



# HEALTH CAREERS CLUB

## REGISTRATION FORM 2019-2020

DATE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: (circle) M F ETHNICITY (select one) Hispanic Yes ☐ No ☐

RACE (select all that apply) ☐ American Indian/Alaskan Native ☐ Asian ☐ African-American/Black ☐ Caucasian/White  
☐ Native Hawaiian/Other Pacific Islander ☐ Other

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
COUNTY: \_\_\_\_\_

CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ☐ Check if you agree to receive text reminders of upcoming events.

E-MAIL: \_\_\_\_\_ @ \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ GRADE: 11<sup>th</sup> 12<sup>th</sup> GRAD. YEAR: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Name Email Emergency Number

Parent/Guardian: \_\_\_\_\_  
Name Email Emergency Number

HEALTH CARE PROFESSIONS YOU ARE INTERESTED IN (list 3):  
\_\_\_\_\_  
\_\_\_\_\_

ANY ADDITIONAL INFORMATION (allergies, concerns, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Would you consider yourself "disadvantaged" (Using the definition provided)? Yes \_\_\_\_\_ No \_\_\_\_\_

A 'disadvantaged' individual is one who comes from an environment that has inhibited the individual from obtaining knowledge, skills and abilities required to enroll in and graduate from a health professional training school, or from a program providing education or training in an allied health profession OR a disadvantaged individual comes from a family with an annual income below a level based on low-income thresholds as set by the US government.

Registration costs \$20 and can be paid in cash or check to: *University of Nebraska at Kearney*

CN AHEC staff use only:

☐ Paid ☐ Unpaid

Date Received Payment: \_\_\_\_\_

QUESTIONS??? Contact: [cnahec@unk.edu](mailto:cnahec@unk.edu) or (308) 865-8907.



The following dress code will be strictly enforced. If you have any questions regarding this code, please contact CNAHEC before signing.

- We ask that the student dress in a manner that presents a look of professionalism.
- Students must dress modestly and neatly.
- Please avoid extreme dress, hairstyles and jewelry.
- Wear flat comfortable walking shoes – **no sandals, flip-flops, or open-toed shoes.** You are encouraged to wear clean tennis shoes and socks.
- Do not wear clothing that portrays suggestive or derogatory pictures and messages, including advertising of alcohol, tobacco, etc.
- Clothing should cover all undergarments and midriffs.
- No sleeveless tops/shirts/ blouses.
- Clothing should not be skin tight or revealing.
- The wearing of nose, eyebrow, tongue, lip and body jewelry is prohibited during Health Career Club activities.
- Body tattoos must be covered during Health Career Club activities.
- **During certain activities special dress codes will be enforced, information will be provided for these activities.**

**I understand and agree to abide by the Health Careers Club Dress Code.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Photography/Video Release**

I give permission to Central Nebraska AHEC to use my child's picture or recording for the purpose of promoting the Health Careers Club activities. This may include streaming or sending a recording of the sessions out to participants who cannot attend.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Emergency Contact Release**

I give permission to Central Nebraska AHEC to share my parental emergency contact information with affiliated organizations hosting Health Career Club Activities, such as colleges, public health departments, hospitals/clinics, etc.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



2401 11<sup>th</sup> Avenue  
Bruner Hall of Science Room # 170  
Kearney, NE 68849-1130  
308-865-8907

## **AFFIRMATION AND RELEASE OF LIABILITY**

(Student UNDER 19 years of age)

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, a minor child, hereby acknowledge that I am cognizant of and understand that there are inherent dangers in my child participating in the Central Nebraska AHEC Health Careers Club, which includes, but is not limited to encountering experiences which may be relatively new and may be taxing on my child's senses and also being around an environment that has sick and injured patients.

In consideration of my child being allowed to participate in this program, I hereby assume all risk in connection with any of the above mentioned activities, situations and being present at any of the facilities where Central Nebraska AHEC holds meeting or activities. I hereby give permission for my child to participate in the Central Nebraska AHEC Health Careers Club and I hereby release Central Nebraska AHEC, its administration, board of directors, employees, and agents from any and all liability related to my child's participation in the Central Nebraska AHEC Health Careers Club.

I further state that I am the parent or legal guardian of my child, I am of lawful age, and I am competent to sign this Affirmation and Release of Liability form; that I understand the terms herein are contractual, and not a mere recital; and that I have signed this document as my own free act. I am fully informed of the contents of this Affirmation and Release of Liability, as I have read it before I have signed it.

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Signature of Parent or Legal Guardian

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Date