

Reserve Your Spot

You can also apply online at www.uiowa.edu/~journshp.

High School Student Reservation Form

Which session would you like to attend July 18-22?

	Register before 6.1.10	Register after 6.1.10
<input type="checkbox"/> News Writers I	\$395	\$475
<input type="checkbox"/> Advanced News Writers	\$395	\$475
<input type="checkbox"/> Section Editors	\$395	\$475
<input type="checkbox"/> Editors-in-Chief	\$395	\$475
<input type="checkbox"/> Redesign Workshop	\$445	\$495
<input type="checkbox"/> Yearbook	\$405	\$485
<input type="checkbox"/> Photojournalism	\$445	\$495
<input type="checkbox"/> Broadcast	\$445	\$495
<input type="checkbox"/> Graphic Design	\$445	\$495
<input type="checkbox"/> Web Design Basics	\$445	\$495

Check here if you will commute to campus each day
Students not residing or eating on campus should deduct \$100 from the above fees.

Parking on campus?
Add \$30

Total enclosed \$ _____

Please make sure your mailing includes:

- This Reservation Form, completed
- Medical, Insurance & Emergency Form, completed (on left)
- Liability Form, completed (on left)
- Payment

Each student must fill out a reservation form. PDF and online Reservation Forms are available at www.uiowa.edu/~journshp, along with other forms and information.

A single check or purchase order from one school is acceptable, but each student should complete a registration form. It is crucial that you include your school, school address, and adviser's name.

Students will receive acknowledgement to confirm reservations after processing.

The University of Iowa requests the information on these forms for application purposes. No persons outside the University are routinely provided this information. If the requested information is not provided, the University might not be able to process the application.

For office use only. Do not write below.
Received _____ Amount _____
Check number _____ Forms received M L C S

Personal Info (Please print legibly or type.)

Name: _____

Gender: male female (circle one)

T-shirt size: S M L XL XXL (circle one)

Year of Graduation: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Student's Cell Phone Number: _____

Student's E-mail: _____

Parent's E-mail: _____

Roommate Request: _____

If you have a roommate request, please include that person's name here. Each roommate should include the name of their preferred roommate, after getting that person's permission. Only double rooms are available, so please only request one roommate.

School Info (Please print legibly or type.)

School: _____

School Address: _____

City, State, Zip: _____

Adviser: _____

School Phone: _____

**On or before June 25,
send your materials to:**

**Summer Journalism Workshops
100 Adler Journalism Building, Rm. E346
School of Journalism
University of Iowa
Iowa City, IA 52242-2004**

Emergency Contact and Liability

People to Contact in an Emergency

Name: _____ Phone: _____

Name: _____ Phone: _____

Release of Liability

In consideration of the High School Journalism Student Workshops of the University of Iowa granting the student permission to participate in the High School Journalism Workshop activity, as a parent or guardian I do hereby agree to the following:

The undersigned realizes that participation in program activities involves some risks and dangers which must be shared by both the University and the student and parents. I release the Iowa State Board of Regents, the University of Iowa, the High School Journalism Student Workshops and their offices, employees, and agents, and all instructors and all participants in said High School Journalism Student Workshops program from all liability, including claims and suits at law or in equity, or injury, fatal or otherwise, which may result from the student taking part in High School Journalism Student Workshop activities.

The undersigned agrees that his/her child will comply with all program rules, instructions and directions from staff members of the program, and assumes the risk and responsibility for any consequent expenses, property damage or personal injury arising from his/her child's failure to comply with those rules, instructions and directions. In compliance with program rules, the undersigned agrees to the release of Workshops student performance records to appropriate school personnel and guardians.

It is agreed that if any damage, injury or illness occurs, it is understood that the undersigned has personal property, health and accident insurance, or the equivalent, and that such insurance coverage will first bear the financial burden of any claim or costs associated with loss, damage, injury, or accident, prior to any claim being made against the University of Iowa. You agree that any and all claims will first be submitted to the undersigned's personal insurer for payment, and agree to waive all rights of subrogation against the University for any claims paid under such insurance.

In signing this release of claims, I hereby acknowledge and represent: (a) That I have read this document in its entirety, understand it, and sign it voluntarily, (b) That I am of legal age, and (c) That this release of claims is a contract between these parties and its terms are contractual and not a mere recital.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Student's Signature: _____

Student's Address: _____

City/State/Zip: _____

The release and treatment authorization must be signed by a parent or guardian if student is under 18 years old and will remain under 18 years old through the end of the program. Students who are 18 years old or will become 18 years old before the end of the program must also sign. In order for students to participate in program activities, we must have this form.

You must complete this form to attend the Workshops.

You can also find these forms online at www.uiowa.edu/~journshp.

Medical, Insurance and Emergency Info

Release of Liability

Identification (Please print legibly or type.)

Name of Participant:

Gender: male female (circle one)

Date of Birth:

Health History (Please print legibly or type.)

List any previous and present significant health problems and dates of occurrence (major illness, allergies, asthma, diabetes, etc.):

Current Medications - Identify if accommodations should be made to ensure proper administration and storage:

Drug Sensitivities:

Date of Last Tetanus Booster:

Does the participant wear an identification band or carry a card to alert others to the allergy(ies), medical condition(s) or medication use? Yes No (circle one)

People to Contact in an Emergency

Name:

Phone: Cell:

Name:

Phone: Cell:

Treatment, Cost and Disclosure

Permission to treat, agreement to assume cost related to the treatment, and authority to disclose medical information to insurance company for the purpose of claim.

I hereby authorize and give my consent to the health authorities of The University of Iowa or any licensed health professional to perform upon or administer any reasonable, necessary treatment to

(student's name)

In the case of psychiatric and/or psychological emergencies, involving psychological treatment, parental authorization for treatment beyond that responsive to the emergency will be requested. I also give permission to administer whatever anesthetic may be necessary or advisable during medical or surgical procedures. This authorization is intended to include emergency treatment, immunizations, injections, and minor operations and procedures.

I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to The University of Iowa Student Health Service and/or The University of Iowa Hospitals and Clinics. Also, I authorize the disclosure of medical information to my insurance company for the purpose of this claim. This permission is good only while the student is attending the program at the University of Iowa and only until the student has attained his/her eighteenth birthday.

Parent/Guardian's Signature:

Date:

Parent/Guardian's Name:

Insurance Information

Policy Holder's Name:

Policy Number (group numbers, letters, etc.):

Insurance Company Name and Address:

Other Health and Accident Coverage (Medicare, etc.):

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Work Phone:

Student's Signature:

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