



Lake Technical College

# STEM Summer Camp Registration Form

## June 17 – 20, 2019

### Student Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ T-shirt Size \_\_\_\_ Adult Child (circle one)  
 School Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade in 2019-2020 \_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Student's Phone # \_\_\_\_\_

### Parent/Guardian Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relation to Student \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Primary Phone # \_\_\_\_\_  
 Secondary Phone # \_\_\_\_\_ Email \_\_\_\_\_

### Emergency Contact Information – Alternate Pickup/Release

#### *Emergency Contact (other than parent/guardian)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Primary Phone # \_\_\_\_\_  
 Secondary Phone # \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list those people in addition to parent/guardian and emergency contact who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

### Medical Information

Does this student have allergies? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Is this student currently taking medication? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetes, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No

I understand that I will be notified in case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Photo Release

I hereby give permission for my child to be photographed during the STEM Summer Camp. I understand the photos may be used as demonstration of camp activities and on Lake Tech's website and social media accounts. I understand that although my child's photograph may be used for advertising, his/her identity will not be disclosed, I do not expect compensation, and that all photos are the property of Lake Technical College.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Important Dates

This camp is limited to 22 students, and all grades will be represented. Completed applications must be received by May 3, notification of camp acceptance will be made by May 10, and the \$100 registration fee is due by May 24. Camp fee includes daily lunch and snacks and a t-shirt. Parents and families are invited to a camp presentation on Thursday, June 20, at 2:00 PM.

*Lake Technical College does not discriminate on the basis of race, religion, color, national origin, gender, genetic information, age, pregnancy, disability, or marital status in its educational programs, services or activities, or in its hiring or employment practices.*

*An employee, student, parent, or applicant alleging discrimination with respect to employment, or any educational program or activity, may contact:*

Ms. Kimberly Frazier  
 Dean of Student Services  
 frazierk@lake.k12.fl.us  
 352.589.2250, ext. 1842

**Student Short Answer – Answers will help determine who is selected to attend the camp**

Please tell us what you know about STEM and careers in STEM. \_\_\_\_\_

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Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Teacher/Counselor Recommendation**

To choose candidates who will make the STEM Summer Camp experience the most effective and enjoyable for all, we ask that each student candidate choose a teacher to recommend him/her. By signing below, you are stating that the student possesses the qualities that make him/her a good candidate for participation in our STEM camp, and you feel that this experience will benefit the student.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ School \_\_\_\_\_

**Please mail or deliver the completed registration form to:**

Lake Technical College  
2001 Kurt Street  
Eustis, FL 32726  
Attn: Laurie N. Bryant

**Or email the completed registration form to:**

BryantL2@lake.k12.fl.us