

NORTHERN TIER **NTIEC** INDUSTRY & EDUCATION CONSORTIUM

ENERGY & OILFIELD CAREER SUMMER EXPERIENCE PROGRAM

August 6-8, 2019 – 9:00 am – 3:00 pm

PLEASE PRINT CLEARLY

Student Name: _____

Date of Birth: _____ Male/Female: _____

Address (Street, City, Zip Code): _____

Home Phone: _____ Student Cell Phone: _____

E-mail: _____

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

PROGRAM HIGHLIGHTS:

Participants will spend two days (Tuesday, 8/6 and Thursday, 8/8) at the Lackawanna College School of Petroleum and Natural Gas – 2390 SR 848, New Milford, PA 18834. On Wednesday, 8/7 participants will spend the day exploring gas operations in the local area. Lunch and snacks will be provided to all participants every day. Transportation for the field trip will be provided also.

What energy or oilfield career track are you most interested in? (Circle the number)

1. **Technology** – for students interested in seeking a position focusing on the production of petroleum and natural gas (lease operators, field technicians, operations technicians, etc.)
2. **Business Administration** – for students who are interested in seeking an administrative, accounting, marketing or financial position with in the oil & gas 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 6-8, 2019. 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 dtierney@ntiec.com to guarantee a spot as space is limited!

Make check payable to NTIEC for \$50.00 to the following address by June 15, 2019

Contact Deb Tierney with any questions.

NORTHERN TIER 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 or needs (as we provide lunches and snacks).

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PERMISSION AND RELEASE

Promotional/Educational Material

I _____ understand that Northern Tier Industry & Education Consortium (NTIEC) is creating promotional and educational material about career awareness and preparedness and I would like to participate. In consideration of that opportunity, I hereby authorize NTIEC to make photographs, films or other images or depictions of me and to record my voice or my words, and to use the resulting materials (the "Materials") for any purpose, in any format, with any alterations, at any time. I understand that I have the right to ask NTIEC to stop the production of any photographs, films or other images. I also understand that I have the right to cancel this Permission before the photograph, film or other image is used.

I agree that NTIEC will be the sole owner of the Materials and all rights in them, and NTIEC does not have to obtain my approval for use of the Materials at any time. I agree that I have no rights whatsoever in the Materials.

I agree never to make any claims against NTIEC for creating, using, or not using the Materials and therefore release and forever discharge NTIEC, its officers, directors, employees, agents, contractors and insurers from any claim, suit, demand or action arising from the creation or use of the Materials.

I intend this to be a legally binding document. I understand what this paper says, and if I had any questions, they have been answered.

Name: _____

Address: _____

Signature: _____ Date: _____

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

Witness signature: _____ Date: _____

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: _____