Science Exploration Camp 2016  
Monday - 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):

- Entering 6th grade in September: July 25 – August 4
- Entering 7th grade in September: July 5 – July 14
- Entering 8th grade in September: July 5 – July 14
- Entering 9th grade in September: July 5 – July 14

Students will be accepted on a first-come, first-serve basis. We will accept no more than 24 students in each session. Fee is $500 with a $50 non-refundable deposit due with this registration form; the remaining $450 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
Science Exploration Camp

PARENTAL CONSENT FORM
PLEASE PRINT

Name: ________________________________

Parent/Guardian __________________________

Home telephone: __________________________ Work telephone: _________________

The Science Exploration Camp will offer students an opportunity to explore many aspects of the sciences. They will interact with Stony Brook and secondary school faculty and other students in the laboratory, on field trips and in workshops. 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 Science Exploration 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 Science Exploration Camp.  ○Yes  ○No

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 _________________________

Parent Name:_____________________________  Parent Signature:____________________

________________________________________

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

Signature of Physician
PERMISSION FORM

PLEASE PRINT

I grant my child, ______________________________, permission to participate in the 2016 Science Exploration 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 Science Exploration 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