Middle School Mathematics Camp  
Monday through Thursday 9:00am – 1:00pm

Registration Form

Name  
last  first  middle

Mailing Address  
street

city  state  zip

School  
Gender

School District  Grade in September 2016 (6, 7, 8, or 9)  

Phone #  Age

Tee-shirt size  Parent email address  

Please choose one and include a copy of your most recent report card (used to verify grade):

Entered 6th & 7th grade in September:  July 18 – July 21
Entered 8th & 9th grade in September:  July 18 – July 21

Students will be accepted on a first-come, first-serve basis. We will accept no more than 24 students. Fee is $250 with a $50 non-refundable deposit due with this registration form; the remaining $200 will be due two weeks prior to the first day of the program. Checks should be made payable to the “Research Foundation of SUNY”. Please submit registration form at least two weeks prior to start date.

Completed registration forms should be sent to:
Institute for STEM Education
092 Life Sciences Building
Stony Brook University
Stony Brook, NY 11794-5233
Middle School Mathematics Camp

PARENTAL CONSENT FORM
PLEASE PRINT

Name: ________________________________

Parent/Guardian ________________________________

Home telephone: ____________________________  Work telephone: ________________

The Middle School Mathematics Camp will offer students an opportunity to explore many aspects of math. They will interact with Stony Brook and secondary school faculty and other students in the classroom. Although every safety precaution will be taken, certain hazards remain and risks of physical injury and/or property damage, while minimal, do exist in such a program.

I understand that Stony Brook University does not carry liability, medical or property damage insurance in these cases, and that the primary responsibility in case of accident will be provided by myself and/or my own insurance.

Name of Insured: ________________________________

Insurance Carrier: ________________________________

Address of Insurance Carrier: ________________________________

Group #: ________________  ID#______________________________

If no medical coverage, check here ☐

By signing this statement I indicate that I understand the nature of the program and its risks, and grant permission to Stony Brook University to allow my child to participate in the 2016 Middle School Mathematics Camp.

Signature of Parent/Guardian ____________________________  Date ____________

Institute for STEM Education
STONY BROOK UNIVERSITY
Stony Brook, NY  11794-5233  ●  Telephone: 631-632-9750  ●  Fax: 631-632-9791
MEDICAL RECORD FORM

Student Name ____________________________

My child has no medical problems that would prevent their participation in the Middle School Mathematics Camp.

Parent Name: ____________________________ Parent Signature: ____________________________

Is there any health information that we should be aware of?
____________________________________________________________________

Is your son/daughter taking any medication on a regular basis? _____ yes _____ no

If so, medication used __________________________ How frequently? __________________________

For what condition: __________________________ Additional comments: __________________________

Name of family doctor __________________________ Phone __________________________

Date of child’s last physical __________________________

IMMUNIZATIONS
Public Health Law 2165 requires immunization history of measles, mumps, and rubella must be mailed to us before you arrive and completed and signed by your physician or clinic.

<table>
<thead>
<tr>
<th>IMMUNIZATIONS</th>
<th>DATES</th>
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<tbody>
<tr>
<td>Tetanus or TD within 10 years</td>
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<tr>
<td>MMR combined measles, mumps, rubella</td>
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<tr>
<td>OR</td>
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<tr>
<td>Measles vaccine (two immunizations)</td>
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<tr>
<td>Mumps vaccine</td>
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<tr>
<td>Rubella vaccine</td>
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<tr>
<td>Polio  Salk Sabin</td>
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</table>

Signature of Physician

Institute for STEM Education

STONY BROOK UNIVERSITY

Stony Brook, NY 11794-5233 ● Telephone: 631-632-9750 ● Fax: 631-632-9791
PERMISSION FORM

PLEASE PRINT

I grant my child, __________________________, permission to participate in the 2016 Middle School Mathematics Camp at Stony Brook University. I grant permission to the program and the University Health Service and its staff to treat as necessary and/or secure proper treatment for my child in case of illness. Emergency treatment will be given at University Hospital at Stony Brook.

Please contact the following in case of emergency:

Parent/Guardian Name: ________________________________

Home telephone: ________________________________

Work telephone: ________________________________

Name of relative or friend: ________________________________

Telephone: ________________________________

Signature of Parent/Guardian: ________________________________
PHOTOGRAPH RELEASE

I give permission to the Stony Brook University to take photographs of my child, ____________________________, who is enrolled in the 2016 Middle School Mathematics Camp. I understand that these photographs may be used in local or national media, as well as University brochures and other promotional material, including electronic media such as the Internet, for the express purpose of promoting Stony Brook University and its programs.

__________________________________________________________________________
Student Signature

__________________________________________________________________________
Parent Signature

__________________________________________________________________________
Date