



Stony Brook University

# Science Exploration Camp 2018

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 2018 (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 6<sup>th</sup> grade in September: July 9 – July 19
- Entering 7<sup>th</sup> grade in September: July 9 – July 19
- Entering 8<sup>th</sup> grade in September: July 9 – July 19
- Entering 9<sup>th</sup> grade in September: July 9 – July 19

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

## Institute for STEM Education



STONY BROOK UNIVERSITY

Stony Brook, NY 11794-5233 • Telephone: 631-632-9750 • Fax: 631-632-9791



**Stony Brook University**

*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 2018 Science Exploration Camp.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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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.

	DATES
Tetanus or TD within 10 years	_____
MMR combined measles, mumps, rubella	_____
OR	
Measles vaccine (two immunizations)	_____
Mumps vaccine	_____
Rubella vaccine	_____
Polio <input type="radio"/> Salk <input type="radio"/> Sabin	_____

*Signature of Physician*

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**PERMISSION FORM**

**PLEASE PRINT**

I grant my child, \_\_\_\_\_, permission to participate in the 2018 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: \_\_\_\_\_

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**PHOTOGRAPH RELEASE**

I give permission to the Stony Brook University to take photographs of my child,  
\_\_\_\_\_, who is enrolled in the 2018 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

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