

GENESEO SUMMER SCHOLARS

2010 COUNSELOR-IN-TRAINING (CIT) REGISTRATION FORM

PART ONE: COURSE SELECTION

MORNING COURSE

Circle the number next to the course to indicate preference.

Morning Course	Preference
Filmmaking	1 2 3
Crime Scene Investigation	1 2 3
Digital Photography	1 2 3

AFTERNOON COURSE

Circle the number next to the course to indicate preference.

Afternoon Course	Preference
Drama & Theater	1 2 3
Web Site Design	1 2 3
Astronomy & Rocketry	1 2 3

PART TWO: STUDENT INFORMATION

First Name: _____ MI: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: () _____ Student Email: _____
 Date of Birth: ____/____/____ Age: _____ Current Grade Level: _____ School: _____
 Adult T-Shirt Size: XS S M L XL

PART THREE: PARENT/GUARDIAN INFORMATION

First Name: _____ MI: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: () _____ Work Phone: () _____
 Emergency Phone: () _____ Parent Email: _____

PART FOUR: MEDICAL INFORMATION

Height: _____ Weight: _____ Eye Color: _____
 Place of Birth: City: _____ State: _____ Country: _____
 Emergency Contact/Relation: _____/_____ Phone: () _____

Please indicate any medication that the student takes regularly and those that he/she may need to take at Geneseo Summer Scholars:
**Geneseo Summer Scholars is not responsible for administering or storing any medication.*

Medication: _____ Medication: _____
 Dosage: _____ Dosage: _____

PART FIVE: PAYMENT INFORMATION

Please send a check for the registration fee of **\$149.00** to the address below along with this enrollment form.
 If the student decides not to be a part of the program, the check will be destroyed.

MAIL + CHECKS: "YOUNG SCHOLAR ADVENTURES" 17 SOUTH ST., GENESEO, NY, 14454

 Signature of Parent/Guardian

 Signature of Student

Signatures represent validity of all information provided and understanding of all components of the 2010 Geneseo Summer Scholars program, including registration fee.