



Healthcare Career Exploration Camp

Who can attend?	Students entering grades 9 through 12
Dates:	Monday-Thursday, July 20-23, 2020
Time:	9:00 AM – 3:00 PM
Tuition:	\$300.00 per student
Location:	Pennsylvania College of Health Sciences (pacollege.edu ^[EP1]) 850 Greenfield Road, Lancaster, PA *Participants will meet at PA College each day – transportation provided by families*
Registration Deadline:	July 6, 2020
Registration Limit:	30 students (minimum of 10 students)

For more information, go to www.iu13.org and search 'Summer Enrichment Camps'.

Healthcare has become the largest source of jobs in the United States. Jobs in this field are varied and in high demand. From a doctor to a nurse to a healthcare administrator to a surgical technician, the options are plentiful. This summer, why not see if your interest in helping people can translate into a rewarding career in healthcare. IU13 is partnering with Pennsylvania College of Health Sciences, which offers traditional degrees, certificates, and continuing education, to host a four-day camp for high school students that will provide focused collaboration with unique workshops. These four days will be filled with an exciting curriculum that will keep you engaged while you learn about new opportunities in the healthcare field in a state-of-the-art facility. Camp activities may include dissecting an organ, learning how to suture, examining ultrasounds, administering IVs, practicing the intubation process, and immersing yourself in other hands-on experiences in the college's specialized simulation labs. Everyone will have the opportunity to become CPR/AED certified or to practice these lifesaving skills.

Summer is the perfect time to have fun, connect with other teens with interest in the healthcare field, and become inspired to make your dream a reality. Sign up today! Enrollment is limited.

What to Bring/Wear:

- Bagged lunch, snack, and drink; water bottle
- IU13 permission slip/photo release form (included on reverse side of registration form)
- PA College of Health Sciences Parent/Legal Guardian Waiver of Liability
- Dress comfortably for hands-on learning; no graphic T-shirts or short shorts please; facility can be chilly
- Close-toed comfortable shoes are required each day - **NO** flip flops
- NOTE: Starbucks® is available onsite for hot and cold drinks

Questions?

- Visit IU13 Summer Enrichment Camps
- Email enrichment@iu13.org
- Call IU13 Gifted Education and Enrichment Services: 717-606-1822

Contact:

Lancaster-Lebanon IU13
Janice Estabrook
(717)606-1732 • janice_estabrook@iu13.org



IU13 offers challenge, learning, and fun through its summer enrichment camps. Each camp is set up as an enrichment opportunity that requires teamwork, flexibility, and social interaction on the part of campers.

Healthcare Career Exploration Camp

July 20-23, 2020

Registration Form

(Registrations will be accepted in the order in which they are received - deadline for registration is July 6, 2020.)

Student Name: _____

Parent/Guardian Name(s): _____

Mailing Address: _____

Phone: _____ Email: _____

School: _____ Grade entering in 2020-21: _____

How did you learn about this camp?	IU13 Website <input type="checkbox"/>	<input type="checkbox"/> Camp instructor's website	<input type="checkbox"/> IU13 SEE Seminar	<input type="checkbox"/> Super Saturday
		<input type="checkbox"/> Friend	<input type="checkbox"/> At school	<input type="checkbox"/> Social media

Emergency Contact: _____
Name Relationship Phone

Allergies/Medical Conditions: _____

Person(s) authorized to pick up my child: _____

Parent/guardian signature: _____
Date

Please send this completed registration form and permission slips with a check in the amount of **\$300.00** payable to Lancaster-Lebanon IU13 to:
Lancaster-Lebanon IU13 - Summer Enrichment Camp - 1020 New Holland Avenue - Lancaster, PA 17601

Permission Slip/Photo Release Form

I hereby give my child, _____, permission to participate in Healthcare Career Exploration Camp at PA College of Health Sciences. I have completed the information above and have taken note of any special directions included with this form pertaining to the event. Both parties agree to a full reimbursement for cancellations at least four (4) weeks in advance. Cancellations made less than four (4) weeks in advance will be given a 50% reimbursement. Any cancellations made less than seven (7) days from the start of camp will forfeit their payment to cover the cost of expenses.

NOTE: Lancaster-Lebanon IU13 and PA College of Health Sciences may take photos or video footage of participants attending an event for the purpose of publicizing future activities. These photos may appear in printed materials or electronic media. IU13 and PA College of Health Sciences will respect the privacy of individuals who do not want to be photographed.

If you do NOT give permission for your child to be photographed, please check this box.

Parent/guardian signature: _____
Date

(Please complete reverse side.)

Parent/Legal Guardian Waiver of Liability

Child's Name

Address

City, State, Zip Code

(_____)_____
Telephone Number

In consideration of my child participating in the **Healthcare Careers Exploration Camp** ("Camp"), I do hereby agree to assume all risks and responsibilities surrounding my child's participation. I hereby affirm by my signature that my child is in good physical condition and does not suffer from any medical conditions that would prevent or limit my child's participation or increase the risk of harm to my child.

By signing below, I represent that I have legal authority to waive the foregoing on behalf of my child. I hereby voluntarily waive any and all claims, both present and future, arising out of my child's participation in this Camp that may be made by me, my family, estate, heirs, or assigns, and I relinquish on behalf of myself, spouse, heirs and assigns the right to recover for loss or injury to person or property that may be sustained during or arising out of my child's participation in the Camp program. I forever release and covenant not-to-sue, on my own behalf and on behalf of my child, Pennsylvania College of Health Sciences, IU13, their Trustees, subsidiaries, parents, employees, instructors, volunteers, agents, students, and all others who are involved, from any and all present and future claims resulting from or arising out of my child's participation in this Camp program.

I have read and understand this *Parent Waiver of Liability*. I consent to allow my child to participate in the Healthcare Careers Exploration Camp and I accept all terms and conditions of their participation as set forth above.

Parent/Legal Guardian's name spelled out

Date

Parent/Legal Guardian's signature

Date

Signature of Witness

Date

Waiver must be signed before a child can participate in the Healthcare Careers Exploration Camp

(Please complete reverse side.)