SEABROOK ADVENTURE ZONE

INTERN/PRACTICUM REGISTRATION FORM

forrest@seacoastyouthservices.org
(603) 474-3332 Ext. 3

Intern/Practicum Student Name: _____

Date of Birth: / / **Age: _____** **Male / Female** (circle)

Address: _____

Phone (s): **H**:_____ **W**:_____ **C**: _____

Email: _____

Race: (circle) White, Black, Alaskan/American Indian, Asian, Hawaiian/Pacific Island, White & Black, Other

T-Shirt Size: S M L XL XXL XXXL

College/University: _____ **Major/Program: _____**

Semester Applying For (Circle)**:** Fall, Winter, Spring, Summer

Start Date: _____ **End Date: _____**

Advisor Name: _____ **E-Mail: _____**

EMERGENCY CONTACTS/MEDICAL CONCERNS

Name: _____ **Relationship to Participant**_____

Address: _____

Phone (s): **H**:_____ **W**:_____ **C**: _____ **E-mail**:_____

Medical Concerns: _____ **Allergies: _____**

INTERNSHIP AVAILABILITY DAYS & TIMES (Circle All That Apply)

(Minimum availability of 2:30 - 6:00 on days circled)

M __:__ T __:__ W __:__ R __:__ F __:__

X_____ In the event of an emergency SYS/SAZ will attempt to contact me prior to any medical treatment. I give permission to receive emergency medical treatment, including the use of anesthesia, as recommended by medical practitioners.

X_____ I give permission to be transported by SAZ, including their contracted providers, to/from program activities and/or home as needed.

X_____ I give permission for the use of various media representations, including photo, audio, video and written, for program, outreach, and recognition purposes.

X_____ _____/_____/_____

Internship/Practicum Student Signature *Date*

X_____ _____/_____/_____

Advisor Signature *Date*

X_____ _____/_____/_____

SAZ Program Director Signature *Date*