



Dear Student,

Thank you for your interest in attending our Health Career Exploration Camp. The camp will take place on June 24, 25, & 26, 2019 at Dixie State University; with the opportunity to join us for an extended camp activity to take place at Rocky Vista University on June 26, 27, 2019. To register for the camp, the enclosed forms must be sent back via email or regular mail, and the registration fee paid online (<http://www.dixie.edu/onlinepayments/> and select "All Other Payments from the menu. This will open the list of payments were you will find the Southern Utah AHEC Health Care Career Exploration Camp option).

Please note participants must be of high school age (8th through 12th grade). Recent high school graduates are also eligible to attend.

Registration for the camp ends on May 10, 2019. However, there is a limited amount of slots for camp and they will be filled on a first-come, first-served basis. As such, the camp may fill before the application deadline. The Extended Day activity at Rocky Vista University fills early spring, if you would like to attend that event we recommend you register ASAP.

In the application, you'll need to choose which Track you are interested in. The following workshops are examples of workshops that may be done in each track. These workshops are subject to change and are not guaranteed to be in that track during camp. However, this can help you better pick which track you would be most interested in.

Track 1:

Respiratory Therapy
Medical Radiography
Nursing
Dental Hygiene
Emergency Medicine
Surgical Technology
Medical Laboratory Science

Track 2:

Veterinary
Physical Therapy
Pharmacy
Public Health
Dentistry
Physician
Physician Assistant

We at Southern Utah AHEC look forward to having you participate at the Health Career Exploration Camp. If you have any questions, please feel free to contact me at 435-879-4364 or kasey.shakespeare@dixie.edu

Sincerely,

Kasey DeLynn Shakespear, MHA, MPH, MA
Senior Program Coordinator
Southern Utah AHEC

Health Career Exploration Camp
2019 Student Application

PERSONAL INFORMATION:

(Please type or print CLEARLY the following information)

Name: _____

(Please note if you would like the name on your name badge to reflect differently than above.)

Mailing Address: _____

City _____ State _____ Zip Code _____

Phone: (____) ____ - _____ E-mail: _____

Birth date: _____ Track 1: _____ Track 2: _____

(There are limited numbers of participants allowed in each track. If the track that you request is already full, you will automatically be moved to the other track).

Extended Camp: _____

If you are interested in attending our extended one-day camp at Rocky Vista University that will go through Thursday, June 27, 2019, please mark "Yes." There is an additional fee of \$75 to attend. It is first come first serve, so please check availability.

Have you attended our camp before? YES NO

Gender: [] Male [] Female Adult Shirt Size: S M L XL 2XL other _____
(Shirt sizes run big, XS and 3XL-5XL available)

Ethnicity: Hispanic: [] Yes [] No

Race: [] American Indian [] Asian
[] African American [] Asian * (underrepresented)
[] White * (Not Chinese, Japanese, Korean, Filipino, Thai, Asian Indian)
[] Pacific Islander [] Other: _____

EDUCATIONAL INFORMATION:

Current High School: _____ City: _____ State: _____

Current year in school: 8th [] 9th [] 10th [] 11th [] 12th []

CAREER GOALS:

Do you plan to attend college after high school graduation? Y N

What career do you want to pursue after high school?

First choice: _____

Second choice: _____



ROOMMATE PREFERENCE

I request the following individual(s) in my apartment: _____

* Please note every effort will be made to accommodate requests, but they are not guaranteed.

I UNDERSTAND THAT ALL STUDENT PARTICIPANTS MUST BE PRESENT FOR ALL THREE DAYS OF TRAINING.

Applicant: _____

Signature: _____ Date: _____

Parent or
Guardian: _____

Signature _____ Date: _____

Note: We cannot guarantee you a space for the training. We have limited rooming accommodations, so the sooner your application is received the more likely you will be accepted. Applications are accepted on a first-come/first-served basis. We reserve the right to deny any application if minimum requirements aren't met. To complete registration we must receive both your application and payment for camp. See instructions below:

DEADLINE: Your application must be received by **May 10, 2019** and must include:

1. Completed and SIGNED application forms
2. \$200.00 camp fee –*Camp fees must be paid online at our website by going to www.suu.edu/ahec and clicking on the “Make a Payment” link on the left-hand side. Choose the “Health Career Exploration Camp”, add it to your cart and follow the prompts for payment. *Payments for camp are NON REFUNDABLE*

**Send application packet to: Kasey Shakespear
Utah Center for Rural Health
Attn: Health Camp
Holland Centennial Commons 530
225 South University Ave.
St. George, UT 84770**

Questions: Call 435-690-9521 or e-mail Kasey.shakespear@dixie.edu



Health Career Exploration Camp Participant Medical Information Form

Student's Name: _____
(Please Print)

Is this student covered under a health care or medical insurance plan? Yes [] No []

If "yes," please complete the following:

Name of health plan: _____

Name of policy holder (parent or guardian) _____

Group or policy number: _____ ID No. of student (If applicable) _____

Are there any *medical conditions* or *special needs* that this student has that we should know about? If so, what are they and do they require a special environment? Please include any dietary needs (i.e. gluten free, no dairy, etc.)

Is the student under doctor's orders for any medication? Yes [] No []

Please list any medications the student will be taking during camp.

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I authorize the Director of the Utah Center for Rural Health, or their authorized representative, to consent to any x-ray, examination, anesthetic, medical or surgical or dental diagnosis or treatment, and hospital care, to be rendered to my child (or legal ward) under the general or special supervision and advice of any dentist, physician, or surgeon licensed to practice in the State of Utah, when the need for such treatment is immediate, and when efforts to contact a parent or guardian are unsuccessful.

I agree to pay all charges incurred for the treatment of illness or injury of my child (or legal ward) during the Health Career Exploration Camp, June 24, 25 & 26, 2019, [Extended Day June 27, 2019] I understand that I have primary responsibility for the payment of all charges, whether or not my child (or legal ward) is covered by health or medical insurance.

Signature of Parent/Guardian: _____ Date: _____

Mailing Address: _____ Phone #: _____

City/State _____ Zip Code _____



Health Career Exploration Camp Participant Release Form

Participant's Name: _____
(Please Print)

In consideration of being permitted to attend and participate in the 2019 Utah Center for Rural Health's "Health Career Exploration Camp," the undersigned releases, waives, discharges, and covenants to not sue all persons affiliated in any way with the Utah Center for Rural Health (hereinafter called "Releasee"), including, but not limited to, its employees, counselors, officers, advisors, and administrators, also including those affiliated with Dixie State University, for and from all claims and/or liability to the undersigned and their personal representative's, assigns, heirs, and next of kin for all loss or damage and any claim or damage therefore on account of injury or death to the undersigned or any injury or destruction of property, whether caused by the negligence of the Releasee or otherwise said participant for any purpose participating in said "Health Career Exploration Camp," or any related activity. Furthermore the undersigned agrees to hold the Releasee harmless from all claims, suits, actions, or judgments asserted or brought on account of, or related to the participant's participation in the above mentioned activities.

The undersigned expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Utah and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. We further release all of said Releasee from any claim whatsoever on account of first aid, treatment, or service rendered to the participant during the participant's participation in the above mentioned activities and hereby consent to the rendering of such medical treatment as the Releasee shall deem appropriate.

Signature of Parent/Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____



Conduct Rules for Health Career Exploration Camp

Student's Name: _____
(Please Print)

All participants of the Utah Center for Rural Health's Health Career Exploration Camp are required to comply with the following rules and regulations. The purpose of these rules is to ensure the safety and comfort of all participants.

Security:

1. Lock your door! Protect your personal belongings. We are not responsible for lost or stolen personal items. If you lose your key, let a staff member know ASAP. There is a \$25.00 replacement fee.
2. Curfew: Everyone must be in the residence hall at the appointed times in the agenda. The outside doors to the residence hall will be locked at 10:00 pm. You must be in your own personal rooms at the established curfew time. No boys are allowed in girls rooms, and no girls are allowed in boys rooms after the determined curfew.
3. Participants are not allowed to leave the Dixie State University campus during the training, unless it is part of a camp activity.
4. Students who drive personal vehicles to the camp are not allowed to drive those vehicles during camp.

General:

1. Alcohol, tobacco, and illegal drugs are not allowed on campus or anywhere during our camp.
2. You may not have friends (not enrolled in the training) visit you while you participate in the training.
3. Damages: Damages beyond normal wear and tear are the responsibility of the person causing the damage.
4. Repairs: Any need for repairs should be reported immediately to training staff members. Once again, help us to avoid extra costs.
5. Students must stay in their assigned residence hall rooms and are not allowed to change with other attendees.

Safety:

1. Know the location of fire extinguishers and fire escape routes.
2. No sitting in or hanging out of windows. Nothing is to be thrown out of the windows.
3. No weapons or combustible materials.
4. No climbing on building roofs or ledges.

Comfort:

1. Please keep talking, music, etc., so it cannot be heard outside your dorm room after lights out.
2. Pick up after yourself. Help keep the dorms and campus clean.

Any student breaking these rules is subject to immediate dismissal from the training at the students own expense. Parents will be called to pick up their children.

I have read and I understand the above rules and agree to follow them.

Student Signature

Date

Parent/Guardian Signature

Date



Photo Waiver

At camp we take photos that may be submitted to newspapers after the camp is over for publicity purposes. We also use the pictures on our website (www.suu.edu/ahec) and other promotional materials. Please sign the following form allowing permission for us to use any pictures you may be included in.

I give permission for the Utah Center for Rural Health to use any pictures from the 2019 Health Career Exploration Camp that may include me in any promotional materials.

Name of Applicant

Applicant Signature

Parent's Signature

Date

