



## STUDENT APPLICATION FORM

**Directions:** Please type or neatly print all of the information requested. A teacher from your school must serve as a reference in order for the application to be complete. A parent's signature is also required for participation in The Summer Institute for Human Rights & Genocide Studies.

### PERSONAL INFORMATION

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE:(\_\_\_\_\_) \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT(S): \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

ALLERGIES OR CHRONIC ILLNESSES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

DIETARY RESTRICTIONS (OR OTHER SUCH INFORMATION): \_\_\_\_\_

\_\_\_\_\_

### REFERRING TEACHER

NAME: \_\_\_\_\_ SUBJECT: \_\_\_\_\_

TEACHER SIGNATURE: \_\_\_\_\_ SCHOOL PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

TEACHER COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**STATEMENT OF INTEREST (please type)**

Considering the curriculum and our desire to provide personal attention and instruction to each and every participant, it is important to keep our enrollment numbers manageable. We wish we were able to accept all students interested in learning about this very important subject, yet recognize our limitations. Please provide a thoughtful, honest response (approx. 1 page) to one of the following questions and submit it with your application.

- Why is the study of genocide and human rights so important?
- If you were asked to speak to the leaders of the world, how would you advise them to address human rights and social justice issues?

**T – SHIRTS**

Summer Institute T-Shirts are included as a part of the registration fee, and will be made available to each participant at the conclusion of the Institute. Please circle your size below.

SMALL

MEDIUM

LARGE

EXTRA LARGE

**PARENT OR GUARDIAN PERMISSION**

My child, \_\_\_\_\_, is interested in attending the Summer Institute for Human Rights and Genocide Studies. I fully understand that the Institute will cover material that is both graphic and emotional. I also understand that my child's participation in the Summer Institute will involve his or her active involvement in the daily activities of the group. I understand that I am responsible for transporting my child to and from the Institute. My signature grants The Summer Institute permission to use photos or videos of my child for news events and future promotional purposes. Further, I authorize licensed medical staff to administer immediate treatment to my child should he or she become injured or ill. I agree to hold harmless The Summer Institute for Human Rights and Genocide Studies (including their staff, sponsors, and affiliates) for any illness or injury incurred as a result of my child's participation in the Institute.

**NOTICE OF NON-DISCRIMINATION**

The Summer Institute for Human Rights and Genocide Studies does not discriminate on the basis of race, color, national origin, sex or handicap in its program or activities. The Institute does not discriminate in admission, treatment, or access to its programs or activities.

**APPLICATION / REGISTRATION DETAILS**

- COMPLETED APPLICATION IS DUE BY FRIDAY MAY 22<sup>ND</sup>, 2009
- THE COST OF THE SUMMER INSTITUTE IS \$40.00. FINANCIAL ASSISTANCE IS AVAILABLE. MONEY IS DUE UPON NOTIFICATION OF ACCEPTANCE.

**PLEASE SEND YOUR COMPLETED APPLICATION TO:**

MRS. EMILY TESTA  
SUMMER INSTITUTE CO-CHAIR  
CHAUTAUQUA LAKE HIGH SCHOOL  
100 NORTH ERIE STREET  
MAYVILLE, NY 14757