

## 2016 STEM - Health Camp Information and Registration Form

**Camp Tuition \$ 279. Scholarships provided by NH EPSCoR are available for families who request financial assistance. Please check request below.**

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### Camp Information

**Date:** June 20, 2016 through June 24, 2016  
**Time:** 9 am to 3 pm  
**Place:** White Mountains Community College, 2020 Riverside Drive, Berlin, NH  
**Lunches:** Provided  
**Emergency Contact Information:** 603-752-1113 ext 3050 or 0

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### Past STEM Camp Activities:

Veterinary Medicine  
Bridge Building  
Legos Robotics  
Welding  
Aerospace – Rocketry  
Fresh Water Stream Science  
Medical Simulation  
Dental Health  
Catapult Building

Students should wear appropriate clothing and shoes for being both indoors and outdoors.

**Outdoor activities will take place rain or shine.** Other items to send with your student: sweatshirt, sunscreen, hat, 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 water. **The vending machines are not for the campers' use.**

Drop-off time: 8:30 – 8:45 am  
Pick-up time: 3:00 – 3:15 pm

Please complete and sign the attached registration form and send it with your payment of \$279 to WMCC STEM - Health Camp, Tamara Roberge, WMCC, 2020 Riverside Drive, Berlin, NH 03570 or visit our facility .

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**A voucher will be provided to each camper for one family member to join in the Friday "camp celebration and certificate ceremony." Should other family members or friends choose to attend as well, they can purchase lunch through the Bistro. A headcount must be provided to Chef Kara by Tuesday, June 21<sup>st</sup>.**

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

2020 Riverside Drive, Berlin, NH 03570 • 603-752-1113 or 1-800-445-4525 • Fax 603-752-6335

EEO/AA • TTD Access: Relay NH 1-800-735-2964

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## 2016 WMCC STEM – Health Camp

### Registration Form

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

**Will a parent or family member be joining you for the Rocket Launch followed by a “camp celebration and certificate ceremony” Friday, June 24 at noon?**     Yes     No

**Are you interested in applying for a scholarship?**    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 can 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 are unable to communicate with the camp.

Name:	Name:
Relationship to Student:	Relationship to Student:
Address:	Address:
Phone :	Phone:

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Accredited by the New England Association of Schools and Colleges (N.E.A.S.C.) as a Comprehensive Community College  
Part of the Community College System of New Hampshire

**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**

<b>Field Trip Permission</b>	I give permission for my child to attend WMCC STEM-Health field trips.	Yes	No
<b>Permission to be photographed</b>	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 2016 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: \_\_\_\_\_  
(Parent/Guardian's Signature)

Date: \_\_\_\_\_

**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: \_\_\_\_\_  
(Parent/Guardian's Signature)

Date: \_\_\_\_\_

**STUDENT SCHOOL INFORMATION:**

Grade as of fall 2016: \_\_\_\_\_

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Outreach Participant Information

NH EPSCoR is required to supply aggregate demographic data to the National Science Foundation. No information on individuals is released. Your response is voluntary and is not required for attendance; however, please consider that it is valuable for evaluation of our program.

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

What is your gender?  Female,  Male,  No Response

What is your ethnicity:  Not Hispanic/Latino  
 Hispanic/ Latino  
 No Response

What is your Race?  White  Asian  
 Black/African American  Native American/Alaskan Native  
 Multiracial/Biracial  Other Race  
 No Response

Please specify 'Multiracial/Biracial' or 'Other Race': \_\_\_\_\_

Do you have one or more disabilities?

No  
 Yes  
 No Response

## **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: \_\_\_\_\_