

FOSTERING SUCCESS

MIDDLE SCHOOL DAY

FREE

When

Saturday, March 28th
Check-in: 9:00 A. M.
Check-out: 5:30 P.M.

Where

University of Wisconsin-Stout
302 10th Avenue East, Menomonie, WI 54751

WORKSHOPS · General College Prep · Goal Setting
Interest Inventories · Admissions Overview

Register by March 16th

Call: 715-232-2639

Visit: www.uwstout.edu/admissions/foster-youth.cfm

Foster Care Youth Grades 6-8

Students who have been or currently are in Foster care can come get a feel for college life and learn about the steps to get there!

Provided

- ✓ Lunch
- ✓ Transportation reimbursement (when needed)



UNIVERSITY OF WISCONSIN-STOUT

Inspiring Innovation. Learn more at www.uwstout.edu/admissions/foster-youth.cfm

Fostering Success- Middle School Seminar

Registration Form 2015

Saturday, March 28th

Student Information:

First Name: _____ Last Name: _____ Birthdate: _____

E-mail Address: _____ Phone number: _____

Best way to contact you? _____ Gender: _____

Ethnic Background (optional): ___ Black (African American not of Hispanic origin) ___ Asian or Pacific
Islander ___ American Indian or Alaskan native ___ Hispanic ___ White (not of Hispanic origin) ___ other

School Information

School Name: _____ School City: _____

School State: _____ Grade in School (2014-2015 School Year): _____

Guardian Contact Information

First Name: _____ Last Name: _____

Home Address: _____ City: _____ State: _____

Zip: _____ Phone Number: _____ Email: _____

Student/Guardian Signature:

I certify the above information is true to the best of my knowledge. I understand that the information provided will be used solely for program evaluation and program eligibility purposes and will be kept confidential.

Student Signature

Date

Guardian Signature (if under 18)

Date

Please return to: Pam Holsinger-Fuchs
UW-Stout
212 Millennium Hall
Menomonie, WI 54755

**FOSTERING SUCCESS Middle School Seminar 2015
GUARDIAN AND EMERGENCY CONSENT
STATEMENT OF RESPONSIBILITY AND RELEASE**

Whereas, I desire to have my foster child (_____) participate in the University of Wisconsin-Stout (UW-Stout) 2015 Fostering Success Middle School Seminar **March 28th**, I hereby agree to the following consents and releases regarding on-campus living and activities.

Guardian Consent

I assume full legal and financial responsibility for my child's participation in the program.

I agree that the University of Wisconsin-Stout and/or the UW-Stout staff or employee shall not be held responsible for any personal injury or loss of and/or damage to, property however caused, and agree to release UW-Stout and UW-Stout staff and employees from all claims or damages which may arise as a result of any such personal injury or loss suffered during the course of the students participation in the Fostering Success Middle School Seminar program. All risks attendant to observing and/or participating in the Summer Overnight program are hereby assumed by the student and parent(s) and/or guardian(s). This assumption and release are acknowledged and approved by the signature at the end of this agreement.

The UW-Stout Fostering Success staff reserve the right to terminate the stay of any student, without formal hearing when it is deemed necessary by the University and program staff and employees. The University and the Fostering Success staff expressly reserve the exclusive right to establish and determine the standards of conduct, behavior, and performance of participants engaged in the program and to require compliance with such standards as a condition to continued participation in the program.

Emergency Consent

In case of medical emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I consent to the Fostering Success Middle School Seminar program staff at UW-Stout to obtain whatever emergency treatment and/or care is deemed necessary for the health and well-being of my child during his/her participation. In case of medical emergency, I consent to any anesthetic, medical or surgical diagnostic testing and/or treatment to be rendered to the minor under the supervision and on the advice of a licensed physician when the need for such treatment is immediate and/or when efforts to contact me are unsuccessful.

Photograph Release

I understand that the University may take photographs of Fostering Success participants and activities. I agree that UW-Stout shall be the owner of and may use such photographs relating to the promotion of Fostering Success programs. I relinquish all rights that I may claim in relation to use of these photographs.

Activity Release

I hereby give permission for my foster son/daughter to participate in all activities and events, and to receive all necessary medical attention if the need arises.

I acknowledge that I have read and understand this document. I hereby accept its terms.

Signature of Parent/Guardian Date