

WPI Teen Venture Clinic - Confidential Registration Form
Monday, June 21 to Friday, June 25 2010 at Worcester Polytechnic Institute
Contact: Gina M. Betti at 508-831-5761 or gbeti@wpi.edu.
(Note: you may write beyond box borders)

Student Information

Name: _____

Day (\$495) _____ Overnight (Out of state residents and long distance only) (\$695) _____

Address, City, State, Zip: _____

Home Telephone: _____

Cell Number: _____

Email: _____

High School: _____

Parent or Guardian Information

Parent or Guardian One: _____

Home Telephone: _____

Cell Number: _____

Work Number: _____

Parent or Guardian Two: _____

Home Telephone - Skip if Same: _____

Cell Number: _____

Work Number: _____

Emergency Information

Emergency Contact One: _____

Telephone Number: _____

Emergency Contact Two: _____

Telephone Number: _____

Preferred Doctor: _____

Doctor Telephone Number: _____

Preferred Hospital:

☐ UMass Memorial Medical Center at Lake Avenue

☐ Saint Vincent Hospital at Worcester Medical Center

☐ Specify Other: _____

Dietary Restrictions, if none, enter none _____

Allergies, if none, enter none: _____

Medical Alerts, if none, enter none: _____

Accommodations: ☐ Accessibility ☐ Visual ☐ Hearing

Use back to describe how we can help accommodate other needs if needed.

Please mail this form with check (call 508-831-5761 for credit card transaction) to:
Gina Betti, WPI Teen Ventures, 100 Institute Road, Worcester, MA 01609-2280