

The College Career Ready Academy at the Kessler Foundation

July 7 – July 10, 2014 Application Form

Students/parents/guardians, mail completed applications with original signatures by **June 24, 2014** to:
Donna Custard, NJ Chamber of Commerce Foundation, 216 West State Street, Trenton, NJ 08608.

Student Information

Participating students must be academically capable of attending college and have a mobility disability to be eligible to participate.

Student's Name: _____
Last First Nickname

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Birth Date: _____ Grade as of September 2014: **9 10 11 12** Male/Female
(circle one) (circle one)

Attendant Information

Students are permitted to be accompanied by an attendant for help with personal care, transport or physical classroom assistance.

Will you be accompanied by an attendant for the workshop? **Yes No** *(circle one)*

Student Participant Code of Conduct

In order to maintain a safe and enjoyable workshop environment for all participants, we require parents and students to read and comprehend the importance of abiding by the following code of conduct.

I agree to attend all four days of the workshop, on time and ready to participate. I will respect workshop staff, business volunteers, and other participants by not using foul language, name calling, fighting or otherwise disrupting the class. I will follow all safety rules set forth by the workshop staff.

If I do not abide by the rules I will be asked to leave, accompanied by a parent or guardian, and will not be permitted to return.

Student Participant Signature: _____ Date: _____

Parent/Guardian Information

Parent/Guardian's Name: _____
Last First

Relationship to Student: _____

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Day Time Phone: _____ Cell Phone: _____
(please circle best contact number)

Work Phone: _____ *Email Address: _____

**Confirmation of acceptance into the workshop will be sent to you via the email address provided.*

Emergency Contact Information – To be filled out by Parent/Guardian

*Emergency Contact 1: _____
(if parent cannot be reached) Last First
Relationship to Student: _____

Day Time Phone: _____ Cell Phone: _____

*Emergency Contact 2: _____
(if parent cannot be reached) Last First
Relationship to Student: _____

Day Time Phone: _____ Cell Phone: _____

***Two emergency contacts must be provided.**

Health History

What is the nature of your mobility disability? _____

Other health issues that we should know about (allergies, seizures, etc.) _____

For the purposes of seating arrangements and grouping teams, please answer the following:

Do you use a wheelchair? _____ Will you be able to manipulate arts and crafts items? _____

Workshop staff is not permitted to dispense medication.

Parent/Guardian Consent

Student Name: _____ School: _____

I hereby give permission to the New Jersey Chamber of Commerce Foundation ("NJCCF") and/or other event sponsor(s) or host(s) to use my child's likeness, alone or with others, by means of photograph, video or other medium for use in promotional materials or publicity, without notice to me and with or without a caption that identifies my child. I understand my child's likeness may appear in internal publications, promotional audio/visual presentations, or external publicity, including, without limitation, use on the NJCCF's Web site, newsletters, annual report or other fund development or promotional materials. I agree that I shall have no right to (i) pre-approve use of my child's likeness as described above, (ii) claim compensation for the use of my child's likeness as described above, and (iii) make any claims based on the use, or non-use, of my child's likeness as described above, including any claims for libel, defamation or invasion of privacy. I agree that the NJCCF and/or other event sponsor(s) or host(s), as the case may be, shall own all images taken by it or its representatives.

I further agree to help my child abide by the student code of conduct. I understand that the workshop is being held at the **Kessler Foundation--300 Executive Drive, Conference Room, West Orange, NJ** and that it runs from 9:00 am to 4:00 pm Monday through Thursday and that my child is expected to attend all four days of the workshop, on time and ready to participate. If my child does not abide by the code of conduct, I will be contacted and my child will be asked to leave and not be permitted to return.

I also certify that the information provided in the Health History is true and factual to the best of my knowledge.

Parent /Guardian Signature: _____ Date: _____