



THE INCREDIBLE MEDICAL SCHOOL

CLASS APPLICATION



Please print or type except for signatures. We request a separate application and payment form for each student to insure proper credit of the account. Please enclose a current picture of student clearly showing face from top of head to shoulders.

Student Name: _____, _____
Last First Middle

Membership #: _____ Date of Birth: _____ Age (as of first day of course): _____ Sex: M F (circle)

Address: _____ Height: _____ Weight: _____
(needed if lab coats or T-shirts are provided)

City: _____ State: _____ Zip: _____

ADULT STUDENT	Email: _____	Home Phone: _____
	Work Phone: _____	Cell Phone: _____

MINOR STUDENT	Parent/Guardian Names: #1 _____ #2 _____
Parent/Guardian #1:	Email: _____ Home Phone: _____
	Work Phone: _____ Cell Phone: _____
Parent/Guardian #2:	Email: _____ Home Phone: _____
	Work Phone: _____ Cell Phone: _____

Class Title: _____ Class Code (if known): _____

Enter your city selection below. You may enter multiple cities if you will attend the class at any of those sites.
 City, State, Zip _____

You will be notified of the class date and city when the number of applicants in your city makes up a full class.

\$ _____ Tuition

\$ _____ Registration Fee For Non Members (not credited towards the tuition and is not refundable)

\$ _____ Total Due

\$ _____ Amount Paid - Payment of the total due is required. The tuition is refundable. However, you must request a refund of the tuition, in writing, prior to the setting of the class date.

Please enclose appropriate remittance. Make checks payable to: Starr Vision Productions, Inc.

Visa/Mastercard/American Express # _____	Exp date: _____
Cardholder Name: _____	Amount: \$ _____
Billing Address: _____	
City: _____	State: _____ Zip: _____
Credit cards accepted for full payment only. If your credit cards fails to clear, your application will be returned unprocessed. I authorize Starr Vision Productions, Inc. to bill my above credit card immediately.	
Authorizing Credit Card Signature: _____	

How did you learn about us? _____

I am applying for the above indicated medical school class. I understand that the registration fee is non refundable. The tuition is refundable only if a written cancellation request is received prior to the setting of the class date. The tuition will be returned if the class is cancelled by The Incredible Medical School. Refund checks will be paid within 30 days to the adult student named on the application or to the parent/guardian of the minor student named on the application. Credit card refunds are made by applying a refund on the same credit card used for payment. Students attending their class and are unable to complete the entire class for any reason will not receive any refund of payments. However, The Incredible Medical School may decide on a case by case basis to offer free specific days at a subsequent class to make up for the class missed.

Adult Signature: _____ Date: _____

Mail to: The Incredible Medical School, 2142 Riverside Drive, West Columbia, TX 77486 Fax Application to: (979) 345-2003



THE INCREDIBLE MEDICAL SCHOOL

Health Information and Authorization To

Consent To Treatment Of A Minor

Please print or type except for signatures. We request a separate form for each student.



Student Name: _____, _____, _____
Last First Middle

Membership #: _____ Date of Birth: _____ Age: _____ Sex: M F (circle)

Class Title: _____ Class Code (if known): _____

Please check and comment if there has been a history of the following:

- Asthma Trouble with eyes Convulsions/seizures Shortness of breath
- Bleeding disorder Communicable diseases Hyperactivity Chronic cough
- Trouble with ears Frequent headaches Diet restrictions Severe allergic reactions
- Heart trouble Fainting Hives Hay fever
- Food allergies Unusual sensitivity to: insect/bee stings ; sunburn/sunscreen ; poison oak/ivy

Date Of Last Tetanus: _____ Please comment on all checked items (use extra sheet if needed)

List all current illnesses. _____

Is the student on any medication(s) that is taken at home? No Yes (list) _____

The Incredible Medical School

Please list any allergies or any specific instructions necessary for treatment _____

Student is covered by medical insurance: YES NO (circle one)

Medical Insurance Company: _____ Policy #: _____

Adult Student's Emergency Contact Name: _____ Phone: _____

If student is a minor, telephone numbers where each parent can be contacted during school hours:

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Physician's Address: _____

Preferred Hospital: _____

If mother, father, or guardian cannot be reached, call:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

It is understood that the minor student can be released to any of the adults you have named above. Any additional Names and relationship or persons to whom minor student can be released: _____

Please note that we will attempt to monitor the arrival and the release of minor students each day, but we cannot and do not assume responsibility that the minor student will only arrive and leave with the above named approved persons. Some camps and classes will have security personnel on the premises.

I understand that the medical school activities involve an element of risk including, but not limited to, accidental needle sticks, injury on field trips, injury on bus trips, and injury due to visits to other facilities. I recognize these risks and agree to assume these risks by attending or allowing my child to attend The Incredible Medical School and participate in these programs. I hereby authorize The Incredible Medical School and the delegated leaders and directors to consent to any medical and hospital care to be rendered to the said minor student upon the advice of a licensed physician. It is understood that if time and circumstances reasonably permit, The Incredible Medical School will endeavor, but is not required, to communicate with the undersigned prior to such treatment. The undersigned further agrees that The Incredible Medical School and its delegated leaders and directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis, or advised treatment. This authorization and consent to treatment of minor is given to The Incredible Medical School and shall remain effective during the time period of the minor's attendance at the school course.

Print Name: _____ Adult Signature: _____ Date: _____

Mail to: The Incredible Medical School, 2142 Riverside Drive, West Columbia, TX 77486 Fax Application to: (979) 345-2003



THE INCREDIBLE MEDICAL SCHOOL



Permission, Release, Indemnify, And Hold Harmless

Please print or type except for signatures. We request a separate form for each student.

Student Name: _____, _____, _____
Last First Middle

Date of Birth: _____ Age (as of first day of course): _____ Sex: M F (circle)

School Date: _____ to _____ City: _____ Code (if known): _____

I understand that The Incredible Medical School (TIMS) is not responsible for the loss of any personal property.

I hereby give my consent for the minor student to participate in field trips associated with the medical school.

YES No check one I hereby give my consent for the minor student to attend course lessons involving lecture materials and plastic models concerning delivering babies (childbirth), genital anatomy (photos, videos, and plastic models), and insertion of medical tubes in the genital area of plastic models. These lectures do not cover "sex education". If "no" is selected, we will try and avoid such material in presence of this student. We will try and make sure that student is not in room during such topics. However, we offer no guarantee that this exclusion will always be accomplished.

Photograph / Video Consent: From time to time, The Incredible Medical School (TIMS) takes photographs or videos of activities in or related to TIMS. These photographs and videos are used solely in support of TIMS and its educational mission. Their uses include, but are not limited to, brochures produced by TIMS, our Website, and press kits sent to media outlets to promote programs at TIMS. The photograph may be cropped or treated at TIMS discretion. It is understood that images posted on the web site can be downloaded by any computer user. We would appreciate your cooperation in signing the following consent to all and any images of you if a registered student or your minor child if a registered student appearing in these photographs or videos to be used by The Incredible Medical School. By signing below, I (as the parent/guardian or the minor student or as the adult student) **give my permission** to have the minor student or myself if the adult student appear in TIMS publications and promotional materials. I understand (a) the images and/or tape recordings will be used exclusively to promote the activities of TIMS, (b) the images and/or tape recordings will be the sole property of TIMS, and (c) there will be no wages or payment of any kind in return for this appearance.

I hereby release, indemnify and hold harmless TIMS, their owners, officers, agents and employees from all liability for damage, injury, death or illness to the student or his/her property relating to or deriving from his/her presence at TIMS or participation in TIMS sponsored trips and activities whether arising from an act or omission, negligent or otherwise, by the releases or otherwise to the fullest extent permitted by law.

I also hereby release, indemnify and hold harmless the owners, officers, agents and employees of the grounds or facilities of the sites of the TIMS course from all liability for damage, injury, death or illness to the student or his/her property relating to or deriving from his/her presence at TIMS course sites' grounds or facilities whether arising from an act or omission, negligent or otherwise, by the releases or otherwise to the fullest extent permitted by law.

In the event the student is a minor, this release, indemnify, and hold harmless agreement shall be executed by a parent or legal guardian of the student, and shall be binding upon said parent or legal guardian as well as upon the minor student. Said parent or guardian by the execution hereof, waives all claims in their individual or derivative capacity, as well as claims on behalf of the minor student.

Student, or parent or legal guardian of the student, expressly agrees that this release, indemnify, and hold harmless agreement is intended to be as broad and inclusive as permitted by the laws, and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Adult Student Printed Name

Adult Student Signature

Date

Minor Student Printed Name

Parent or Legal Guardian Printed Name

Parent or Legal Guardian Signature

Date



THE INCREDIBLE MEDICAL SCHOOL CERTIFICATE APPLICATION



Please print or type except for signatures. We request a separate application and payment form for each student to insure proper credit of the account.

If certificate evaluation is desired, this form must be submitted with the camp or class application

Student Name: _____, _____ Middle
Last First

Membership #: _____ Date of Birth: _____ Age (as of first day of course): _____ Sex: M F (circle)

Address: _____

City: _____ State: _____ Zip: _____

Class Title: _____ Class Code (if known): _____

City, State, Zip _____

We present the camps and classes as a fun learning experience without the pressure to take or pass tests. **This certificate evaluation application does not need to be submitted.** However, arrangement can be made in advance by paying this certificate application fee to assess the student's performance with observations and questions during the camp or class. If the student has an adequate command of the information and procedures, we will issue a certificate for the class or camp. This certificate only indicates that The Incredible Medical School feels that the student has an adequate knowledge of the subject material. The certificate does not indicate that any other organization, school, or person should or will accept the certificate as meeting their requirements. The Incredible Medical School does not represent that any other organization, school, or person will recognize or honor the certificate. The current cost of such evaluation is \$10 for members, \$25 for non members, is subject to change, and is payable at the time of applying/registering for the camp or class. This fee is not refundable and is not based on a satisfactory evaluation which is required to receive the certificate.

\$_____ Certificate Evaluation Fee (not refundable and not based on attaining the certificate).

Please enclose appropriate remittance. Make checks payable to: Starr Vision Productions, Inc.

Visa/Mastercard/American Express # _____ Exp date: _____

Cardholder Name: _____ Amount: \$ _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit cards accepted for full payment only. If your credit cards fails to clear, your application will be returned unprocessed. This certificate evaluation application fee will be combined with the other credit card charges included with the membership, class or camp application(s). I authorize Starr Vision Productions, Inc. to bill my above credit card immediately.

Authorizing Credit Card Signature: _____

Adult Signature: _____ Date: _____



THE INCREDIBLE MEDICAL SCHOOL MEMBERSHIP APPLICATION



Please print or type except for signatures. We request a separate application and payment form for each student to insure proper credit of the account. You cannot apply for membership and register for a camp or class as a member at the same time. Membership is valid 30 days after this application is accepted and such information will be mailed to accepted applicants. Refunds are sent to those denied membership.

Student Name: _____, _____ Middle
Last First

Address: _____ Date of Birth: _____ Sex: M F (circle)

City: _____ State: _____ Zip: _____

ADULT STUDENT	Email: _____	Home Phone: _____
	Work Phone: _____	Cell Phone: _____

MINOR STUDENT	Parent/Guardian Names: #1 _____ #2 _____
Parent/Guardian #1:	Email: _____ Home Phone: _____
	Work Phone: _____ Cell Phone: _____
Parent/Guardian #2:	Email: _____ Home Phone: _____
	Work Phone: _____ Cell Phone: _____

1 Year (calendar year) Membership Fee: \$299.⁰⁰

Please enclose appropriate remittance. Make checks payable to: Starr Vision Productions, Inc.

Visa/Mastercard/American Express # _____	Exp date: _____
Cardholder Name: _____	Amount: [] \$299. ⁰⁰
Billing Address: _____	
City: _____	State: _____ Zip: _____
Credit cards accepted for full payment only. If your credit cards fails to clear, your application will be returned unprocessed. I authorize Starr Vision Productions, Inc. to bill my above credit card immediately.	
Authorizing Credit Card Signature: _____	

How did you learn about us? _____

I am applying for a 1 year individual membership with The Incredible Medical School. I understand that members of The Incredible Medical School are not required to pay a registration fee or deposit for any camp or class applications.

Other benefits which are subject to change include:

- Newsletters
- 50% discount on the tuition of any Incredible Medical School camps attended.
- FREE tuition to many of The Incredible Medical School classes.
- All Members are given preference for registration over nonmembers.
- Advanced notification of availability of classes that are being scheduled.
- 50% discount on all educational media (videos, DVDs, books).

While members are encouraged to pay the camp tuition at least 90 days prior to the date of the camp, members are only required to pay the tuition at least 30 days prior to the camp date. If a member registers for a camp and does not pay the camp fee at least 30 days prior to the camp date, the member will be charged the course registration fee and will forfeit their place in the camp.

Please print or type except for signatures. We request a separate application and payment form for each student to insure proper credit of the account. You cannot apply for membership and register for a camp or class as a member at the same time. Membership is valid 30 days after this application is accepted and such information will be mailed to accepted applicants. Refunds are sent to those denied membership.

Membership is not required to apply, register, or attend the camps and classes of The Incredible Medical School.

Adult Signature: _____ Date: _____

Mail to: The Incredible Medical School, 2142 Riverside Drive, West Columbia, TX 77486 Fax Application to: (979) 345-2003



THE INCREDIBLE MEDICAL SCHOOL



Medical School Rules

These rules and consequences have been put in place so the students will have an opportunity to learn in the best learning environments possible.

RULES

1. Student must attend class everyday.
2. Student must be an active and positive group member.
3. Student respects the property of teachers, staff, students and The Incredible Medical School.
4. No physical violence.
5. No verbal threats
6. No inappropriate language.
7. No knives or weapons.
8. No smoking (tobacco products), drugs, or alcohol (Parents are responsible for the administration of the child’s prescription medication, including if the parents allow the child to self medicate).
9. Students must be present and ready to begin at the start of each morning’s session.
10. Parents must pick up their minor student no later than 30 minutes after the end of the day’s last session.
11. Cell phones must be turned off or have silent notification of a call during all sessions.

DRESS CODE

The following are considered inappropriate dress and will not be allowed:

1. Clothing or outfits that are all black from top to toe.
2. Any clothing displaying athletic team names and/or logos including shoes.
3. Gloves which have had the fingers removed.
4. Unfastened suspenders, bibs, or other devices for holding up trousers. (Trousers must be fastened.)
5. Shirts must be buttoned (not just buttoned at the collar and open the rest of the way down).
6. Trousers pulled down around the buttocks. (Trousers must be worn at the natural waist as designed.)
7. Any item of clothing displaying gang related symbols, names, markings, or other graffiti.
8. No halter tops, tank tops, or half shirts.
9. No mesh shirts that are not covered or have a shirt under them.
10. Shorts/skirts can be no shorter than your fingertips extended, as your arms hang naturally at your side.
11. No head band worn across the forehead.

CONSEQUENCES

- Conference with lead teacher.
- Call to parent or guardian.
- Sent home for the remainder of the day.
- Dropped from the program.

These consequences can happen in any order depending on the rule that was violated and the severity of the action. There are no refunds of fees, deposit, and tuition.

Please sign this sheet to indicate the adult student, and if indicated the minor student and the parent, have read the rules, understand the rules, and is prepared to follow them.

Adult Student Printed Name

Adult Student Signature

Date

Minor Student Printed Name

Minor Student Signature

Date

Parent or Legal Guardian Printed Name

Parent or Legal Guardian Signature

Date