

2009 Animal Science Overnight Registration Form

This registration must be postmarked by November 11, 2009. Return to Dr. Brett White; Animal Science Department; PO Box 830908; University of Nebraska-Lincoln; Lincoln, NE 68583-0908 or fax to (402) 472-6362

Name _____

Address _____

Phone number _____

E-mail _____

Medical allergies/medications _____

Will you be leaving a car? _____

Area of Interest in Animal Science (you may circle more than one)

Pre-Veterinary

Meats

Companion Animal

Production/Management

Business

Animal Biology

Equine Science

Gender Female Male

Emergency Contact Information

Name _____

Address _____

Phone number _____

Relationship _____

By signing this form, I agree to allow my son/daughter to participate in the Animal Science Overnight. I release the University of Nebraska-Lincoln and the Animal Science Department from any liability during this time. In the event of illness or injury, I consent to treatment for my son/daughter by University Health Center staff or referring staff.

Signature of parent or guardian

Date

By signing this form I agree to release the University of Nebraska-Lincoln and the Animal Science Department from any liability during my stay at the University. I agree to participate in the Animal Science Overnight and follow the University Code of Conduct as will be outlined for me by my host.

Signature of student

Date