

KINESIOLOGY INTERNSHIP APPLICATION FORM

STUDENT INFORMATION

Student Name: _____ Date: _____
Current Address: _____ City: _____ State: _____
Zip: _____ Phone: (_____) _____ Student ID# _____
Permanent Address: _____ City: _____ State: _____
Zip: _____ URI Email: _____
Emergency Contact Person: _____ Relationship: _____
Phone: (_____) _____ Email: _____

INTERNSHIP INFORMATION

Semester You Would Like to Complete Internship: Fall Spring Summer Year: _____
Expected Date of Graduation: _____ Overall GPA: _____
Of Credits Completed Before Internship: _____ Current CPR/AED Certification: YES NO
Completion of Prerequisites: 84 Credits, CHM 103, CHM 124/126>(*Pre-Professional Only), BIO 222, KIN 275, KIN 300, 301, KIN 320, KIN 325, KIN 370, KIN 390, KIN 420>(*Cardiac Rehab Only)

INTERNSHIP DETAILS

Type of Internship: PT Research Fitness/Personal Training OT AT Cardiac Rehab
 Strength & Conditioning PA Chiropractic Other

Students are responsible for applying to and securing their own internship placements as to foster their professional development. The list of internship sites can be found on the URI website <https://web.uri.edu/kinesiology/student-resources/internships/internship-site-contacts>.

THE UNIVERSITY OF RHODE ISLAND

Department of Kinesiology Student Agreement and Release

I (print full name) _____ agree to fulfill all academic obligations as outlined in my learning contract and all financial obligations incurred while participating in the URI Department of Kinesiology Internship Program during the _____. (Academic Semester) I understand and agree to the following:

1. **Release of Information:** I give permission to the University of Rhode Island's Department of Kinesiology Internship Program to contact the URI Office of Student Life in order to verify that I am under no disciplinary sanction for violation of codes of student conduct and/or that I have no judicial cases pending which would invalidate my eligibility for an internship. I understand that the collection, retention and dissemination of my records and information about me is subject to federal regulations under the Family Education Rights and Privacy Act of 1974. This means I am responsible for specifying the persons or agents who may have access to my records. By signing this agreement and release, I therefore give permission to collect and release information to the Department of Kinesiology Internship Program.

I release and waive, and further agree to indemnify, defend and hold harmless, the University of Rhode Island and the Board of Governors for Higher Education, their employees and agents from and against any and all claims, demands, or actions which I, my spouse, my heirs, administrators, executors, representatives and assigns may have for any losses, damages or injuries, including death, arising out of or in connection with my participation in the internship or rendering of any emergency medical procedures or treatments and all related costs and expenses.

2. **Tuition/Program Fees for the URI Department of Kinesiology Internship Program:** I understand the tuition/program fee and agree to pay this amount. I will also pay all required tuition/fees or housing costs of the host internship program according to established procedures. I understand that all financial obligations for the URI Internship Program must be fulfilled prior to receiving credit.
3. **Personal Safety, Health Insurance and Car Insurance:** I will obtain and maintain health insurance that is satisfactory to my Host Internship Program. I will obtain any required immunizations as well as comply with any other medical matters relating to my participation in this internship program. I understand that URI cannot guarantee my health and safety while in this internship program. I am responsible for acting prudently, exercising caution and common sense at all times. I understand that I may be using many different forms of transportation to participate in this program. I agree that neither URI, nor the Host Program would be held responsible for any personal injury, death, or loss or damage to property suffered by me during periods of travel with and independent of the internship program. By signing below, I am stating that I will maintain an up-to-date driver's license and auto insurance throughout the duration of my internship.
4. **Rules and Regulations:** I agree to conform to all applicable rules, regulations, and policies of the URI Department of Kinesiology Internship Program and my Host Internship Program. I also agree to abide by the policies governing student conduct, both academic and otherwise, as published in URI Student Rights and Responsibilities and by the policies of my Host Internship Program. I understand that failure to conform to these rules and regulations may result in disciplinary action by URI or the Host Program or in termination of participation in the program.
5. **Consent and Parental Involvement:** I understand that it is my responsibility, not that of the Internship Program to provide my parent/guardian with all information about my internship program. I agree that in the event of an emergency, as determined by the coordinator, he/she or his/her designee may contact the person identified in case of emergencies and share with the said contact person the nature and circumstances of the emergency and obtain from said person all necessary medical or health care information.
6. **Learning Contract:** You are required to continue utilizing your URI email address and Brightspace for KIN484 assignments. If you have not attended or logged into the course and/or submitted your assigned Learning Contract by the 2nd week of the semester your instructor will automatically drop you from your internship seminar and field experience credits.

The terms of this agreement apply to the length of the internship including any subsequent alterations in duration. I have read this agreement and release, understand its contents, and acknowledge that I am signing it voluntarily.

Student _____ Student ID# _____
(Print Name in Full)

Student Signature _____ Date _____

URI Internship Staff Signature _____ Date _____