

Hampton University School of Science

YOUNG DOCTORS PROGRAM

Acceptance Form

June 22 – July 23, 2009

To complete your child's acceptance of the 2009 Young Doctors Program, please complete the following form.

Child's Last Name: _____ Childs' DOB: _____

Child's First Name: _____ T-Shirt (adult) Size: _____

Check one of the following:

- We will participate in the Young Doctors summer program at Hampton University from Monday June 22 to Thursday July 23, 2009.
- We have made other plans for the summer and my child will not participate in YDP.

If your child plans to participate in YDP, your child must agree to the following:

- While participating in the Young Doctors Program, I will agree to abide by Hampton University's Code of Conduct and adhere to the Dress Code.
- I understand that a large component of YDP involves group work. While working in groups, I will be respectful towards my group members and make an effort to contribute equally to the group.
- I will be respectful towards all faculty, staff, and students in the program. If I encounter any issues with another student, I will immediately bring the matter to the attention of a YDP staff member for resolution.
- I understand that if I violate any of the above, do not participate in all activities, or become disruptive to the other students in the program, my parents/guardians will be contacted and I may be removed from the program. Further, YDP reserves the right to not issue refunds for tuition in these cases.

By checking the boxes above and signing below, you state that you understand the requirements of the Young Doctors Program.

Student Signature: _____

Date: _____

Parents/guardians, please sign below to indicate that you have discussed this form with the student.

Parent Signature: _____

Date: _____

Parent Name: _____

Primary Phone: _____

Parent Email: _____