

2011 STEM - Health Camp Information and Registration Form

Camp Information

Date: July 11 - 15 **OR** July 18 - 22
Time: 9 am to 4 pm
Place: White Mountains Community College, 2020 Riverside Drive, Berlin, NH
Lunches: Provided
Emergency Contact Information: 603-752-1113 ext 3050 or 0

STEM Camp Activities:

GIS/GPS Mapping
Electric Guitar Building (Limit 10 students per week)
LEGO Robotics
Aerospace – Rocketry
CPR Certification
Simulation Day
Fish Study
Orthopedic Olympics

Students should wear appropriate clothing and shoes for being both indoors and outdoors. Other items to send with your student: sweatshirt, sunscreen, hats, and bug spray. Any specific medical needs should be discussed with the director prior to attending the camp. Some daily snacks and water will be provided, however, students may bring additional snacks and water.

Drop-off time: 8:45 – 9:00 am
Pick-up time: 4:00 – 4:15 pm

Please complete and sign the attached registration form and send it to: WMCC STEM Camp, c/o Jody Camille, WMCC, 2020 Riverside Drive, Berlin, NH 03570 visit or our facility

Please: no electronics, cell phones, iPods, etc. We will not be responsible for lost or stolen items.

2011 WMCC STEM – Health Camp
Registration Form

Student Name: _____

Address: _____

Phone: _____

Student T-Shirt Size: circle one (adult sizes):

small medium large X-large XX-large

Which week will you be attending: July 11 – 15 July 18 – 22

Are you interested in participating in the guitar building session (limit 10 students) Yes No

Parent(s) or Legal Guardian Contact information:

| | |
|--|-----------------|
| Name: | Name: |
| Address: | Address: |
| | |
| Home Phone: | Home Phone: |
| Business Phone : | Business Phone: |
| Cell Phone: | Cell Phone: |
| Special Instructions for reaching parent/guardian: | |

EMERGENCY CONTACT INFORMATION: List at least one person who could assume responsibility for your child if you cannot be reached immediately in an emergency or if for some reason you could not pick up your child and were unable to communicate with the camp.

| | |
|--------------------------|--------------------------|
| Name: | Name: |
| Relationship to Student: | Relationship to Student: |
| Address: | Address: |
| | |
| Phone : | Phone: |

NON-EMERGENCY ALTERNATE PICK-UP PERSON/S: I, _____
 (Parent/Guardian Signature) Date

authorize the following individual(s) to pick up my child from STEM – Health camp on a non-emergency basis.

| | |
|--------------------------|--------------------------|
| Name: | Name: |
| Relationship to Student: | Relationship to Student: |
| Address: | Address: |
| | |
| Phone : | Phone: |

MEDICAL INFORMATION

| | |
|---|--------|
| Any chronic conditions, allergies or medications in case of sudden illness or injury: | |
| Child’s Physician: | Phone: |
| Physician’s Address: | |

PERMISSIONS:

Circle One

Field Trip Permission I give permission for my child to attend WMCC STEM-Health field trips. Yes No

Permission to be photographed I give permission for my child to be photographed during the WMCC STEM- Health camp activities with the understanding that the photos will be used for publicity purposes or for creating a pictorial record of the 2011 WMCC – Health STEM camp. Yes No

EMERGENCY MEDICAL TREATMENT AUTHORIZATION: I hereby give permission for the staff of WMCC STEM- Health camp to provide simple first aid treatment to my child, _____

(Child’s Name)

when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand the WMCC Stem-Health camp will contact me regarding any emergency involving my child.

Parent/Guardian Signature: _____ Date: _____

STUDENT GUIDELINES AND COMMITMENT: STEM - Health Camp seeks to establish a positive, caring environment in which students may strive for success and growth. This requires that each person acknowledge and respect the needs and rights of others in the STEM-Health Camp community. All students are required to conduct themselves in compliance with these standards and to indicate their commitment by placing their signature below.

1. Students are expected to behave at all times in a manner that reflects respect and consideration for each other, for the staff, for the program, for the College, its property and personnel, and for themselves.
2. Students are to remain on campus during the program time unless special arrangements are made in advance with the director.
3. Students are expected to maintain a positive attitude about their involvement in STEM - Health Camp and are to be responsible for sustaining a positive learning environment for themselves and others.
4. On all field trips, special activities, and expeditions throughout the STEM - Health Camp, students will behave in such a way as to bring credit to the STEM - Health Camp community, and to their schools/towns.

I, student, _____, understand and agree to the terms and conditions of the student guidelines and commitment governing my participation in the White Mountains Community College STEM - Health Camp. I, the parent/guardian of the above-named student give my permission for my son/daughter to participate in all activities of the White Mountains Community College, STEM - Health Camp. I also understand the terms of the guidelines governing my son /daughter's participation in the STEM - Health Camp program.

Signed: _____

Date: _____

(Parent/Guardian's Signature)

RELEASE OF LIABILITY

I, parent/guardian of _____ (student) understand that parts of the White Mountains Community College, STEM - Health Camp Program may be physically challenging. I affirm that my child's health is good, and that he/she is not under a physician's care for any undisclosed condition that bears upon his/her fitness to participate in any program activities. I recognize the risk of injury or disability inherent in these activities. Furthermore, I understand that I must assume the risk of physical injury or disability that could result from any of these activities. I hereby release White Mountains Community College, the STEM - Health Camp Program and its staff members from all liability for any injury to my child, from participation in program activities.

Signed: _____

Date: _____

(Parent/Guardian's Signature)

STUDENT SCHOOL INFORMATION:

Grade as of fall 2011: _____

School Name and Address: _____

Math courses your child has taken in the past two years:

Science courses in the past two years:

Computer or engineering courses: _____

Community projects: _____

Please identify any special interests your child has, as well as any characteristics, which make him/her unique and how he/she would benefit from this program:



NH EPSCoR PARTICIPANT INFORMATION

Contact Information

Full Name: _____
Last *First* *M.I.*

Title: _____

Organization: _____

Address: _____
Street Address *Bldg./Rm.*

City *State* *ZIP Code*

Phone: () _____ Fax: () _____

Email: _____

Have you been paid by any institution within the University System of NH in the past year? Yes No

Demographic Information

Please answer the following questions so that we may supply data on our participants by our funder, the National Science Foundation. If you choose not to provide this information, please check the box at the bottom.

1. Are you...?

- Yes, **Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
- No, not **Hispanic/Latino**

The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

2. What is your race? (Choose one or more)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

3. What is your gender?

- Female**
- Male**

4. Do you have one or more disabilities? (A disability refers to having an impairment that substantially affects one or more activities of daily living and is not correctable with assistive devices.)

- Yes**
- No**

I choose not to answer the questions above.

Please check the box that best describes your position or role/responsibility:

- College Faculty
- College Administrator
- K-12 Teacher
- State Agency Staff
- Business/Industry Representative
- College Student: Undergraduate Graduate
- K-12 Student
- Other (specify): _____



THE POWER OF PARTNERSHIPS

NEW HAMPSHIRE EPSCoR

New Hampshire EPSCoR Photo Release Form

I authorize and consent to the editing, duplication and use of photographs taken of me or my child by the New Hampshire EPSCoR program without present or future compensation.

I agree that all reproductions thereof shall constitute the property of the New Hampshire EPSCoR program and its sponsors, solely and completely. This release form applies to photographs and/or artistically rendered photographs, paintings or graphics and that I give permission for reproductions in the media, newsletters, and websites or in other ways to publicize the New Hampshire EPSCoR program.

Name: _____

Address: _____

Telephone: (_____) _____

Signature: _____

If under age 18:

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____