Rural Collaborative Opportunities for Occupational Learning in Health (R-COOL-Health)

Scrubs Academy

LOCATION: The University of North Dakota Campus, Grand Forks, ND
DATE: Monday, June 25 – Thursday, June 28, 2018
APPLICATION DEADLINE: February 15, 2018 (must be received, not postmarked by this date)
COST OF ACADEMY: $200*/student (do not submit payment with application)
*no student is ever turned away based on inability to pay the registration fee.

PLEASE COMPLETE THE APPLICATION, SIGN, AND SEND BY MAIL, EMAIL, OR FAX TO:

MAIL TO:
Kylie Nissen, Sr. Project Coordinator
Center for Rural Health
UND School of Medicine & Health Sciences, Rm E234
1301 N Columbia Rd. Stop 9037
Grand Forks, ND 58202-9037

EMAIL: kylie.nissen@med.und.edu

FAX: 701-777-6779

FOR MORE INFORMATION CONTACT:
Kylie Nissen
Phone: (701) 777-5380
E-mail: kylie.nissen@med.und.edu

STUDENT INFORMATION

Name: ________________________________________________________________

Home Address: _______________________________________________________

City: ___________________________ State: _____________ Zip: ______________

Phone Number: ______________________________________________________

E-mail Address: ______________________________________________________

Date of Birth: ________ / _______ / ________ Gender: □ Male    □ Female

Race (select all that apply): □ American Indian/Native American □ Asian □ Black/African American

Ethnicity: □ Hispanic/Latino □ Non-Hispanic/Non-Latino

Do you feel that your life is more challenging than the lives of your peers/friends? □ Yes □ No
For example, you cannot buy things others can; and/or you cannot do things others can (due to lack of money, disability, ethnic background, religion, English is not your first language, etc.).
How did you hear about the R-COOL-Health Scrubs Academy?
☐ Teacher  ☐ Poster at school  ☐ Newspaper  ☐ Counselor  ☐ School announcement
☐ Principal  ☐ Parent/Guardian  ☐ CRH Email  ☐ Other: ____________________________

Have you attended the R-COOL-Health Scrubs Academy in the past?  ☐ Yes  ☐ No

PARENT/GUARDIAN INFORMATION

Name: ____________________________________________

Home Address: ____________________________________________

City: ___________________________ State: __________ Zip: __________

Day Phone Number: ________________ Evening Phone Number: ________________

E-mail Address: ____________________________________________

EDUCATIONAL INFORMATION

Name of school presently attending: ____________________________________________

City: ___________________________

Grade in school that you will have completed as of June 15, 2018:  ☐ 6th  ☐ 7th  ☐ 8th

PLEASE DESCRIBE WHY YOU WOULD LIKE TO BE SELECTED AS A SCRUBS ACADEMY PARTICIPANT?

WHAT CAREERS DO YOU THINK YOU ARE INTERESTED IN?

ARE THERE ANY PEOPLE OR EVENTS THAT HAVE CAUSED YOU TO BE INTERESTED IN HEALTH CARE?
PLEASE DESCRIBE WHY THIS STUDENT SHOULD BE SELECTED AS A SCRUBS CAMP PARTICIPANT?

To be completed by a school counselor, teacher, or administrator and submitted with application. May not be a parent/guardian.

Applicant’s Name: ________________________________________________________________

Signature: ______________________________________________________________________

Position: ______________________________________________________________________
CODE OF CONDUCT AGREEMENT

The Scrubs Academy is designed as an education function, and all plans are made with that objective. Scrubs Academy management wants every participant to have an enjoyable experience with attention paid to education, safety, and comfort. In order that all participants receive the maximum benefit of the program, the “Code of Conduct” must be followed at all times.

Code of Conduct

1. Absolutely NO smoking, illicit drugs, or alcohol allowed.
   *If you are taking prescription medicine please bring the written physician’s order and present at registration.
2. No tampering with fire and smoke detector equipment. This is a federal offense.
3. No vulgar or obscene language or curse words allowed, and no vulgar or obscene words, phrases, or symbols allowed on any article of clothing or any other article brought to the UND Scrubs Academy.
4. Absolutely NO verbal abuse, fighting, pushing, stealing (no “finders’ keepers”) will be allowed.
5. Being disrespectful to adult staff or other campers will not be tolerated.
6. No damage to campus property or you will be responsible for repair, replacement, or cleaning costs.
7. Cell phones must be kept on silent, vibrate, or turned off from 9 am – 9 pm. Texting and calls are allowed only during breaks and free time.
8. Students are responsible for their own belongings and must make sure when they leave an area they have all of their things with them.
9. Scrubs Academy staff must be notified immediately in case of an emergency or injury.
10. No leaving the UND campus without permission of Scrubs Academy staff.
11. All rules discussed during the housing floor meeting must be followed by the students.

The Scrubs Academy reserves the right to expel a student, without refund, for any behavior that does not comply with the Code of Conduct. These policies are for the protection of all Scrubs Academy participants and staff.

CONSENT TO USE PICTURES OR VIDEOTAPES & EVALUATION

I understand that the R-COOL-Health Scrubs Academy Program at the University of North Dakota produces and releases a variety of promotional materials including brochures, photographs, and videotapes.

I hereby grant to the University and ND AHECs, on behalf of the above-named program, nonexclusive permission to use photographs or videotapes of my child taken while participating.

I understand that this consent includes permission for use of such materials in publications of this program, its collaborators, or by outside publishers (operating under contract with or under assignments or licenses from the University). I further understand that while such materials will be used solely in relationship to the program, they may be used, distributed, or seen on a local, national, or international basis and that I am relinquishing all monetary claims associated with such use.

Your signature below authorizes the Center for Rural Health and the ND AHEC to maintain and reference the application and registration information periodically to evaluate the effectiveness of the Scrubs Academy. Students participating in the Scrubs Camp may be contacted in the future for evaluation purposes.

PARENT’S OR GUARDIAN’S AGREEMENT OF WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE

Acknowledgment and Assumption of Risk

The undersigned parent and/or legal guardian does hereby acknowledge that he/she is aware of the dangers and the risks to the participant’s person and property involved in participating in: R-COOL-Health Scrubs Academy to held June 25 thru June 28, 2018.
I understand that this activity involves certain risks for physical injury, including, but not limited to:

The undersigned parent and/or legal guardian and participant understand that this activity involves certain risks for physical injury to the participant (walking/running, riding in a vehicle, giving injections to oranges, dissecting, etc). We also understand that there are potential risks of which may presently be unknown. Because of the dangers of participating in this activity, the undersigned parent and/or legal guardian and participant recognize the importance and the participant agrees to fully comply with the applicable laws, policies, rules and regulations, and any supervisor’s instructions regarding participation in this activity.

The undersigned parent and/or legal guardian and participant understand that the University of North Dakota does not insure participants in the above-described activity, that any coverage would be through personal insurance, and the University of North Dakota has no responsibility or liability for injury resulting from this activity.

Waiver of Liability and Indemnification:
In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, the participant, his/her personal representatives, heirs, next of kin, successors and assigns, the undersigned parent and/or legal guardian forever:

a. waives, releases, and discharges the University of North Dakota and its agencies, officers, partners, and employees from any and all liability for the participant’s death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to the participant, and the participant’s estate as a direct or indirect result of participation in the activity or event; and

b. agree to defend, indemnify, and hold harmless the University of North Dakota, its agencies, officers, partners, and employees, from and against any and all claims of any nature including all costs, expenses and attorneys’ fees, which in any manner result from participant’s actions during this activity or event.

Consent is given for the participant to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned parent and/or legal guardian, affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to myself, the minor participant regarding any losses the participant may sustain as a result of participation in the activity. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Name of Child/Participant (please print): ___________________________ Age of Minor: ______

Name of Parent/Guardian (please print): ___________________________

Child Signature: ___________________________________ Date: __________

Parent/Guardian Signature: ___________________ Date: __________