

# **SUNY Model European Union 2010**

## **STUDENT/FACULTY ADVISOR REGISTRATION FORM**

**Registration Deadline November 15, 2009**

**PLEASE PRINT THIS FORM FOR YOUR FACULTY ADVISOR. THE CONFERENCE FEE IS \$125.00.  
STUDENTS CAN PAY WITH A CREDIT CARD VIA FAX(MASTERCARD OR VISA) OR MAIL IN A CHECK.  
MAKE CHECKS PAYABLE TO SUNY MODEL EU-CAS  
C/O CHRISTINE WALDO-KLINGER  
CONFERENCE SERVICES  
SUNY NEW PALTZ  
1 HAWK DRIVE-HAB 63  
NEW PALTZ, NY 12561  
FAX: (845) 257-3036**

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YOUR LAST NAME: \_\_\_\_\_

YOUR FIRST NAME: \_\_\_\_\_

GENDER:

MALE

FEMALE

HOME ADDRESS:

Street: \_\_\_\_\_

City/State/Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

COUNTRY OF RESIDENCE: \_\_\_\_\_

U.S. CITIZEN:

YES

NO

UNIVERSITY YOU ATTEND: \_\_\_\_\_

Are you coming alone, or with a delegation from that university? \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**REGISTRATION INFORMATION:**

**UPON RECEIPT OF PAYMENT, STUDENTS WILL BE ASSIGNED ALTER EGOS IN THE MODEL EU SIMULATION AND RELEVANT COUNTRY DELEGATION INFORMATION.**

Conference Fee: \$125 for SUNY MEU (includes materials, 2 lunches, and opening and closing banquets, student mixer)

Please indicate if you require a vegetarian dinner option YES/NO

**Lodging:**

\$40 per student, per night in a triple (one double bed, one single bed) x 3 or 4 nights, (depending on arrival date) at Jury's Inn in Limerick. Please indicate name of preferred roommate(s) as well, or if you would like us to find you a same sex roommate from another school. Breakfast is included at the Hotel with the room rate.

Total Registration fees due: \$ 125.00  
Lodging (\$40 x 3 or 4 nights) \_\_\_\_\_  
(\$80 a night for faculty single)  
Total Charge (lodging + registration)\_\_\_\_\_

Credit card information: Visa or Mastercard  
# \_\_\_\_\_  
Exp Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

Roommate Preference: \_\_\_\_\_

Arrivals from U.S. and rest of Europe:

Arrival Date/Time and Carrier and Flight Number into Shannon Airport, Limerick:

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3 Credit Irish Study Mission participants:

US students have the opportunity to participate in an additional study tour of Ireland following the Model EU conference in Limerick, departing from Limerick on Sunday January 10 and returning to the US (from Dublin) on January 18. Study tour

participants should indicate here that they are registering for both the Model EU AND SUNY New Paltz study mission.

Yes I am also registering for the New Paltz Study Mission and have filled out the required study abroad forms with the New Paltz Office Of International Programs.

### **MEDICAL HISTORY**

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### **MEDICAL INFORMATION**

1) LIST ALL KNOWN ALLERGIES: \_\_\_\_\_

Are You Allergic To Any Medications?

Yes

No

If So, Please List: \_\_\_\_\_

2) List All Medications Participant Will Be Taking During Stay:

3) Does Participant Administer His/Her Own Medication: [\*If No: Attach Full Instructions As To The Time And Dosage Of Each.]

Yes

No

4) Does Participant Have Special Dietary Requirements: [\*If yes: Explain Below]

Yes

No

### Medical Agreement

I HEREBY AUTHORIZE THE MEDICAL SUPPORT STAFF OF THE STATE UNIVERSITY OF NEW YORK OR ANY EMERGENCY FACILITY TO ACT FOR ME ACCORDING TO THEIR BEST JUDGMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION.

I SPECIFICALLY UNDERSTAND THAT IEUSS, SUNYMEU AND THE STATE UNIVERSITY OF NEW YORK DO NOT PROVIDE ANY HEALTH INSURANCE COVERAGE FOR ME WHILE ENGAGING IN ANY EVENT ACTIVITY, OR PERFORMANCE.

I AM IN GOOD HEALTH AND ABLE TO UNDERTAKE THE EVENT, ACTIVITY, OR PERFORMANCE THAT I HAVE ELECTED TO PARTICIPATE IN FOR SUNYMEU.

I ACCEPT FULL RESPONSIBILITY FOR PAYING MEDICAL EXPENSES THROUGHOUT MY PARTICIPATION.

I HEREBY CONSENT TO FIRST AID, EMERGENCY MEDICAL CARE AND, IF NECESSARY, ADMISSION TO AN ACCREDITED HOSPITAL WHEN NECESSARY FOR EXECUTING SUCH CARE FOR TREATMENT FOR INJURIES I MAY SUSTAIN WHILE PARTICIPATING IN ANY EVENT, ACTIVITY, OR PERFORMANCE ASSOCIATED WITH SUNYMEU, INCLUDING TRAVEL.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Birth date of Participant: \_\_\_\_\_

If the participant has not yet attained the age of 18 years, both parents (or legal guardians) of the above signed participant must also sign and date this form.

Signature of Participant's Father or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Participant's Mother or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### **MEDICAL INFORMATION FORM**

Participant's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: (Circle One) [Male] [Female]

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

#### **Medical and Emergency Contacts**

*Please provide contact names and numbers of two people. Name & address of person to contact in case of emergency: (should be the same as one from above)*

##### **Emergency Contact #1**

Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Evening (or cell) Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

##### **Emergency Contact #2**

Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Evening (or cell) Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of Medical Insurance Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy / I.D. #: \_\_\_\_\_

### **Agreement To Indemnify And Save Harmless**

BY SIGNING BELOW, I AGREE TO INDEMNIFY AND SAVE HARMLESS THE STATE OF NEW YORK, THE STATE UNIVERSITY OF NEW YORK, THE INSTITUTE FOR EUROPEAN UNION STUDIES AT SUNY (IEUSS), THE SUNY MODEL EUROPEAN UNION (SUNYMEU), AND ALL OF THE OFFICERS, EMPLOYEES OR ASSOCIATES PARTICIPATING IN THE SIMULATION FROM ANY AND ALL CLAIMS, DEMANDS, SUITS, JUDGEMENTS, COSTS, EXPENSES, ACTIONS, AND CAUSES OF ACTION FOR PERSONAL INJURY OR INJURIES, DEATH OR LOSS OR DAMAGE(S) TO PROPERTY SUSTAINED BY THE UNDERSIGNED PARTICIPANT IN THE SUNYMEU 2010 PROGRAM, SPONSORED BY THE STATE UNIVERSITY OF NEW YORK, IEUSS, AND THE UNIVERSITY OF LIMERICK OR ARISING OUT OF ANY TRAVEL TO OR FROM, AND/OR THE CAMPUS AND/OR THE PREMISES, OF THE STATE UNIVERSITY OF NEW YORK AT NEW PALTZ, WITH PARTICULAR RESPECT TO THE SUNYMEU 2010 PROGRAM, SPONSORED BY THE STATE UNIVERSITY OF NEW YORK, IEUSS, SUNYMEU, AND RELATED ORGANIZATIONS.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Birth Date of Participant: \_\_\_\_\_