



National Institute
on Aging



Participant Application

1. Basic Information

Personal information	
Name <i>Last, First, and Middle</i>	
Permanent Address	
Permanent Home Phone	
Date of Birth <small>(Applicants must be 16 years old by August 1, 2016)</small>	
E-mail	
Education	
Current High School	
Science Courses Taken	
Extracurricular Activities	
Future Career Choices	
Future College/University Choices	

2. Statement of Interest

In the space below, please write a 250 word essay outlining why you are interested in attending S.A.I.L.S.

Your answer should answer the following questions:

Why are you interested in science? What does it mean to “do science”? What do you hope to learn at S.A.I.L.S?

3. Signature Page

I certify that the information submitted with this application is true and complete to the best of my knowledge.

Applicant Signature

Date

I hereby give permission for _____ to submit this application and, if selected, to participate in the 2016 S.A.I.L.S Symposium.

Parent or Guardian Signature

Date



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NIA Pre-Registration
August 2-4, 2016

Participation is limited to students who are age 16 as of 8/1/2016.

Please type

Child's Name <i>(last, first middle)</i>	
School attending:	
Age:	
Grade:	
Please list allergies:	
Special accommodations needed: (allergies, etc.)	
Parent/Guardian Name:	
Work #:	
Cell #:	
Home#:	

Parent/Guardian Signature: _____

For further information, please contact, Arlene Jackson 410-558-8121.

Please return completed form by **Friday, June 17, 2016** to:



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School Verification Form

Student Name: _____

Name of School: _____

I certify that the above named student is currently enrolled in a:

High School

Home Schooled

Date: _____

Name: _____
Signature of School Official Title of School Official

Telephone Number: (_____) _____ - _____

MUST HAVE A SCHOOL SEAL TO BE VALID
Seal may be raised or stamped

**** Visit Your School Counselor's Office to Complete This Form ****



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NIA IRP SUMMER INTERN SAFETY CONTRACT

I, _____, do hereby agree to follow all safety rules and procedures given therein. I will conduct myself in a safe and conscientious manner in the laboratory. I will not perform any unauthorized lab procedure. I realize that I must obey these rules to insure my own safety, and that of NIA IRP employees. I will cooperate to the fullest extent with the Safety Office to maintain a safe science lab environment.

Student Signature: _____

Date: _____

If summer intern is younger than 18 years of age, this section must be completed.

PARENT/GUARDIAN CONTRACT

I, _____, parent (or guardian) of _____, understand the importance of safety in the science laboratory and have discussed this with my child. I will instruct my son or daughter to uphold his or her agreement to follow these rules and procedures in the laboratory.

I also understand that students who attend SAILS are responsible not only for their own safety, but also for the safety of those working around them in the laboratory.

Parent/Guardian Signature: _____

Date: _____



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AUTHORIZATION FOR TREATMENT OF A MINOR

National Institutes of
Health (NIH)
Bethesda, Maryland 20892

I hereby authorize the Occupational Medical Service at the National Institutes of Health to give _____ (name of son, daughter, legal dependent) with his or her consent a pre placement medical evaluation, provide any routine tests which are generally recognized as safe (e.g. tuberculosis skin test, blood analysis), any work-related immunizations which may be indicated and offer out-patient treatment of minor injuries. I understand that if my child has a serious condition or requires long-term treatment or hospitalization, I shall be notified so that arrangements may be made to refer him or her to our private physician or clinic for further care.

Signature: _____ Date: _____
Parent or Legal Guardian)

Printed Name: _____ (Parent or Legal Guardian)

Address: _____

Telephone: (Home) _____ (Cell) _____

Minor's Name: _____ Minor's SSN (Last 4 digits only): _____



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Emergency Contact Form

Student Name: _____

Who should we contact in case of an emergency?

Name: _____

Address: _____

City/State/Zip: _____

Phone Number(s): _____ (home)

_____ (work)

_____ (cell)

In case of an emergency we will first contact the individual above. Is there anyone else you would like for us to contact?

Name: _____

Address: _____

City/State/Zip: _____

Phone Number(s): _____ (home)

_____ (work)

_____ (cell)