

# UNIVERSITY of HOUSTON | TECHNOLOGY

## Center for Life Sciences Technology

### Biotechnology Summer High School Program 2017

Student Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M / F  
(MM/DD/YY)

Home phone: \_\_\_\_\_ email: \_\_\_\_\_  
(Primary form of contact, please print legibly)

High School: \_\_\_\_\_

Class of: \_\_\_\_\_ Grade recently completed: \_\_\_\_\_ Attending Workshop Session: \_\_\_\_\_

I am interested in: (check all that apply)

- Biology
- Chemistry
- Biotechnology
- Biochemistry
- Genetics

When attending college I would like to major in: \_\_\_\_\_

I have considered attending the University of Houston after graduating from high school: Yes / No

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Parent email: \_\_\_\_\_  
(Primary form of contact, please print legibly)

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
 same as above  same as above

**PARENTS/GUARDIANS:** I hereby give my permission for my daughter/son/ward to participate in Biotechnology Summer Workshop. I permit him/her to perform limited scientific experiments under laboratory instructor supervision.

**X** \_\_\_\_\_

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## Center for Life Sciences Technology

I agree that I will carry out laboratory procedures in accordance with the specific safety instruction that I have received before undertaking the procedures. I agree to wear any safety equipment provided by the BTEC Laboratory in accordance with the safety instructions and shall ensure my safety at all times.

Initial \_\_\_\_\_

I acknowledge that I am responsible for my own safety while working in the laboratory. I therefore agree at all times to ensure that I wear all necessary protective equipment and to ensure that all safety instruction is carried out properly.

Initial \_\_\_\_\_

In the unlikely event of an accident, or loss or damage to my personal effects, I acknowledge that the BTEC Laboratory will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the Biotechnology Summer Workshop. I waive all and any claims against the BTEC Laboratory in this respect.

Initial \_\_\_\_\_

I confirm that I do not know of any medical condition that I suffer from which might have the effect of making it more likely that I be involved in an incident which could result in injury to myself or others.

Initial \_\_\_\_\_

Student Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program fee: 325.00      Check / Money Order number: \_\_\_\_\_

Make check payable to University of Houston

Cost covers application fee, registration, tuition, supplies, materials and laboratory manual

*The above signed agree to pay a **NON-REFUNDABLE** fee of 325.00 in the case of non-attendance. In the case of cancellation by the University of Houston College of Technology, the above signed will be notified as soon as possible and a refund issued within 30 business days.*

Please mail completed form with payment to the address below:

Center for Life Sciences Technology  
385 Technology Building  
University of Houston  
Houston, TX 77204