

PENNSTATE



Penn State Wilkes-Barre  
Northern Tier Center  
and  
YMCA of Bradford County



YMCA  
We build strong kids,  
strong families, strong communities.

Let's Go  
Down Under!

Grades 2-6  
July 13-16  
Monday-Thursday  
8:15am-12:00pm  
J. Andrew Morrow  
Elementary School  
Towanda  
Fee: \$50.00 per child  
Instructor: Abbie Adams



Walk like  
an Egyptian!

Grades 2-6  
July 13-16  
Monday-Thursday  
12:30pm-4:15pm  
J. Andrew Morrow  
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**Let's Go Down Under**

Journey across continents and time to explore art from a different and distant place. In this mixed media class, you will paint, paper mache, draw and much more. Learn how the Australian Aborigines embellished cave walls with hand paintings and x-ray style artwork. Experience the music of the didgeridoo and stories from the Dreaming. Using a variety of materials you will travel to the land down under without even leaving the room.

**Walk Like an Egyptian**

Create colorful paintings, drawings and 3D projects while exploring ancient Egypt. Make a cartouche using your name in hieroglyphics, create a "mummy" mask, build a pyramid and read stories about Egyptian mythology. Become immersed in the culture of ancient Egypt as you make your own great works of art.

Registration Deadline is July 3, 2009. Register early-class size is limited.

For more information contact John Swayze at the Penn State Northern Tier Center, 570-265-2171 ext. 3019 or jos3@psu.edu

<b>REGISTRATION FORM</b>	<b>MEDICAL CONSENT FORM</b>
<p><b>Please register me for:</b></p> <p><input type="checkbox"/> Let's go down under, Grades 2-6 July 13-16, 8:15am-12:00pm</p> <p><input type="checkbox"/> Walk like an Egyptian, Grades 2-6, July 12-16, 12:30pm-4:15pm</p>	<p>IN THE EVENT THAT I AM UNAVAILABLE FOR THE PURPOSES OF PROVIDING PARENTAL CONSENT, I HEREBY AUTHORIZE THAT MEDICAL ATTENTION BE ADMINISTERED TO MY SON/ DAUGHTER,</p>
<p>Child's Name _____</p>	<p>I Understand that the consent and authorization herein granted does not include major surgical procedures and are only valid during 2009 Summer Youth Program. This consent form covers HIPAA compliance.</p>
<p><input type="checkbox"/> M   <input type="checkbox"/> F   <u>Birth Date</u>                      <u>Grade as of 9/09</u></p>	<p>Family Physician _____</p>
<p>Home Address _____</p>	<p>Phone _____</p>
<p>City                                      State                                      Zip</p>	<p>Physical conditions that the physician should be aware of (allergies, recurring illnesses, disabilities, chronic illnesses, current medications, any pre-existing medical conditions) :</p> <p>_____</p>
<p>Name of School                                      School District</p>	<p>Date of most recent tetanus immunization: _____ (Booster shot recommended if more than 10 years have elapsed). List name of neighbor or relative who will assume temporary care of your child if you are not available:</p>
<p>Parents' Names _____</p>	<p>Name _____</p>
<p>Father's Daytime phone and/or cell _____</p>	<p>Phone/cell _____</p>
<p>Mother's Daytime phone and/or cell _____</p>	<p>Parent Signature _____</p>
<p>Child's Social Security Number * _____</p>	<p>Date _____</p>
<p>E-mail address _____</p>	<ul style="list-style-type: none"> <li>• The University does not provide medical insurance for campers, In the event of illness or injury requiring treatment, hospitalization, and/or surgery family medical insurance must be used.</li> <li>• The University strongly recommends that Penn State camp participants be covered by some form of their own medical insurance.</li> <li>• The signature of a parent of guardian granting medical attention, should it be necessary, is required on the application form.</li> <li>• A nurse or EMT will be on duty at all times.</li> </ul>
<p>How did you hear about us?</p>	<p><b>RELEASE FORM</b></p> <p>I, the undersigned, individually and as parent(s) or guardian(s) of a minor, ask that he/she be admitted to participate in the sports camps, day camps, field trips, and transportation sponsored by The Pennsylvania State University. In consideration of such permission, I do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its officers, agents, and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor's attendance at the sports camps, day camps, field trips, and transportation in the course of competition and/or activities held in connection with the sports camps. I give permission for Pennsylvania State University to use my child's photo for publicity purposes.</p>
<p>Fee \$50.00 per child</p> <p><input type="checkbox"/> Check payable to YMCA of Bradford County</p> <p><input type="checkbox"/> Charge my: ( ) Visa   ( ) Mastercard   ( ) Discover</p>	<p>Parent or Guardian (please Print) _____</p>
<p>Credit Card Number                                      Exp. Date</p>	<p>Parent or Guardian signature _____</p>
<p>Signature _____</p>	
<p>Print Name _____</p>	
<p>Complete Registration form and Medical Consent Form, place in envelope and mail to:</p> <p><b>YMCA of Bradford County</b>  <b>9 College Avenue</b>  <b>Towanda, PA 18848</b></p> <p>* The Social Security number (SSN) you provide for enrollment purposes, or when requesting specific services, will be used by the University to verify your identify for official record keeping and reporting. If you choose not to supply your SSN, certain other services may not be available to you, and Penn State cannot guarantee a complete academic record for you. Your SSN will be stored in a central system and only used for official reporting and record keeping. It will not be used as a primary source to identify you within the Penn State system; the PSU ID will be used as the primary identifier.</p>	