

ENERGY & OILFIELD

Career Summer Experience

August 5 - 9, 2024

For Grades 9 - 12

Host site
LACKAWANNA COLLEGE
Tunkhannock, PA

FOR MORE INFORMATION CONTACT

Megan Walker
at 570-278-5038 or
mwalker@ntiec.com

NORTHERN TIER INDUSTRY & EDUCATION CONSORTIUM

NTIEC

NORTHERN TIER **NTIEC** INDUSTRY & EDUCATION CONSORTIUM

ENERGY & OILFIELD CAREER SUMMER EXPERIENCE PROGRAM

August 5-9, 2024 – 9:00 am – 3:00 pm

PLEASE PRINT CLEARLY

Student Name: _____

Date of Birth: _____ Male/Female: _____

Address (Street, City, Zip Code): _____

Primary Phone: _____ Student Cell Phone: _____

E-mail: _____

School: _____ Entering Grade: 9 / 10 / 11 / 12 / New Grad
(Circle one)

PROGRAM HIGHLIGHTS:

Have you ever wondered what it would be like to work in the natural gas industry as a lease operator, field technician, operations technician, engineer, etc? Well look no further... this summer's career experience program was designed with you in mind!

Participants will spend five days learning about the various careers available in the natural gas industry through Coterra, Williams, Lackawanna College School of Petroleum and Natural Gas and other leading energy entities. Students will learn about the health & safety aspects, technology utilized and make contacts with professionals in the industry.

**Please use the area below to describe why you are interested in participating in this program.
(Additional room on the back)**

PERMISSION

I, the parent or guardian of _____, give permission for the named participant to attend the **Energy & Oilfield Career Summer Experience Program** on August 5-9, 2024. I understand the participant is responsible for securing transportation to and from the program. NTIEC will provide transportation for all field trips along with daily lunch and snacks.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

EMERGENCY CONTACT

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Number: _____

Please return completed application to NTIEC as soon as possible via fax or e-mail to mwalker@ntiec.com to guarantee a spot as space is limited to 15 participants!

Make check payable to NTIEC for \$50.00 and send to address on page 1 by July 21, 2024.

NTIEC Educational Advisor Name: Colin Furneaux

NTIEC Educational Advisor Signature: _____ **Date:** _____
(Certified Teacher)

NORTHERN TIER **NTIEC** INDUSTRY & EDUCATION CONSORTIUM

MEDICAL PROFILE AND RELEASE

Student Health

Student Name: _____

Date of Birth: _____ Male/Female: _____

Address (Street, City, Zip Code): _____

Home Phone: _____ Student Cell Phone: _____

MEDICAL PROFILE

The following information is requested so that we can insure the health and safety of the student.

List any medical conditions which the student is currently being treated for.

Check any of the following that cause the student problems and explain.

____ Asthma ____ Sinusitis ____ Bronchitis ____ Kidney Trouble ____ Hay Fever
____ Heart Trouble ____ Diabetes ____ Dizziness ____ Upset Stomach

List any medicines and/or substances to which the student is allergic.

List any food allergies, special diets/ needs (lunches and snacks provided for certain programs).

Fully Vaccinated for COVID: ____ Yes ____ No

Vaccinated for Flu: ____ Yes ____ No

If an injury/illness occurs during a program, what hospital do you prefer your son/daughter to be taken to: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Phone: _____

Subscriber Name: _____ Phone: _____

MEDICATION ADMINISTRATION

I agree that my son/daughter shall bring medications which he/she is currently taking with him/her to the sponsored program, and that he/she shall consume the prescribed dosage for such medications. **NTIEC staff are not permitted to administer or supply any type of medication at any sponsored program.**

List Medications currently being taken by student *(if any)*.

MEDICAL RELEASE

I, on my own behalf and/or on behalf of the Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death). In the event of such illness or injury, I authorize **NTIEC program staff** to obtain necessary medical treatment of the minor and hereby, on my own behalf and on behalf of the Minor, release and hold harmless releases in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the program.

Student Name: _____

Address: _____

Signature: _____ Date: _____

If subject is a minor or lacks capacity, a parent or personal (legal) representative must sign.

Witness signature: _____ Date: _____