

Camper Name _____

FORM 1

Sustainable STEM Robotics Camp

NOTE: All forms are required prior to participation in any camp activities. Participation will not be permitted until all forms have been completed and signed and on file with camp staff.

General Information:

Camper's Name: _____

Street Address: _____

City, State & Zip: _____

Camper's Age and Date of Birth: _____

Camper's School Name and Grade: _____

Mother's Name: _____

Street Address: _____

City, State & Zip: _____

Mother's Home Phone Number: _____

Mother's Cell Phone Number: _____

Mother's Work Phone Number: _____

Mother's Email Address: _____

Father's Name: _____

Street Address: _____

City, State & Zip: _____

Father's Home Phone Number: _____

Father's Cell Phone Number: _____

Father's Work Phone Number: _____

Father's Email Address: _____

Camper Name _____

FORM 2

Sustainable STEM Robotics Camp

Emergency Contact Information:

Camper's Name: _____

Parent/Guardian: _____

Insurance Information

Policy ID #: _____

Insurance Co.: _____

Policy Holder: _____

Preferred Hospital _____

In case of emergency contact:

Name: _____

Relation: _____

Home Phone: _____

Work Phone: _____

Cell: _____

Name: _____

Relation: _____

Home Phone: _____

Work Phone: _____

Cell: _____

(Signature)

(Relationship)

(Date)

This form must be signed and on file before your child will be allowed to participate in the Sustainable STEM Robotics Camp

Camper Name _____

FORM 3

Sustainable STEM Robotics Camp

Health and Medical Information:

Camper's Name: _____

Health and Medical Information:

I certify that my child(ren) is/(are) in good health and can participate in the activities of the Sustainable STEM Robotics Camp. In case of any injury I grant NCCU/CAMP staff permission to administer standard first aid treatment on site. If I cannot be reached and the injury is deemed serious, I grant NCCU/CAMP staff permission to transport my child to the nearest medical facility equipped to handle the injury. I accept full responsibility for any medical expenses incurred as a result of these injuries.

Please provide us with a list of allergies and intolerance to food, medication or any other substances that you think we should know about, and actions to take in an emergency situation

Please provide us details regarding any pertinent development information or chronic physical problems that affect your child

(Signature)

(Relationship)

(Date)

This form must be signed and on file before your child will be allowed to participate in the Sustainable STEM Robotics Camp

Sustainable STEM Robotics Camp

Behavior Policy:

Camper's Name: _____

In order to ensure that the Sustainable STEM Robotics Camp is a safe and supportive environment for all campers, we follow a strict behavior policy. All campers will show respect for themselves, other campers, and the NCCU/CAMP staff. Campers are expected to use appropriate language, follow the directions of the counselors, and refrain from any behavior that will emotionally or physically harm another camper. If a camper is displaying behavior that is not consistent with these expectations, the proceeding steps will be followed:

1. Verbal warning from the counselor – The counselor will take the camper aside from the group and discuss why the behavior is unacceptable and focus on helping the camper exhibit the desired behavior.
2. Loss of privileges – If the behavior continues, the camper will lose privileges (sit out of the current activity and/or lose pool time).
3. Conference with the Camp Director – The Camp Director will schedule a conference with the parent or guardian and the camper to discuss continued inappropriate behavior.
4. Dismissal from camp – If the behavioral issues have not been resolved, the camper will be dismissed from camp. No refunds will be given for campers sent home for behavioral reasons.

I have read and understand what is expected of my child while attending the Sustainable STEM Robotics Camp. I understand the policies in place for managing any inappropriate behavior and understand that a refund will not be given for any campers dismissed for behavioral reasons.

(Signature) (Relationship) (Date)

Camper Name _____

FORM 5

Sustainable STEM Robotics Camp

Transportation Release:

PICK-UP/DROP OFF

I agree to drop off and pick up my son or daughter in the back of the C.T. Willis Commerce Building on Eagle Campus Drive (see campus map).

Monday – Thursday: Drop off: 8:30 am – 8:45 am

Pick-Up: 5:30 pm

Fridays: Pick-Up: 12:30 pm

Furthermore, I understand that there will be a fine of \$1.00 per minute if I do not pick my child up on time. In the case of an emergency however, I am to notify the Sustainable STEM Robotics Camp office at **(919) 972-8717**.

PERMISSION

My child _____ has
(name)

permission to leave the camp unaccompanied for the purpose of obtaining public transportation and/or to walk home.

_____ Yes _____ No

The following individual(s) has/have permission to transport my child from the STEM Robotics Camp.

Name(s)	Phone Number (s)	Relation

Parents, emergency contacts, and the individuals listed above are the only individuals permitted to pick up your child from camp. If an individual is not on this list, they will not be allowed to pick up your child. Any additions or deletions to this list during the summer must be made in writing to the camp director.

(Signature) (Relationship) (Date)

This form must be signed and on file before your child will be allowed to participate in the Sustainable STEM Robotics Camp

Sustainable STEM Robotics Camp

Release of Liability:

I hereby release and discharge, indemnify and hold harmless North Carolina Central University, the Sustainable STEM Robotics Camp, and its Trustees, officers, agents, employees and any other persons or entities acting on behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, costs and expenses, and causes of actions whatsoever, either in law or equity, arising out of or in any way connected with any property loss and/or bodily injury and/or disability, arising from my child's participation in the Sustainable STEM Robotics Camp, including field trips and or overnight stays on campus, if applicable.

Further, I, _____, parent or legal guardian of _____ hereby give my consent, in the event of a medical emergency, for an adult Sustainable STEM Robotics Camp Staff member to obtain such medical care as is reasonably necessary for the welfare of my child. I understand that I am financially responsible for fees not covered by any insurance I have.

I understand that for the purpose of publications, pictures may be taken at camp. I give permission for my child to be photographed for media purposes (i.e. television, internet, newspapers, journals, magazines, etc.) that promote the goals and ideals of the Sustainable STEM Robotics Camp and NCCU.

Furthermore, I understand that:

1. NCCU and the Sustainable STEM Robotics Camp assume NO RESPONSIBILITY FOR ANY personal property of camp participants that is lost, stolen or damaged.
2. NCCU and the Sustainable STEM Robotics Camp assume NO RESPONSIBILITY for the injury or sickness of any camp participant.
3. NCCU and the Sustainable STEM Robotics Camp assume NO RESPONSIBILITY for the misbehavior or misadventure of any campers.

My child and I have discussed the importance of following instructions, making positive impressions, and exhibiting the appropriate behavior at all times. I have read and agree to all of the above and I am indicating this by signing and dating this form below and returning it to the Sustainable STEM Robotics Camp office.

(Signature)

(Relationship)

(Date)

This form must be signed and on file before your child will be allowed to participate in the Sustainable STEM Robotics Camp

Camper Name _____

FORM 7

Sustainable STEM Robotics Camp

T-Shirt Form:

Student's Name _____

T-Shirt Size – Please check **ONLY** one

_____ **L (children's)**

_____ **S (adult)**

_____ **M (adult)**

_____ **L (adult)**

_____ **XL (adult)**

_____ **XXL (adult)**