

Student Name: _____

Please complete the following sections and provide a signature to complete this application.

MEDICAL RELEASE & EMERGENCY INFORMATION:

History of health conditions *(Please include any food allergies, etc.):* _____

Physician Name: _____ *(if applicable)* Phone #: (_____)

In Case of an Emergency, Contact: _____
Name Relationship to Student

Emergency Contact Phone #(s): Home #: (_____) and/or Cell Phone #: (_____)

Every reasonable precaution will be taken to provide safety and care of your child. Every effort will be made to notify you and/or your Emergency Contact (listed) in the event of an accident or injury, which may require emergency care. If you cannot be contacted, permission is needed to seek medical attention. All financial responsibility for hospitalization and medical care provided, in the case of an emergency, is to be assumed by the parent/guardian.

Can the program seek medical attention if needed? No Yes, Parent/Guardian please sign here: _____

**AUTHORIZATION FOR RELEASE OF ACADEMIC RECORDS:
(For duration of Program Participation)**

I hereby voluntarily authorize the school to release information to the Talent Search Program. Specifically, I authorize disclosure of the following information or category of information - class schedules, standardized test scores (NJ ASK, HSPA, and NJ Biology Competency Exam), quarterly report cards, transcripts, disciplinary actions, evaluations, attendance history and medical records for the purposes of evaluating eligibility for admission and participation. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to the Talent Search Program.

Parent/Guardian Signature: _____ Date: _____

PHOTO & MEDIA RELEASE:

I hereby freely and irrevocably grant Rutgers University and its authorized employees and agents, the absolute right and permission to copy, exhibit, copyright, use, take, distribute and/or publish my photographic likeness, name, voice, and/or image made in relation to my participation in the Activity in photographs, video and in any and all other media forms.

Parent/Guardian Signature: _____ Date: _____

APPLICATION CERTIFICATION & AUTHORIZATION:

I certify that this information is true and correct to the best of my knowledge. I understand that this application is being made in connection with receipt of Federal & State funds and that Organization Officials may verify this information. I approve and authorize my child's application for the Rutgers University-Newark Talent Search Program. Additionally, I hereby authorize my child to participate in all activities organized by the Rutgers University-Newark Talent Search Program and give the program permission to request report card, transcript & test scores for the duration of my child's participation.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Thank you for completing the program application. You will be notified of admission status shortly.

Applications can be returned the following ways:

- ✓ Fax to: (973) 353-1945
- ✓ Drop off at the Guidance Department or Main Office at your child's school
- ✓ Mail or Return to:

Mr. Jason Moore, Director
TRiO Talent Search Program, Rutgers University-Newark
Academic Foundations Center, Bradley Hall, Room 120
110 Warren Street - Newark, New Jersey 07102

