



STUDENT INFORMATION

PLEASE PRINT CLEARLY. ILLEAGIBLE INFORMATION MAY DELAY ACCEPTANCE.

FIRST NAME _____ LAST NAME _____

PREFERRED NAME _____ GENDER _____ ETHNICITY _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTACT NUMBER _____ DATE OF BIRTH ____/____/____

NAME OF SCHOOL _____ RISING GRADE FOR
 ATTENDING THIS YEAR _____ 2018-2019 SCHOOL YEAR _____

This form is a required page of the application for 2018 SUMMER STEM CAMP. It must be completed by the child's parent/ guardian and must be signed in the presence of one (1) witness.

TO THE UNIVERSITY OF SOUTH ALABAMA:

I understand that my son/daughter has the opportunity to participate in a **Summer STEM Camp** at a Mobile County Public School System site.

I understand that transportation to and from STEM CAMP is my responsibility over which the University has no responsibility or control. Further, participation in the Camp is voluntary, and the undersigned are aware of, and agree to abide by the rules and regulations of the camp.

In consideration for the University of South permitting my child the opportunity to participate in this activity, I, in full recognition and appreciation of any risks, hazards or dangers inherent in this activity to which my child may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding my child's participation in such activity, with the full knowledge and understanding that transportation to and from the program is not the responsibility of the University of South Alabama. Further, I do myself agree to hold harmless and indemnify, release and further discharge the University of South Alabama, and all of its trustees, officers, agents, **servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from** my child's participation in and which may result from causes beyond the control of, and without the fault or negligence of the University of South Alabama, its trustees, officers, agents, servants and employees during the period of the student's participation as aforesaid.

I fully understand the risks involved in my child's participation in this activity including risks in physical activities. My child is physically able to participate in such activities. I understand that the University of South Alabama and its trustees, officers, agents, servants and employees assume and accept no liability for personal injury or loss of life or damage to personal property.

IN WITNESS WHEREOF, I have caused this Release to be executed ON THIS _____ DAY OF _____, 2018.

Parent/Guardian Signature

Witness Signature

Date

Date



REQUIRED ATTENDANCE

The Summer Enrichment program is a program that is full of positive experiences that can be useful to each student. Each student must be fully committed to completing the activities of the program with a positive attitude. **FULL ATTENDANCE** by each participant is essential if the program is to meet its objectives. We request that parents make a commitment for their child to attend the enrichment program in its entirety. Any student missing more than **two days** will be dismissed unless approved by the administrator.

I commit my child to attend the Summer Enrichment Program that is to be held from June 5th – June 28th, 2018. My signature below certifies that I understand and accept these responsibilities.

Signature of Parent/Guardian _____ **Date** ____/____/____

Printed Name _____

PARENTAL OR GUARDIAN PERMISSION

I am the parent/guardian of the above named student, and I give full permission and consent to the agents and employees of the Summer Enrichment Program to provide transportation for my child by public service bus or other appropriate means of transportation during all session. I also give permission for my child's image to be used in promoting the Enrichment Program in the media and other promotional activities.

Signature of Parent/Guardian _____ **Date** ____/____/____

Printed Name _____

CONSENT FOR EMERGENCY MEDICAL SERVICES

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray, or surgery, as recommended by an attending physician.

I also understand if my child becomes ill or injured, my health insurance is coverage for those expenses.

Signature of Parent/Guardian _____ **Date** ____/____/____

Printed Name _____