



TEACHER REGISTRATION FORM

Directions: Please type or neatly print all of the information requested. Your 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): _____

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

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.

PLEASE SIGN BELOW

I, _____, am 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 participation in the Summer Institute will involve my active involvement in the daily activities of the group. I understand that I am responsible for transportation to and from the Institute. My signature grants The Summer Institute permission to use photos or videos of me for news events and future promotional purposes. Further, I authorize licensed medical staff to administer immediate treatment to me should I 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 participation in the Institute.

SIGNATURE _____

DATE _____

APPLICATION / REGISTRATION DETAILS

- COMPLETED APPLICATION IS DUE BY FRIDAY MAY 29th, 2009
- THE COST OF THE SUMMER INSTITUTE IS \$160.00. FINANCIAL ASSISTANCE IS AVAILABLE.

PLEASE SEND YOUR COMPLETED REGISTRATION, WITH CHECK, TO:

MR. GREGG DAVIS
ASISSTANT SUPERINTENDANT
HAMBURG CENRAL SCHOOLS
5305 ABBOTT ROAD
HAMBURG , NEW YORK 14075
Checks Can Be Made Payable to Hamburg Central Schools

WE LOOK FORWARD TO SEEING YOU THIS SUMMMER!