

Student Enrollment Registration

Student Information

First Name: _____ Last Name: _____
Date of Birth: _____ Gender: _____
Street Address: _____
Apt #: _____ Postal Code: _____ City: _____
State/Province: _____ Country: _____
Student Email: _____ Student Phone #: _____
Year in School (e.g., Freshman, Sophomore, etc.): _____
Name of School: _____

Parent/Guardian Information

Guardian 1:
Name: _____ Relationship to Student: _____
Email: _____ Contact Phone: _____
Guardian 2:
Name: _____ Relationship to Student: _____
Email: _____ Contact Phone: _____

Other Participant Details

Does the student have any dietary restrictions or food allergies? If so, please list: No Yes

Does the student have physical or emotional conditions our camp staff should be made aware of? If so, please list: No Yes

List any medications the student will require during the camp session:

Guardian: if student is under 18 years of age, do you consent to your students being given over-the-counter medication if unwell? No Yes

Please provide any other information the camp or OFALS staff should be made aware of:

Will you be applying for financial aid? No Yes

Please reach out to lpetruzzo@ofals.org for information regarding financial aid and the requirements to be considered. Requests for financial aid are reviewed separately and will not influence admission decisions.

Student Background and Supporting Materials

Due to the high demand and limited availability of this program, applications are considered based on early registration, demonstrated interest, and merit. One letter of reference is required. Additional supporting materials are recommended but not required.

Suggested Attached Materials: Teacher Letter(s) of Reference CV Transcript SAT/ACT Score

Student Questions:

What started your interest in a career in medicine?

What do you hope to achieve through this program?

What other interesting details can you mention? You can mention your hobbies, activities, something you're proud of accomplishing, or what your greatest motivation is.

How did you hear about this camp? _____

Accommodations

Program and Accommodation Details

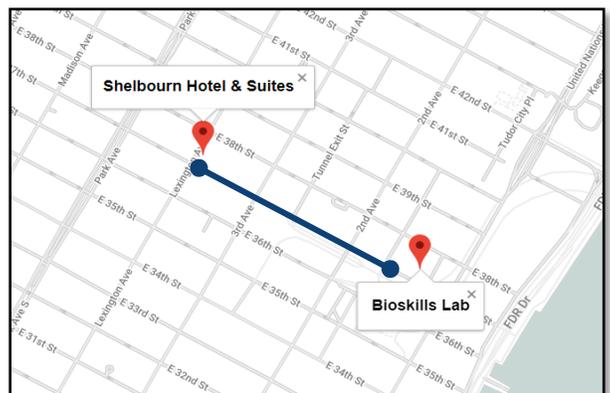
Program Location:

Orthopaedic Foundation's Manhattan Bioskills Lab
345 East 37th Street, Suite 312
New York, NY 10016

Ensuite Four-Star Lodging Location:

Shelburne Sonesta New York
303 Lexington Avenue
New York, NY 10016

Note: Lodging and all activities are chaperoned & supervised



Pricing & Payment

Program Pricing

Indicate using the check boxes below which options you would like to select for the student:

Base program.....\$6,695 USD

Accommodations

Shared Ensuite Room (included) \$0 USD

Private Ensuite Room Add \$550 USD
Limited availability, not guaranteed

Discounts

Early Sign-Up Discount Subtract \$125 USD
Submit this enrollment form before March 15, 2026

Commuter Discount..... Subtract \$500 USD

Note: Discount if paying by ACH wire, check, or Zelle. Application Fee: \$50. Base Program: \$6,500. Students who select the Commuter Discount will be responsible for their own lodging.

Application, Enrollment, and Payment Details

A \$52 application fee is required when submitting this form. The student will receive an acceptance decision via email. Enrollment must be confirmed within 5 days of acceptance with a \$695 deposit. Full payment is due 30 days before the course begins.

Application Fee Payment Method:

Credit Card Payment:

Name on Card: _____ Credit Card Number: _____
Billing ZIP Code: _____ Expiration (MM/YY): _____ Security Code (CVV): _____

Check Payment:

Payable to: Orthopaedic Foundation for Active Lifestyles, Inc
Memo: Summer High School Program Application for [Student’s Name]
Mailing Address: Orthopaedic Foundation, 2777 Summer Street, Suite 500, Stamford, CT 06905

Consent to Book

Signing below indicates consent to the Terms and Conditions and agreement to pay the above fees:

Guardian Name: _____ Guardian Signature: _____ Date: _____

Note: Student may sign for themselves if above 18 years of age at the time of signing.

Behavioral Contract

1. No alcohol, drugs, or illicit chemicals of any kind are allowed. Prescription medications are to be discussed and disclosed to staff upon arrival. At the staff's discretion, medication must be handed over to the program for safekeeping.
2. No weapons, explicit materials, dangerous materials, or anything that may cause staff or participants distress are allowed.
3. Staff reserve the right to check any student's bag for the presence of contraband at any point during the camp.
4. Staff reserves the right to confiscate any identified or presumed contraband at any time during the camp. Contraband will not be returned to the student at staff's discretion and may result in disciplinary action up to and including immediate expulsion.
5. No discrimination, bullying, or harassment of any kind will be tolerated, neither between students nor between students and staff.
6. Students will follow all rules and directions given by staff at all times, no matter what location (in the lab, at the hotel, etc.).
7. No partying or excessive noisemaking will be permitted. Students should be thoughtfully considerate of the wellbeing of their peers and staff.
8. Students will demonstrate respectful and professional decorum during the course. Special respects and behaviors shall be observed while in the cadaver lab, and with teaching staff.
9. Students will observe the safety and wellness protocols of the lab.
10. Students will stay in the program for the full duration, unless written consent is given. If a student wishes to leave the program for a period of time, written prior authorization is required, including name, address, email and phone number of the person they are visiting, a description of the activity, and how long the student will be gone, as well as approval signatures from both parent and student.
11. Apart from Rule 10, students are required to stay with staff at all times throughout the experience.
12. Failure to adhere to these behavioral policies will be met with disciplinary action. This includes but is not limited to temporary suspension from activities, as well as immediate and permanent expulsion from the program.

Parent and Student Agreement

Guardian Name: _____

Student Name: _____

Guardian Signature: _____

Student Signature: _____

Date: _____

Date: _____

Note: Student may sign for themselves if above 18 years of age at the time of signing.

Terms and Conditions

1. Application

Students must submit this application, along with a \$52 non-refundable application fee, and any supporting materials via email.

Emailed applications should be sent to the course administrator: lpetruzzo@ofals.org

2. Enrollment

Students will be considered according to the date of their application, along with their demonstrated interest and merit as shown in any supporting application documents. If accepted, students and guardians are sent an enrollment confirmation by email. Included with the confirmation, students will receive an invoice detailing the course fees and payment due dates. This contract shall take effect upon receipt of the confirmation email by the student.

3. Booking Deposit

To confirm enrollment, the student must pay a deposit of \$695 within 5 days of the emailed enrollment confirmation. Failure to confirm enrollment during this time period may forfeit the student's position in the course.

4. Payment

Full course payment must be made via credit card payment, ACH wire, check, or Zelle. The full payment should be received by OFALS no less than 30 days before the start of the program. All bank charges related to the payment of the course fees are the responsibility of the payer.

If OFALS does not receive full payment of the course fees by the due date, the student will no longer be entitled to the course booked. In this case, OFALS is entitled to make the program available to other interested parties.

In case of non-attendance at the booked course, delayed start, early finish or withdrawal from a course or pre-arranged lesson, dismissal from the course due to behavioral or disciplinary reason, or any other absences (e.g., due to illness), there is no claim to reimbursement of the course fees. At the Orthopaedic Foundation's discretion, you may be offered a place in the next program.

5. Financial Aid

Limited partial financial aid is available at the Orthopaedic Foundation's discretion to students with a qualified financial need and who demonstrate significant merit. Students should contact the course administrator with inquiries on financial aid. Be prepared to provide materials to support the declared financial need and technical merit.

6. Travel

All travel to and from the program will be coordinated exclusively by parents/guardians. The program cost is not inclusive of travel to and from the program.

7. Accommodations

Four-Star accommodation includes one- or two-person hotel ensembles. All shared rooms are guaranteed single-sex, and rooms will be separated accordingly. Night Supervisors will be on-site to ensure safety and to provide 24-hour support to our students. Curfew hours and room restrictions will be enforced.

8. Included Meals & Snacks

All meals will be provided during the course and are included in the course fees. The Orthopaedic Foundation will strive to accommodate all dietary requests with sufficient notice. All special requests are subject to availability and confirmation.

9. Incidentals & Pocket Money

All housing and food expenses are covered by the course fee. The Orthopaedic Foundation will attempt to support the need for any minor incidentals required during students' stay, subject to availability. Students may not have the opportunity to collect more funds during the course, and the Orthopaedic Foundation does not provide a pocket money service to students. Participants are encouraged to bring a modest amount of pocket money for souvenirs or mementos from their stay in New York City.

10. Cancellation & Refunds

A participant can cancel the course booking, sent in writing via email to lpetruzzo@ofals.org, subject to the following conditions. All deposit payments are final, and no refund of the \$695 deposit will be made under any circumstances. The participant's full payment will be rolled over towards a future cohort.

Manhattan Medical Immersion High School Program

Summer 2026 Session

July 5-11, 2026



Application Deadline: April 15, 2026

OFALS reserves the right to cancel the course due to compelling reasons and will make every effort to provide at least 14 days' notice prior to cancellation. In the event of OFALS cancelling the program, OFALS will refund all course fees paid, including the deposit.

11. Privacy Protection

During the application process and throughout the program, OFALS will collect, process, and utilize the personal data of the student and guardians to fulfil the purpose of this contract.

12. Photography & Filming

By agreeing to this policy, you consent for the Orthopaedic Foundation to take promotional photos and videos footage of students during the course. You also consent to the use of these materials for publicity of this course and of the Orthopaedic Foundation.

13. Behavior & Expulsion

Students who have been issued a warning and continue to display poor behavior, break the rules, or disregard staff directions will be expelled from the program. The Orthopaedic Foundation reserves the right to immediately expel any student whose actions are in gross violation of the behavioral contract or are sufficiently serious or contrary to local laws. The Orthopaedic Foundation will not be liable for any costs incurred in this process. The cost of separating the student from the program and returning the student to their parents or guardians will be at the parent or guardian's expense. No refunds will be offered to students resulting from disciplinary actions.

14. Liability

The Orthopaedic Foundation, their staff, and representatives will not be liable for loss, damage, or injury to persons or property, however it is caused, except where liability is expressly imposed by law.

15. Resolutions of Disputes

If a student, agent, parent, or guardian wishes to complain about any aspect of the Manhattan Medical Careers Summer Camp, they should make their feedback known in writing to the Director of the program. Correspondence should be sent directly to jbahar@ofals.org. Each complaint will be fully investigated if it is received within four weeks after the incident and that all fees have been paid in full.

16. General Disclaimer

The Orthopaedic Foundation will do the utmost to provide an excellent educational and cultural experience for students. In the event that services become impossible to provide for any reason, or any cause outside of our control, the Orthopaedic Foundation will not be liable for any changes to the program.

Bioskills Lab Waiver

The undersigned agrees to participate in this medical education program sponsored by the Orthopaedic Foundation, with full knowledge and awareness that they waive any claim they may hold against the Orthopaedic Foundation, its directors, distributors, dealers, faculty, specimen supplier, agents, consultants, employees and each of them for any injury, disease, or other damage which may result in any way from participation in the program.

I hereby agree that I have received and/or will receive instruction on the proper use of personal protective equipment and that I will use this equipment while in the BioSkills lab.

I fully understand and acknowledge that pictures and videos are not permitted in the BioSkills lab.

Further, the undersigned represents and warrants that any contact they may have during this session with cadavers or cadaver materials shall conform to all proper medical practices and procedures for the treatment of patients for whom no medical history is available.

I have read, understood and agree to the information, waivers and representations stated herein.

Parent and Student Agreement

Guardian Name: _____

Student Name: _____

Guardian Signature: _____

Student Signature: _____

Date: _____

Date: _____

Note: Student may sign for themselves if above 18 years of age at the time of signing.