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 2017 (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 & 7th grade in September:  July 24 – July 27
☐ Entering 8th & 9th grade in September:  July 24 – July 27

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 2017 Middle School Mathematics Camp.

Signature of Parent/Guardian ___________________________ Date _____________
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>Vaccine</th>
<th>DATES</th>
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<tbody>
<tr>
<td>Tetanus or TD within 10 years</td>
<td></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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<td>Mumps vaccine</td>
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<td>Rubella vaccine</td>
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<td>Polio</td>
<td>Salk</td>
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</table>

Signature of Physician

Institute for STEM Education
PERMISSION FORM

PLEASE PRINT

I grant my child, ____________________________, permission to participate in the 2017 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 2017 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