



SEMI High Tech U Application & Consent Form

CONTACT INFORMATION: Please complete the following (print carefully)

Student Name (Last) (First)	<input type="checkbox"/> Female <input type="checkbox"/> Male	Age	Birthday (mm/dd/yr)
Home Address	Home Phone		
City/State/Zip	Cell Phone		
Preferred Name for Badge	Student Email		
High School	District		
Ethnicity	Grade in School 9 10 11 12	Expected Graduation Date	
Grade Point(GPA)	How did you hear about HTU?		

Parent/Guardian Name	Emergency Phone Number
Parent/Guardian Email	

REFERENCES: Employers, school counselors or teachers, adults not related to 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:

Mail, fax or email application to SEMI Foundation at 3081 Zanker Rd. San Jose, CA 95134 • semifoundation@semi.org, PH: 408.943.7860 • FAX 408.943.6952