

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 gbetti@wpi.edu.
(Note: you may write beyond box borders)

Student Information

Name: _____

Day (\$495) _____

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