



# SCRUBS CAMP APPLICATION



**CAMP DATES:** AUGUST 9 – 11, 2022

**LOCATION:** RIVERVIEW HEALTH | 323 SOUTH MINNESOTA STREET | CROOKSTON, MN

**APPLICATION DEADLINE:** JUNE 17, 2022 (must be received, not postmarked by this date)

**RETURN COMPLETED APPLICATION TO:**

Stacey Bruggeman  
RiverView Health  
323 South Minnesota Street  
Crookston, MN 56716  
Email: sbruggeman@riverviewhealth.org

**FOR MORE INFORMATION, CONTACT:**

Stacey Bruggeman  
218.281.9440  
  
Email: sbruggeman@riverviewhealth.org

### STUDENT INFORMATION

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ GENDER  Male  Female GRADE YOU WILL ENTER IN THE FALL OF 2022  11  12

NAME OF SCHOOL PRESENTLY ATTENDING \_\_\_\_\_ GPA \_\_\_\_\_

EACH CAMPER WILL RECEIVE A T-SHIRT AND A SET OF SCRUBS TO WEAR DURING THE CAMP. PLEASE INDICATE SIZES FOR EACH BELOW.

**SHIRT**

SMALL  MEDIUM  LARGE  X-LARGE  XX-LARGE

**PANTS**

SMALL  MEDIUM  LARGE  X-LARGE  XX-LARGE

### PARENT INFORMATION

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_



## YOUR INTERESTS

### WHY ARE YOU INTERESTED IN A HEALTHCARE CAREER? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Family member is healthcare professional                       | <input type="checkbox"/> Inspired by a personal experience with healthcare or illness |
| <input type="checkbox"/> Someone I admire is a healthcare professional                  | <input type="checkbox"/> Inspired by a teacher or guidance counselor                  |
| <input type="checkbox"/> Inspired by a TV program, movie or book<br>(please name _____) | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Inspired by a particular class<br>(please name _____)          | _____   |

### WHAT DO YOU PLAN TO DO AFTER HIGH SCHOOL?

- |   |  |
|---|--|
| <input type="checkbox"/> Get a job                            | <input type="checkbox"/> Undecided, need help figuring out how to make my career interests a reality |
| <input type="checkbox"/> Go to a 2 year college               | <input type="checkbox"/> Enlist in the Armed Forces  |
| <input type="checkbox"/> Go to a 4 year college or university |  |

### CHECK THE HEALTHCARE CAREERS YOU WOULD ESPECIALLY LIKE TO KNOW MORE ABOUT

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Dietician                 | <input type="checkbox"/> Nurse Practitioner     | <input type="checkbox"/> Physician            | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Health Administrator      | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Physician Assistant  | <input type="checkbox"/> Social Worker         |
| <input type="checkbox"/> Lab Tech/Med Technologist | <input type="checkbox"/> Pharmacist             | <input type="checkbox"/> Radiology Technician | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Nurse                     | <input type="checkbox"/> Physical Therapist     | <input type="checkbox"/> Speech Therapist     |  |

### WHAT DO YOU WANT TO GET OUT OF RIVERVIEW HEALTH'S SCRUB CAMP?

- More information about a specific career (please name) \_\_\_\_\_
- Information about different types of health careers
- How to prepare for pursuing a healthcare career
- Help deciding what I want to do
- Chance to meet people with similar interests
- Chance to make contacts for the future
- An "edge" when applying for jobs, schools, or volunteer activities
- Hands on experience
- Exposure to the hospital environment
- Fun!
- Other \_\_\_\_\_

## PERMISSIONS AND SIGNATURES

### To be completed by APPLICANT:

I certify that the information given in this application is true and correct.

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

### To be completed by PARENT or GUARDIAN:

I give permission for \_\_\_\_\_ to participate in the 2022 Scrubs Camp at RiverView Health to be held August 9 – 11, 2022.

\_\_\_\_\_  
Printed name of parent or guardian

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date



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**CODE OF CONDUCT AGREEMENT**

Scrubs camp is designed to be an educational function, and all plans are made with that objective. We want every attendee to have an enjoyable experience with every attention paid to education, safety and comfort. In order that everyone may receive the maximum benefits from participation, the Code of Conduct must be followed at all times.

1. My conduct shall be exemplary at all times while at Scrubs Camp.
2. I will, at all times, respect all public and private property, including the facility where I attend Scrubs Camp.
3. I will, at all times, respect all individuals (other students and adults) while in attendance at Scrubs Camp.
4. I will not use profanity of any kind while in attendance at Scrubs Camp.
5. I will wear my Scrubs Camp identification badge at all times while at Scrubs Camp.
6. I will attend, and be on time, for all Scrubs Camp sessions and activities.
7. Cell phones must be kept on silent, vibrate, or turned off during camp hours. Texting and calls are allowed only during breaks.
8. I will not use alcoholic beverages, tobacco products, or illicit drugs of any kind while in attendance at Scrubs Camp.
9. Students are responsible for their own belongings and must make sure when they leave an area they have all of their things with them.
10. RiverView Health staff must be notified immediately in case of emergency or injury.

RiverView Health reserves the right to expel a student for any behavior that does not comply with the Code of Conduct. These policies are for the protection of camp attendees and our staff.

**CONSENT TO USE PICTURES OR VIDEOTAPES & EVALUATION**

I understand that RiverView Health produces and releases a variety of promotional materials including brochures, photographs, and videotapes.

I hereby grant to RiverView Health nonexclusive permission to use photographs or videotapes of my child taken while participating.

I understand this consent includes permission for use of such materials in publications of this program, its collaborators, or by outside publishers (operating under contract with or under assignments or licenses from RiverView Health). I further understand that such materials will be used solely in relationship to the program, they may be used, distributed, or seen on a local basis and that I am relinquishing all monetary claims associated with such use.

Your signature below authorizes RiverView Health to maintain and reference the application information periodically to evaluate the effectiveness of the Scrubs Camp. Students participating in the Scrubs Camp may be contacted in the future for evaluation purposes.

**PARENT/GUARDIAN AGREEMENT OF WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE****Acknowledgement and Assumption of Risk**

The undersigned parent and/or legal guardian does hereby acknowledge that he/she is aware of the dangers and risks to the participant's person and property involved in participating in Scrubs Camp at RiverView Health to be held August 9-11, 2022.

The undersigned parent and/or legal guardian and participant understand that this activity involves certain risks for physical injury to the participant (walking/running, riding in a vehicle, dissecting, etc.). We also understand that there are potential risks which may presently be unknown. Because of the dangers of participating in this activity, the undersigned parent and/or legal guardian and participant recognize the importance and the participant agrees to fully comply with the applicable laws, policies, rules and regulations, and any supervisor's instructions regarding participation in this activity.

The undersigned parent and/or legal guardian and participant understand that RiverView Health does not insure participants in the above-described activity, that any coverage would be through personal insurance, and RiverView Health has no responsibility or liability for injury resulting from this activity.

**The undersigned parent and/or legal guardian acknowledges that the participant voluntarily elects to participate in this activity with knowledge of the danger involved, and hereby agrees to accept and assume any and all risks of property damage, personal injury, or death.**

**Waiver of Liability and Indemnification**

In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, the participant, his/her personal representatives, heirs, next of kin, successors, and assigns, the undersigned parent and/or legal guardian forever:

1. **waives, releases, and discharges RiverView Health** and its agencies, officers, partners, and employees from any and all liability for the participant's death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to the participant, and the participant's estate as a direct or indirect result of participation in the activity or event; and
2. **agree to defend, indemnify, or hold harmless RiverView Health**, its agencies, officers, partners, and employees, from and against any and all claims of any nature including all costs, expenses and attorneys' fees, which in any manner result from participant's actions during this activity or event.

Consent is given for the participant to receive medical treatment, which may be deemed advisable in the event of an injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned parent and/or legal guardian, affirm that I am freely signing this agreement. **I have read this form and fully understand that by signing this form I am giving up legal rights** and/or remedies which may otherwise be available to myself, the minor participant regarding any losses the participant may sustain as a result of participation in the activity. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Name of student/participant (please print) \_\_\_\_\_ Age of minor \_\_\_\_\_

Name of parent/guardian (please print) \_\_\_\_\_

Student signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_