



HEALTH SCIENCE AND TECHNOLOGY ACADEMY SUMMER 2017 - STUDENT CONTRACT

Fun with Science, Forensics, Biomed or Senior Component
(Please circle which camp you will attend.)

I, _____, the undersigned student in
_____ County, plan to attend the HSTA Summer Institute at West Virginia University,
Marshall University, Glenville State College or WV State University.

I understand that the staff of the summer program strives to maintain a strong quality program. I understand that I am expected to act appropriately - maintaining good and responsible behavior at all times. I understand and agree to abide by all the HSTA Rules and Regulations, some of which are:

1. I am required to submit all summer forms required of me to my field site coordinator by _____ or I will not be allowed to attend.
2. I will be required to go home if I sustain an injury during the summer program that impacts my mobility.
3. I am required to attend, participate, and be punctual for all classes, workshops, and other scheduled activities.
4. I am required to stay in the assigned residence hall.
5. I will not damage or deface property. If I do deface property, I will assume financial responsibility for the damaged items.
6. I will not consume or possess any form of tobacco or nicotine delivery system, alcoholic beverage, or illegal drug.
7. I will not take other's possessions without the owner's permission (stealing).
8. I will not disrespect or disregard HSTA Staff, Mentors, Administrators, teachers or university faculty.
9. I will not bring weapons of any kind to HSTA Summer Institute at any participating campus.
10. I understand that females are not permitted on the male floors and males are not permitted on the female floors.
11. I agree to follow my school's 'Acceptable Computer/Internet Use' policy as well as the 'WVU Computer/Internet Use' policy for all HSTA activities.
12. I agree to abide by the set HSTA Dress Code.
13. I agree to follow safety guidelines and recommendations from the HSTA Instructor and teachers for all summer activities.
14. I agree I will not be permitted to attend, or leave campus for, other programs or activities not related to HSTA while at the HSTA Summer Institute.
15. I agree to follow all other rules and regulations implemented by HSTA.

I further understand, if I commit any one of the above infractions, I may be sent home immediately and may not be allowed to participate in future HSTA campus programs.

By signing below, I understand that the primary purpose of the summer HSTA program is educational and that I share in the responsibility of achieving the goals of the program. I agree to put forth my best effort at all times.

Student Signature

Date

I have read the above contents and I agree to the aforementioned. In the event my child is dismissed from the campus program, by signing this form, I agree to come to campus immediately to pick him/her up. If I am unable to provide transportation, I give HSTA permission to transport my child home.

Parent/Legal Guardian Signature

Date