



Science, Engineering, Technology and Mathematics (STEM) High School Shadow Day Event Participant Agreement Form

TO BE READ AND SIGNED BY PARTICIPANT

PARTICIPANT INFORMATION

Participant's Name _____ Date of Birth _____ Sex _____
Permanent Address _____ Home Phone () _____

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the School of Computer, Mathematical and Natural Sciences (SCMNS) and the School of Engineering (SOE) as well as abide by the Ambassadors and the University's rules and conduct expectations. I understand that, as a participant of the STEM High School Shadow Day, I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct.

Participant Signature

Date

TO BE READ AND SIGNED BY PARTICIPANT'S PARENT PARENTAL PERMISSION AGREEMENT

I, _____ (name) as the parent or legal guardian of, _____ (participant name), grant permission for his/her participation in the Shadow Day program. This Parental Permission Agreement must be read carefully and signed by all participants and the parent or legal guardian of each participant who takes part in STEM High School Shadow Day, April, 6th, 2011.

In consideration of Morgan State University (MSU) allowing me to participate in the STEM High School Shadow Day Program, I agree and understand the following:

PUBLICITY/IMAGE/VOICE PERMISSION

During activities, a photograph or video/audio recording may be taken of you. Unless you request otherwise, your initial below will be considered permission for Morgan State University to photograph, film, audio/video tape, record and/or televise your image and/or voice for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to MSU using your image or voice in this manner, please notify the staff prior to participating.

_____ initial _____ date

NOTE: This Parental Permission Agreement must be signed by both the participant and the participant's legal guardian if the participant is not of legal age.

DATE

PARTICIPANT NAME (please print)

PARTICIPANT SIGNATURE

DATE

PARENT/GUARDIAN NAME (please print)

PARENT/GUARDIAN SIGNATURE

PLEASE READ THIS PARENTAL PERMISSION AGREEMENT AND THE RELEASE OF LIABILITY FORM CAREFULLY. IT IS A LEGAL CONTRACT AND AFFECTS ANY RIGHTS YOU MAY HAVE IF YOU (OR YOUR CHILD) ARE INJURED OR OTHERWISE SUFFER DAMAGES WHILE PARTICIPATING IN THE STEM HIGH SCHOOL SHADOW DAY PROGRAM.



Science, Engineering, Technology and Mathematics (STEM) High School Shadow Day Event Registration Form

Student Name: _____

Student Email: _____

Name of School: _____

Current grade in school: _____

Area of Interest: Please check the **one** you are most interested in

For descriptions of the following majors, check out the majors at

<http://www.morgan.edu/scmns>

Actuarial Science
 Biology
 Chemistry
 Computer Science
 Engineering Physics

Mathematics (Pure)
 Math (concentration in actuarial science)
 Mathematics (concentration in Statistics)
 Mathematics (Teacher Certification)
 Medical Technology
 Physics

<http://www.soe.morgan.edu/>

Civil Engineering
 Electrical and Computer Engineering
 Industrial Manufacturing Information Engineering
 Transportation & Urban Infrastructure Studies

I will need parking for my vehicle: Yes No

PLEASE RETURN FORMS BY MARCH 25TH TO:

Nicassia Williams
Director of SCMNS High School Initiatives
Morgan State University, 165 Key Hall
Baltimore, MD 21251
Telephone No: 443-885-4374 FAX: 443-885-8101

Questions Comments?

Email: nicassia.williams@morgan.edu