

CRIME SCENE CAMP/MOCK TRIAL 2004 REGISTRATION FORM

TO BE COMPLETED BY PARENT OR GUARDIAN. PLEASE PRINT IN INK OR TYPE ONLY. COMPLETE ALL SECTIONS. This form may be copied for additional registrations. Payment, in full or deposit, must accompany this form. Fax registrations must include credit card payment information. Return to Ohio Northern University as soon as possible.

IMPORTANT - To ensure a timely registration, please complete all information.

Last Name:	First Name:	M.I.
Home Address:		
City, State, Zip:		
Home phone:	Cell Phone:	
Father's/Guardian's name:		
Daytime phone:		
Applicant's social security no. (used as id):		
Email address:		
Applicant's grade next fall (circle one)	10	11 12
Check: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Additional person(other than parent) authorized to pick up child:		

REGISTRATION FEE:

- Resident fee \$439 (**on or before April 18, 2004**) includes room & board, meals, & crime scene/mock trial fees.
- Mail form and payment to: Ohio Northern University, Dr. Dennis De Luca, Dept. of Biological Sciences, Ada OH 45810.

METHOD OF PAYMENT:

Payment, in full or deposit, must accompany the registration form. Fax registration must be accompanied by credit card payment information. Fax to: 419-772-2330 Attention: Dr. Dennis De Luca.

Please check with your local tax expert regarding applicable tax deductions. Receipts are available upon request.

- Enclosed is a check or money order for the amount indicated, payable to Ohio Northern University.
- Charge the fee(s) I have checked to my:
 - Discover MasterCard VISA American Express

Cardholder's name:		
Charge no:		Exp. Date (mo./yr.)

Signature:	
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Credit card charges cannot be processed without signature and expiration date

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We cannot guarantee that friends and family members enrolled will be together at all times during the program. However, if the participant will be attending the program with a friend or family member of the same age, we will do what we can to place them in the same laboratory section. Please provide the name of this person:

How did you hear about the program (i.e. school, visit to ONU, friend, website, newspaper)? _____

T-Shirt size (adult sizes, check one)

x-small (child's large) small medium large X-large 2X-Large

Roommate Preference (for resident participants only. Submit one name only. Roommate must also complete and mail-in a registration form).

RELEASE: (to be completed by parent(s) or guardian(s))

I/we, the undersigned, individually and as parent(s) and/or guardian(s) of _____, a minor, ask that he/she be admitted to participate in the *Crime Scene/Mock Trial Camp* sponsored by the Ohio Northern University. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless The Ohio Northern University, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on and account of any injury or accident involving the said minor arising out of the minor's attendance at the *Crime Scene/Mock Trial Camp*, residence in University housing, or in the course of laboratory and extracurricular activities held in connection with the *CSI/Mock Trial Camp*. Additionally, I/we authorize Ohio Northern University to photograph, videotape, and/or audiotape my/our child in promotion of Ohio Northern University's youth programs.

Mother's/guardian signature

Father's/guardian signature