

2017 School of Visual Arts (SoVA): Summer Art Camp  
June 25-30, 2017

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN.

**Please print in ink or type**, and be careful not to skip any sections of this form, as all sections are required for registration. **You must also complete the Penn State Youth Program Health Services Medical Treatment Authorization form (attached)**. This form may be copied for additional registrations. Payment, in full, must accompany this form. **Return to Penn State no later than Friday, June 9, 2017.**

**STUDENT INFORMATION**

Male       Female

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Birth date (month/day/year) \_\_\_\_\_ Age \_\_\_\_\_

Home mailing address (no. and street, or box no.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP code \_\_\_\_\_ Country \_\_\_\_\_

Home phone number \_\_\_\_\_

Special Dietary needs/accommodations (if none, leave blank) \_\_\_\_\_

*\*The Social Security number (SSN) you provide for enrollment purposes, or when requesting specific services, will be used by the University to verify your identity for official record keeping and reporting. If you choose not to supply your SSN, certain services — such as transcripts, enrollment verification, tax reporting, and financial aid — may not be available to you, and Penn State cannot guarantee a complete academic record for you. Your SSN will be stored in a central system and used only as a primary source to identify you within the Penn State system; the Penn State ID will be used as the primary identifier.*

Applicant's Social Security no.\* or Penn State ID no.\* \_\_\_\_\_

## PARENT/LEGAL GUARDIAN INFORMATION

Parent's/Legal Guardian's Last name \_\_\_\_\_ First name \_\_\_\_\_

Parent's/Legal Guardian's email address \_\_\_\_\_

Penn State will use this email address to communicate logistical information regarding the program.

Daytime phone no. \_\_\_\_\_ Home phone no. \_\_\_\_\_ Cell phone no. \_\_\_\_\_

**Camper Pickup:** Name of person who will be picking up the student. \_\_\_\_\_

Phone no. \_\_\_\_\_ Relationship to participant \_\_\_\_\_

### Student's grade next fall:

8    9    10    11    12    2017 high school graduate

Adult T-shirt size:  S    M    L    XL    XXL

Do you wish to be put on a waiting list if the program is full?    Yes    No

Note: Wait list participants will be notified on Friday, June 9, confirming entry into the camp. If the camp is full and entry is not possible, a full refund will be given.

**Field Trip Permission** I/We give permission for my/our child to participate in various field trips on the University Park campus.    Yes    No

Roommate preference (One name only; the roommate must also complete and mail in a registration form naming you as his/her preferred roommate.)

---

### How did you hear about Visual Arts Camp?

website    postcard mailer    school art teacher    friend    Facebook

other \_\_\_\_\_

### Release

I/We, the undersigned, individually and as parent(s) or legal guardian(s) of \_\_\_\_\_, a minor, ask that he/she be admitted to participate in this camp sponsored by The Pennsylvania State University. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the camp or residence in University housing, or in the course of activities held in connection with the camp.

Additionally, I authorize Penn State Conferences and Institutes to photograph, videotape, and/or audiotape my child in promotion of the University's youth programs.

I/We have reviewed the Standards of Conduct (found on the Fee and Registration page) with my child, who agrees to follow this code.

Signature (At least one is required to complete registration.)

Parent's/Legal Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

### Registration Fee

\$925 early residential fee per participant (on or before May 15, 2017)

\$975 residential fee per participant (after May 15, 2017)

\$725 early commuter fee per participant-does not include housing or breakfast (on or before May 15, 2017)

\$775 commuter fee per participant-does not include housing or breakfast (after May 15, 2017)

### Method of Payment

Your payment, in full, must accompany your registration form. The Pennsylvania State University's federal ID number is 24-6000376.

Enclosed is a check or money order for the amount indicated, payable to The Pennsylvania State University.

Credit card guarantee: May be mailed or faxed.

American Express

MasterCard

Visa

Discover

Cardholder's name (please print) \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

Credit card billing address (no. and street, or box no.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP code \_\_\_\_\_ Country \_\_\_\_\_

Credit card number \_\_\_\_\_ Exp. date (month/year) \_\_\_\_\_

(Credit card charges cannot be processed without signature and expiration date.)

## **BEFORE MAILING**

### **Did you remember to:**

- provide parental/legal guardian signature?
- enclose the Health Services Medical Treatment Authorization form?
- enclose payment in full?

## **SEND TO**

Conferences and Institutes Registration  
The Pennsylvania State University  
Box 410  
State College PA 16804-0410  
Fax: 814-863-2765