



# Fall 2019 Shadow Days



## REGISTRATION FORM

<b>Student First &amp; Last Name</b>	<b>Student Birthday</b>
<b>Home Address, City, and State</b>	<b>Student Cell Phone Number</b>
<b>Current School &amp; Grade</b>	<b>Anticipated High School Graduation Year</b>
<b>Student Ethnicity</b> American Indian            Hispanic Asian                            Mexican American Black                            Multiracial Hawaiian Pacific Islander    White Prefer not to answer	<b>For participants with disabilities or dietary considerations—please indicate any special requirements and/or assistance needed:</b>
<b>Will the student be attending with a group?</b>  Yes                            No	<b>Group Leader / Teacher Email Address*</b>
<b>Group Leader / Teacher Name</b>	<b>Group Leader / Teacher Day-of Phone Number</b>
<b>Parent /Guardian Name</b>	<b>Parent /Guardian Email Address*</b>
<b>Parent /Guardian Home Address (if different than above)</b>	<b>Parent /Guardian Primary Phone Number</b>
<b>Please tell us how you heard about this event</b>	<b>Parent /Guardian Secondary Phone Number</b>

<p><b>Registration Fee:</b> \$30.00</p> <p><b>Registration Deadline:</b> 2 weeks prior to selected event date</p> <p><b>Send form &amp; payment to:</b> EXCITE! Program Kansas State University 1011 Seaton Hall Manhattan, KS 66506-2905</p> <p><b>Please make checks payable to K-State</b></p> <p>*Confirmation and Event information will be sent to the Parent /Guardian &amp; Group Leader email address(s) provided.</p>	<p>Kansas State University is committed to making program activities accessible to all participants. If you have special requirements due to disabilities or dietary restrictions, indicate your needs on the application form or contact the Division of Continuing Education Registrar at (785) 532-5566 at least three weeks before the start of the program. After this date, we will make every effort to provide assistance, but cannot guarantee that requested services will be available.</p> <p>Notice of Nondiscrimination: Kansas State University is committed to nondiscrimination on the basis of race, color, ethnic or national origin, sex, sexual orientation, gender identity, religion, age, ancestry, disability, military status, veteran status, or other non-merit reasons, in admissions, educational programs or activities and employment, including employment of disabled veterans and veterans of the Vietnam Era, as required by applicable laws and regulations. Responsibility for coordination of compliance efforts and receipt of inquiries concerning Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans With Disabilities Act of 1990, has been delegated to the Director of Affirmative Action, Kansas State University, 214 Anderson Hall, Manhattan, KS 66506-0124, (Phone) 785-532-6220; (TTY) 785-532-4807.</p>
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REGISTRATION FORM

Student Name: \_\_\_\_\_

Date of Visit (Please Circle):

What are you interested in studying?

October 2    October 16    November 6

Please number the top three STEM majors that you are interested in from the list below. Put a 1, 2, or 3 next to your first, second, and third choice. We'll do our best to pair you with a host who has similar interests!

AGRICULTURE

- \_\_\_ Agribusiness
- \_\_\_ Agricultural communications and journalism
- \_\_\_ Agricultural economics
- \_\_\_ Agronomy
- \_\_\_ Animal sciences and industry
- \_\_\_ Bakery science and management
- \_\_\_ Feed science and management
- \_\_\_ Food science and industry
- \_\_\_ General agriculture (undeclared)
- \_\_\_ Horticulture
- \_\_\_ Milling science and management
- \_\_\_ Park management and conservation
- \_\_\_ Pre-veterinary medicine
- \_\_\_ Wildlife and outdoor enterprise management

ENGINEERING

- \_\_\_ Architectural engineering
- \_\_\_ Biological systems engineering
- \_\_\_ Chemical engineering
- \_\_\_ Civil engineering
- \_\_\_ Computer engineering
- \_\_\_ Computer science
- \_\_\_ Construction science and management
- \_\_\_ Electrical engineering
- \_\_\_ Industrial engineering
- \_\_\_ Information systems
- \_\_\_ Mechanical engineering

ARTS AND SCIENCES

- \_\_\_ Biochemistry
- \_\_\_ Biology
- \_\_\_ Chemistry
- \_\_\_ Communication Studies
- \_\_\_ Economics
- \_\_\_ Geography
- \_\_\_ Geology
- \_\_\_ Health Professions / Pre-Med
- \_\_\_ Life science
- \_\_\_ Mathematics
- \_\_\_ Physical science
- \_\_\_ Physics
- \_\_\_ Psychology
- \_\_\_ Sociology
- \_\_\_ Statistics

HEALTH & HUMAN SCIENCES

- \_\_\_ Apparel and textiles
- \_\_\_ Dietetics
- \_\_\_ Family studies and human services
- \_\_\_ Human nutrition
- \_\_\_ Kinesiology

Explore the comprehensive list of K-State majors online at <http://www.k-state.edu/admissions/academics>.



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## MEDICAL TREATMENT AND TRANSPORTATION CONSENT FORM

Name of Participant: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Expected High School Graduation Year: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City

State

Zipcode

County

Parent or Guardian Name: \_\_\_\_\_

Parent/Guardian Address (if different than above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of last tetanus immunization or booster shot: \_\_\_\_\_

State Medical Condition(s) for which your child is being treated at the present time:

List all medications your child is currently taking: \_\_\_\_\_

List all medications your child is allergic to: \_\_\_\_\_

List any restrictions of physical activity: \_\_\_\_\_

\_\_\_\_\_  
**Initial Here** I, the undersigned parent or guardian, do hereby grant permission for my child to receive necessary medical treatment in the event of an injury or illness while attending the EXCITE event sponsored by Kansas State University. I accept the responsibility for the full payment of such medical treatment. I hereby hold Kansas State University and its representatives harmless in the exercise of the authority.

\_\_\_\_\_  
**Initial Here** I further grant permission for my child to participate in all activities related to the event, including any transportation provided or other activities.

\_\_\_\_\_  
**Initial Here** I am aware that I will be required to pick my child up from the event in the event she is dismissed early because of violation of event rules.

\_\_\_\_\_  
**Initial Here** I understand that Kansas State University assumes no liability for injury or damages arising from the result of participation unless due to willful fault or gross negligence on the part of the university. I give my permission to allow EXCITE to use photographs taken of my child during the workshop in promotional materials (including the EXCITE website, presentations, brochures, etc).

\_\_\_\_\_  
**Initial Here** I give my permission to allow EXCITE to share my child's contact information with other programs on the K-State campus that offer a variety of opportunities for students.

\_\_\_\_\_  
**Initial Here** I hereby give my permission for my child to participate in all evaluation activities conducted in conjunction with the EXCITE program. I understand that my child will be asked to complete surveys both before and after the workshop. These surveys explore my child's interest in and attitude towards science. A number will be assigned to those surveys to enable the evaluators to compare my child's responses before and after the workshop, so that my child's name will not be used in any evaluation reports developed from the information gathered. The information is being gathered for the purpose of making future workshops more effective and in understanding what kinds of interventions assist students in exploring careers in science. I understand that my child is not required to participate in these evaluation activities as a condition of being accepted to participate in the workshop and that I may withdraw my permission at any time.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date