



SEMI High Tech U Application & Consent Form

HTU Dates: _____

CONTACT INFORMATION: Please complete the following (print carefully)

Student Name (Last)	(First)	<input type="checkbox"/> Female	Age	Grade in School
		<input type="checkbox"/> Male		9 10 11 12
Home Address		Expected Graduation Date		
City/State/Zip		Preferred Name for Badge		
Home Phone		High School		
Cell Phone		Ethnicity		
Student Email				

Parent/Guardian Name	Parent/Guardian Daytime Phone
Parent/Guardian Email	Parent/Guardian Cell Phone

REFERENCES: People you have worked for, school counselors or teachers, adults not related to you who will speak for you.

Name	Phone
Name	Phone

In order to be considered for the SEMI High Tech U program, please:

- **Answer** the short questions below; limit responses to one paragraph. You can attach your answers on a separate document if needed.
- **Submit** your resume with your application.

Note: Due to the limited number of slots available, it is possible that some students may not be accepted.

Describe your extracurricular activities (sports, clubs, youth groups, etc.):

Describe your interest in high tech and your reasons for applying to this program:



MEDICAL EMERGENCY RELEASE AGREEMENT: The SEMI Foundation cannot authorize Medical treatment, if needed, unless this form is completed and signed.

List known allergies or other medical/health risks or special needs: _____

List any special dietary needs (i.e. vegetarian, diabetic) _____

The undersigned hereby gives permission for representatives of the SEMI Foundation and the program sponsors to authorize emergency medical treatment as may be deemed necessary, while participating in SEMI High Tech U.

Student Name	Parent/Guardian Name
Insurance Company	Insurance Policy Number

VIDEO, PHOTOGRAPHY AND STUDENT COMMENT RELEASE AGREEMENT:

This will confirm that I (student), _____ have agreed to release all said rights to any photography or video taken in connection with SEMI High Tech U. I understand that in proceeding with said photography or video the producer will do so in full reliance on the foregoing permission. I also release all said rights to any comments or quotes, which may be used in connection with corporate newsletters, industry publication, newspapers.

I expressly agree to release SEMI, its members and agents, of any and all claims which I have or may have for invasion of privacy, defamation, or any other causes of action arising out of production, distribution, broadcast, exhibition or any other use whatsoever of photography, video or comments from students.

RELEASE AGREEMENT:

In consideration of allowing my student to participate in this program, I (parent or legal guardian), _____, give my permission for (student) _____, to participate in SEMI High Tech U. I give permission to SEMI and the program sponsors to act on my behalf in the event of a medical emergency. I hereby release, waive, and agree not to assert any claim of any sort, including claims, losses, or damages on account of any injury, death or damage to property, against the SEMI Foundation, or any of its members, partners, member firms, sponsors, advertisers, owners and lessees of any premises, or volunteers participating in this event relating to any accident, event or mishap that occurs in connection with my/my student's participation in the event.

AGREEMENT TO PARTICIPATE:

It is understood that if a student agrees to attend the SEMI High Tech U program, they will:

- Attend all three days willingly,
- Agree to demonstrate the desired behaviors, and
- Participate fully in all of the activities.

___ **Yes!** I agree to display the desired behaviors and to participate fully in all the activities.

___ **No,** I cannot agree to the above listed requirements.

My signature indicates my agreement with the conditions listed above.

Student Signature:	Date:
Parent/Guardian Signature (if Student is under 18):	Date:

Please submit this application to your teacher.

If you have any questions, contact xaxiri.pineda@domail.maricopa.edu or call 480-731-8050.