



EXPLORING 2013-14 REGISTRATION FORM

STUDENT INFORMATION

Student's last name:	First:	Middle:
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Address:

City:	State:	Zip:
Home phone no.:	Cell phone no.:	Email:
School:	Grade:	Anticipated Graduation:

Registration Fee \$25 – Please make checks payable to Methodist College

PARENT/GUARDIAN INFORMATION

Parent/Guardian's last name:	First:	Middle:
Home phone no.:	Cell phone no.:	Email:

GENERAL CONSENT & RELEASE FORM

In consideration of my taking part in teaching situations and encounter groups, and in the interests of science and the furtherance of medicine, I the undersigned, consent to and authorize Methodist College, its employees, agents, successors, and assigns to take photographs, videos, produce websites, and other visual and/or auditory recordings in connection with which I may be involved. I further authorize the subsequent use of any of the aforementioned material as may be deemed necessary or advisable by Methodist College, its employees, agents, successors, and assigns in the furtherance of medical science, education, and/or practice.

In addition, in the interests of teaching and training, I consent to the presentation of relevant clinical demonstration to professional groups. Further, I agree that this member can participate in all program events including hands-on activities that will be supervised by program presenters, Post Advisors and/or student volunteers.

Explorer's (Printed) Name

Date

Explorer's Signature

Parent/Guardian Signature

Date

FOR ADMINISTRATIVE USE ONLY

\$25 Registration Fee Paid _____

Date: _____

Collected By (initials): _____

