



International Relations Summer Institute Registration Form

Participant Information

First Name	Middle Name	Last Name
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Date of Birth (Month/Day/Year)	Email Address
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Preferred Telephone Number	Alternate Telephone Number
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High School Name	Grade (Fall 2019)
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Preferred Mailing Address	Address Line 2
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City	State/Province	Postal/Zip Code	Country
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Parent/Guardian Information

First Name	Middle Name	Last Name
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Relationship to Participant	Email Address
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Preferred Telephone Number	Alternate Telephone Number
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Emergency Contact Information

First Name	Middle Name	Last Name
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Relationship to Participant	Email Address
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Preferred Telephone Number	Alternate Telephone Number
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Medical Information

Does the participant have any allergies, chronic illnesses, or medical conditions? Yes No

If yes, please describe:

Primary Insurance Company Name	Member ID Number
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Policy Holder First Name	Middle Name	Last Name
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Additional Policy/Plan Number

Parent or Guardian Name (Print)	Parent or Guardian Signature
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Date

Please Note:

Should you require special accommodation to participate in any events taking place on campus due to a disability, please contact Associate Dean Ursula Sanjamino at (973) 313-6210 or IRSummerInstitute@shu.edu.