



## **Forensics World Enterprises, Inc. C.S.I. Summer Academy Welcome Package**

Welcome to the Forensics World Enterprises, Inc. (FWE), C.S.I. Summer Academy (CSISA). Your child is about to embark on a wonderful journey that will teach and expose them to the world of forensics science and crime scene investigations in a fun and exciting way. Your child will develop a variety of forensics science and crime scene investigation skills as they interact with our highly qualified staff of law enforcement officials, forensics scientists, and educators.

### **Registration Completion Process**

Completion of the following 4 forms is the second step in completing the registration process:

- Participant Information Form
- C.S.I. Summer Camp Release, Waiver and Consent Form
- Medical Information & Release Form
- Permission to Videotape, Audiotape and Use of Likeness Form

Prior to August 4<sup>th</sup>, 2008, please fully complete these forms with the required signatures, and return your package via mail to:

Forensics World Enterprises, Inc.  
34 E. Main Street #370  
Smithtown, NY 11787

If you have any questions please feel free to contact us via email at [forensicsworld@aol.com](mailto:forensicsworld@aol.com) or call Dr. Michael Kennedy, Ph.D. at 631.708.6040.

### **Drop Off and Pick Up Procedures**

Please drop off your child NO LATER than 1:00 pm each day and pick up your child NO LATER than 4:00 pm each day at the Smithtown Elks Lodge located at 120 Edgewood Avenue, Smithtown, NY.

### **Student Participant Supply List**

Below is a list of items that each student participant should bring to the CSISA each day:

- Back Pack (with name on it to bring home daily lessons, prizes, etc.)
- Sun Block
- Hat
- Closed Shoes/Sneakers (No Flip-Flops)
- Daily snack and drink

## Participant Information Form

### Student Information

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
Gender: (Male) \_\_\_\_\_ (Female) \_\_\_\_\_  
Age as of 8/4/08 \_\_\_\_\_ years old  
Date of Birth: \_\_\_\_\_

### Parent/Guardian Information

Student Lives with:  Both Parents  Mother  Father  Guardian

*Mother/Guardian*

*Father/Guardian*

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Home Address:

Home Address: (only if different from m\*other)

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

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

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

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

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

Tele: (Home) \_\_\_\_\_

Tele: (Home) \_\_\_\_\_

(Bus) \_\_\_\_\_

(Bus) \_\_\_\_\_

(Cell) \_\_\_\_\_

(Cell) \_\_\_\_\_

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

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

### Emergency Contact Information (if those listed above cannot be reached):

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Tele: (Home) \_\_\_\_\_

(Bus) \_\_\_\_\_

(Cell) \_\_\_\_\_



## C.S.I. Summer Academy Release, Waiver and Consent Form

Please Read and Sign Below

I(We) am(are) the parent(s)/legal guardian(s) of \_\_\_\_\_,  
who is, with my(our) permission, a "Participant" in the Forensics World Enterprises, Inc.  
(FWE), C.S.I. Summer Academy (CSISA), August 4<sup>th</sup> through August 8<sup>th</sup>, 2008.

I/We the undersigned, hereby waive, release, absolve, forever discharge, and agree to hold harmless FWE, its officers, directors, management, staff, agents, representatives, employees, and persons involved in the operation, organization, sponsorship, supervision or participation of these activities and programs (collectively "FWE"), for, from, and against any and all liability, claims, demands, losses, suits, judgments or causes of action of any and every nature arising out of, or in connection with, the aforementioned CSISA that may be available to the Participant, his/her parents and/or legal guardians, heirs, executors, administrators, or assignees against FWE, because of or arising from any death, personal injury, accident or illness regarding the participant, or because of any loss or damage to property that occurs, results or arises in any way out of or in connection with the Participant's participation in such programs and activities at the FWE CSISA.

This agreement cannot be changed or altered orally.

X \_\_\_\_\_  
Signature of Parent/Guardian

X \_\_\_\_\_  
Print Name

X \_\_\_\_\_  
Date



## Medical Information & Release Form

Please Read and Sign Below

### Health & General Medical History

Please identify any medical condition or medical history that the participant will/may require special attention:

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Please identify any activity the participant should be restricted from, please explain:

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Please identify any medication the participant will taking during the CSISA, please indicate drug and dosage:

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### Medical Information & Release Acknowledgement

In the event that I am not immediately available, should the Participant suffer a serious or life-threatening injury for which emergency medical or surgical treatment or hospitalization may be necessary, I hereby authorize an appropriate Forensics World Enterprises, Inc. (FWE) C.S.I. Summer Academy (CSISA) staff member to act on my behalf according to their best judgment in any emergency requiring medical or surgical treatment or hospitalization if necessary, and to engage qualified medical personnel to initiate any necessary medical treatment or care.

In the event of such an injury, it is understood that FWE will use all reasonable efforts to notify me (or the emergency contact listed on my child's Participant Information Form), where practical, prior to initiating medical treatment for any such injury to the Participant. Should neither party be available, an appropriate staff person will contact appropriate medical personnel to initiate the necessary medical treatment, and I hereby give permission to any such physician or other medical personnel to provide such medical treatment such individual deems medically appropriate, including such items as X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and/or hospital care deemed necessary for the safety and welfare of the Participant. I agree that medical treatment for any other type of injury may be coordinated by FW in consultation with appropriate medical personnel.

I certify that the named participant is physically able to participate in the CSISA and that I know of no restrictions, physical impairments, or any other facts, which in any manner

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limit his/her participation in such a program. I also understand that FWE will administer no physical examinations and that FWE will rely solely upon the information shown on this form. I hereby waive and release FWE, its officers, directors, management, staff, agents, representatives, employees, and persons involved in the operation, organization, sponsorship, supervision or participation of these activities and programs (collectively "FWE"), from any liability for any injury or illness incurred while at the CSISA, and knowingly and voluntarily assume risk of such injury. I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

I will be financially responsible for any medical attention needed during the camp or resulting from an injury received at the CSISA. My medical insurance shall be the insurance coverage for any medical treatment. I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant's injuries including, without limitation, physician, hospital, lab, drug and device expenses. The following policies or coverage are available to cover the cost of medical care to treat any injury incurred by the Participant:

Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

I have completed the above Medical Release and by signing below acknowledge its accuracy. This agreement cannot be changed or altered orally.

x \_\_\_\_\_  
Signature of Parent/Guardian

x \_\_\_\_\_  
Print Name

x \_\_\_\_\_  
Date

## Permission to Videotape, Audiotape and Use of Likeness Form

I \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, will be enrolled in the Forensics World CSI Summer Academy from Monday, August 4<sup>th</sup> until Friday August 8<sup>th</sup>, 2008, at the Smithtown Elk's Lodge, Edgewood Avenue, Smithtown, NY.

I hereby grant permission for my child to attend this academy and for the Forensics World Enterprises, Inc., CSI Summer Academy coordinators and anyone designated by same to videotape, audiotape, and use the likeness of my child. I grant this permission to allow the competition coordinators to use any videotape, audiotape, or photography taken at the competition for promotional purposes. This permission is irrevocable and is given freely in consideration of the opportunity my child is receiving as a competitor in this event. Promotional use shall be in the sole discretion of the competition coordinators.

This agreement cannot be changed or altered orally.

x \_\_\_\_\_  
Signature of Parent/Guardian

x \_\_\_\_\_  
Print Name

x \_\_\_\_\_  
Date