GEAR UP/ College Day Program

You ARE college material

Join us for

• Presentations
  o Career Exploration
  o Financial Aid
  o College Classes

• Tours
  o Campus
  o PEIF
  o Dorm Rooms

• Meet
  o Students
  o Staff
  o Faculty

IT’S FREE!!!

Let us provide meals, rooms and chaperones

All you have to do is get here!!!

This program is hosted by Northern Michigan University and made possible by GEAR UP and the King*Chavez*Parks College Day Program Initiative
Northern Michigan University – King*Chavez*Parks

GEAR UP/College Day Program

Please complete the application below. Thank you for printing clearly.

Student Name

Parent/Guardian Name

Street Address

City ___________ State ___________ Zip ___________

Day Phone __________________ Evening Phone __________________

Birthday __________________

School Name __________________

T-Shirt Size: __________ (Circle One): Male Female Other _______

Substance Abuse Statement

I understand the GEAR UP/College Day Program is a substance-free program, and I agree to not bring, use, or consume alcohol, tobacco, or drugs during the program’s entirety. I further agree to participate in all GEAR UP/College Day activities and remain under the supervision of the staff for the duration of the activities. I will challenge myself and other participates to abide by these expectations and will confront those who violate them. I understand that violations of the expectations will result in my immediate dismissal from GEAR UP/College Day program and return transportation at my own expense.

________________________________________________________________________
Student’s Signature

________________________________________________________________________
Date
Parent/Guardian: Please complete ALL sections of this form (attach extra sheets if necessary). Students may participate only if we receive a completed health history form with a parent/guardian signature. Please print or type clearly.

1. Applicant has health insurance (circle one)  
   Yes  
   No

2. Please provide name and phone number of applicant’s health insurance.

3. Name of applicant’s doctor ____________________________

4. Date and location of participant’s last physical exam ____________________________

Alternative Emergency Contacts (people who will be readily available during event date(s))

Name ____________________________  Relationship ____________________________
Daytime phone ____________________________  Evening phone ____________________________
Name ____________________________  Relationship ____________________________
Daytime phone ____________________________  Evening phone ____________________________

Circle any medical difficulties the applicant has had or is currently experiencing:

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Diabetes</th>
<th>Hearing problems</th>
<th>Insect stings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Dizziness/Fainting</td>
<td>High/Low blood pressure</td>
<td>Stomach/intestinal problems</td>
</tr>
<tr>
<td>Chronic Illness</td>
<td>Eye trouble</td>
<td>Hypoglycemia</td>
<td>(other)</td>
</tr>
</tbody>
</table>

Medications  

<table>
<thead>
<tr>
<th>Time Taken/When/# of times</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________</td>
<td>______</td>
</tr>
</tbody>
</table>

Behavior concerns (i.e. ADD/ADHD, personality disorder, emotional problems, learning disabilities)

______________________________

Immunization History: Please fill in the date of the most recent vaccination for the following:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>MM/DD/YY</th>
<th>MM/DD/YY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus booster</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Smallpox</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Influenza shot</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>DPT</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Polio Vaccine</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Measles, mumps, rubella shots</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>_______</td>
<td>_______</td>
</tr>
</tbody>
</table>
Parent/Guardian Consent Form

I, the undersigned, give permission for my child to participate in any GEAR UP/College Day program. I accept the risks that may occur on campus and agree that Northern Michigan University shall not be held responsible for personal injury or loss of property caused by my child’s own negligence or by events beyond the control of the program and its staff.

Program Staff may survey attitudes and reactions of participants to measure the effectiveness of the program. I consent to having my child participate in such surveys. I understand that if my child demonstrates behavior problems during the program, I will come and pick up my child if it becomes necessary to do so according to program staff.

I understand that this program includes activities that take place off campus. I agree that program staff may transport my child in school or university vehicles for such sessions. Such staff and vehicles will be properly licensed and safely equipped. Should it become necessary, I give permission to the university and the program staff to administer routine, and/or emergency medical and/or surgical treatment while attending the program. I shall take responsibility for the cost of such care.

Signature (parent or guardian)  Date

The NMU GEAR UP/College Day Program may use pictures or videotapes taken during the program for advertising, program publicity, or instructional purposes. I consent to my child’s appearance in any such materials for public distribution.

Signature (parent or guardian)  Date

If this is an overnight event, who would you like for a roommate? ____________________________

Please return application(s) to: Shirley Brozzo, Associate Director Multicultural Education & Resource Center 3001 Hedgcock Northern Michigan University Marquette, MI 49855

Northern Michigan University does not unlawfully discriminate on the basis of ancestry, race, color, ethnicity, religion or creed, sex or gender, gender identity, gender expression, genetic information, national origin, age, height, weight, marital status, familial status, handicap/disability, sexual orientation, military or veteran status, or any other characteristic protected by federal or state law in employment or the provision of services.