activities.
8. I authorize permission for him/her to attend all sanctioned enrichment and cultural excursions that are off-site from the regular meeting place.
9. I understand that guests (i.e., younger siblings, friends, un-enrolled students) should not be brought to the meeting or activities without prior consent or knowledge of Greater Huntsville Chapter Weekend Scholars Program personnel.
10. I understand that his/her admission and participation in the program is voluntary and may be terminated by any party of this agreement at any time.
11. I authorize Greater Huntsville Chapter Weekend Scholars Program personnel to transport him/her (or arrange transportation) to a hospital or medical facility if I cannot be reached and authorize consent to examination, care and treatment as deemed necessary by a licensed physician or dentist.
12. I understand that he/she may be photographed or videotaped during the program meetings and activities and give my consent for use of such images by Greater Huntsville Chapter of The Links, Incorporated and Greater Huntsville Chapter Weekend Scholars Program personnel in print or electronic media used to promote the program.
13. I understand that as the parent or legal guardian, I may be required to attend a mandatory parental orientation, periodic meetings and program activities. In the event I cannot attend, I agree to send an adult representative in my place.
14. I understand that this form will be kept on file by Greater Huntsville Chapter of The Links, Incorporated and Greater Huntsville Chapter Weekend Scholars Program personnel.
15. Termination of a student’s involvement in Greater Huntsville Chapter Weekend Scholars program will be in writing.
16. I understand that I have released The Links, Incorporated, Greater Huntsville Chapter of The Links, Incorporated their officers, members, agents, representatives, assigns and heirs of any and all presumed and/or actual liability arising out of or related to my participation in Greater Huntsville Chapter Weekend Scholars Program.

By affixing my signature below, I certify that I have read all the above information and agree with the provisions and my role and responsibilities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Printed Name Relationship to Applicant/Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature Contact Number Email

**Medical Information and Liability Release Form**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student’s Name** | | | | **Date of Birth (mm/dd/yyyy)** | | | | | | | |
| **Mother’s Name** | | | | **Cell Phone #** | | | | **Home Phone #** | | **Business Phone #** | |
| **Father’s Name** | | | | **Cell Phone #** | | | | **Home Phone #** | | **Business Phone #** | |
| **Address** | | | | **City** | | | | **State** | | **Zip** | |
| **Health History: Please check all that applies** | | | | | | | | | | | |
| **Condition** | | **Yes** | **If you checked “Yes”, please explain** | | | | | | | | |
| **Asthma** | | ◻ | **Drug Allergies** ◻ | | | | | | | | |
| **Diabetes** | | ◻ | **Food Allergies** ◻ | | | | | | | | |
| **Heart Disease** | | ◻ | **Physical limitations ◻** | | | | | | | | |
| **Hay Fever** | | ◻ | **Other** ◻ | | | | | | | | |
| **Eating Disorder** | | ◻ |  | | | | | | | | |
| **Seizures** | | ◻ |  | | | | | | | | |
| **Please indicate the date of teen’s last Tetanus shot (mm/yyyy):** | | | | | | |  | | | | |
| **Please list ALL medications and dosage the teen is currently taking:** | | | | | | | | | | | |
| **1. Dosage:** | | | | | **2. Dosage:** | | | | | | |
| **3. Dosage:** | | | | | **4. Dosage:** | | | | | | |
| **Health Insurance/Physician Information** | | | | | | | | | | | |
| **Insurance Carrier** | | | | | **Policy Holder** | | | | | | |
| **Insurance Phone Number** | | | | | **Policy/Group Number** | | | | | | |
| **Primary Physician** | | | | | **Physician’s Office Phone Number** | | | | | | |
| **General Release** | | | | | | | | | | | |
| **I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned parent or legal guardian, do hereby release The Links, Incorporated, Greater Huntsville Chapter of The Links, Incorporated and their officers, members, heirs, agents, assigns from any and all liability which might result from any and all claims related to or arising out of, directly or indirectly from my minor’s participation in any activity which may be conducted under the supervision of Greater Huntsville Chapter of The Links, Incorporated.** | | | | | | | | | | | |
| **Signature (Parent or Legal Guardian)** | | | | | | **Print Name** | | | **Relationship to Minor** | | **Date** | |
| **Important Notice:** In accordance to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule regulation, it is important that all parties in receipt of this form, assure that the information contained on this document is properly protected while allowing the flow of health information needed to provide health care and to protect the individual’s health and well-being. The purpose of the Privacy Rule is to define and limit the circumstances in which an individual’s Protected Health Information (PHI) may be used or disclosed. Contents contained on this document should **only** be discussed or shared with the individual (or their personal representative) or for the treatment activities of any healthcare provider. | | | | | | | | | | | | |

**Emergency Medical Consent Form**

Greater Huntsville Chapter of The Links, Incorporated officials will attempt to notify parent/guardian or designated emergency contact if your child becomes ill or injured. In the event of a medical emergency, your child will be taken to the nearest emergency hospital for diagnosis/treatment regardless of parental notification.

**Emergency Contact if parent/guardian cannot be reached:**

**Name:**

**Relationship:**

**Home Number:**

**Work Number:**

**Cell Number:**

|  |
| --- |
| **Medical Authorization** |
| I hereby release The Links, Incorporated, Greater Huntsville Chapter of The Links, Incorporated, their officers, members, heirs, agents or assigns, from any and all liability relating to or arising out of any physical injury which may occur as a result of my child’s direct or indirect participation in activities conducted under the supervision and direction of Greater Huntsville Chapter of The Links, Incorporated and all participating medical personnel from any and all liability associated with the care and treatment of my child.  I understand that Greater Huntsville Chapter of The Links, Incorporated, and its members assume no liability of any nature whatsoever in relation to any transportation of (students)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the purpose of securing medical and/or dental treatment.  I further understand that all medical and dental treatment, examinations, x-rays, cost of ambulance, or hospitalization provided in relation to this authorization shall be borne by the undersigned.  Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Medical Insurance Cards: “Weekend Scholars” participant must attach 3 copies of the front and back of your medical hospitalization Insurance card to this form.** |

## Parental Permission for Release

## of

## Information/Photos to the News Media

We, the parents / guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize officials of the Greater Huntsville Chapter of The Links, Incorporated to release information/photos about our child(ren) and to permit said officials to respond to media inquiries involving our child(ren). We further permit news media representatives to release this information to the public.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Facility

**Weekend Scholars Program**

**Commitment Form**

***It is the intent of Greater Huntsville Chapter of The Links, Incorporated, to provide an innovative learning experience for all the Weekend Scholars through a program that targets Science, Technology, Engineering, Art, and Math.***

**As a member of the Weekend Scholar’s Program I:**

* will attend all sessions unless there is a justifiable reason to be absent.
* will engage in all activities with a positive attitude.
* will fully participate in all activities.
* will always exhibit proper behavior and respect towards fellow students and adults.
* will seek to learn new and exuberant content in the areas of Science, Technology, Engineering, Art, and Math.
* understand that my actions have a profound impact on the program at large.

I have read and understand the expectations inherent to the Weekend Scholars Program as it pertains to my participation.

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

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