



Biotechnology Summer High School Program 2011

Student Name: _____
(Last) (First) (Middle Initial)

Age: _____ Date of Birth: _____ Gender: M / F
(MM/DD/YY)

Home phone: _____ email: _____

High School: _____

Class of: _____ Grade just completed: _____

I am a United States citizen and can provide verification of my citizenship status: Yes / No

**This camp/workshop has been funded by a grant from the Texas Workforce Commission. The TWC requires that all participants must be US Citizens and provide documentation for eligibility. For list of eligible documentation see: <http://www.texasbiotech.org/outreach>*

I am interested in: (check all that apply)

- Biology
- Chemistry
- Biotechnology
- Biochemistry
- Genetics

When attending college I would like to major in: _____

I have considered attending the University of Houston after graduating from high school: Yes / No

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Emergency Contact: _____ Emergency Phone: _____
 same as above same as above

PARENTS/GUARDIANS: I hereby give my permission for my daughter/son/ward to participate in Biotechnology Summer Workshop. I permit him/her to perform limited scientific experiments under laboratory instructor supervision.

X _____



I agree that I will carry out laboratory procedures in accordance with the specific safety instruction that I have received before undertaking the procedures. I agree to wear any safety equipment provided by the BTEC Laboratory in accordance with the safety instructions and shall ensure my safety at all times.

Initial _____

I acknowledge that I am responsible for my own safety while working in the laboratory. I therefore agree at all times to ensure that I wear all necessary protective equipment and to ensure that all safety instruction is carried out properly.

Initial _____

In the unlikely event of an accident, or loss or damage to my personal effects, I acknowledge that the BTEC Laboratory will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the Biotechnology Summer Workshop. I waive all and any claims against the BTEC Laboratory in this respect.

Initial _____

I confirm that I do not know of any medical condition that I suffer from which might have the effect of making it more likely that I be involved in an incident which could result in injury to myself or others.

Initial _____

Student Name (print): _____

Signature: _____ Date: _____

Parent/Guardian Name (print): _____

Signature: _____ Date: _____