



Center for Advanced Studies at Wheeler High School
Elementary Boys Science and Engineering Camp



June 25 - June 29, 2018

9:00 am to 3:00 pm daily

Coker Magnet Building, Wheeler High School

Program Fee \$250

The Center for Advanced Studies' STEM Explorers Camp is designed for rising 4th, 5th, and 6th grade boys who have an interest in science and engineering. This five day camp will offer students the opportunity to explore an array of science and engineering fields including Robotics, Chemistry, Engineering, Coding and Biotechnology.

Name _____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Date of Birth _____ Present Grade Level _____ School _____

Special Diet _____

Camper's T Shirt Size (Circle One): Youth Size - S M L Adult Size: S M L XL

A payment of \$250 is due at time of registration.
Make checks out to **Wheeler High School**
No refunds or cancellations will be processed after May 18.

Please return to:
Wheeler High School
Center for Advanced Studies
STEM Explorers Summer Camp
375 Holt Road
Marietta, Georgia 30068

Please complete and notarize this form (signed & stamped by a Notary) before returning

**Cobb County School District
Wheeler High School
STEM Explorers Camp
Medical History Permission and Release Form**

Name _____ Age _____

Address _____ Zip _____

In case of an emergency, notify: _____ Phone _____

Family Physician: _____ Phone _____

Family Insurance Co. _____ Policy # _____

Insurance Co. Address _____

IMMUNIZATIONS: _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps

Other: _____

PAST MEDICAL HISTORY

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney _____ Heart _____ Diabetes _____

Dizziness _____ Stomach Upset _____ Hay Fever _____ Other _____

ALLERGIES: Food _____ Insect bites/stings _____

Penicillin or other drug (name) _____

Poison Sumac, Oak or Ivy _____

Other _____

Previous operations or serious illnesses _____

Any current medications _____

Special Diet (name) _____

Childhood Diseases: Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Any medical needs which your child has, of which adult supervisors should be aware:

PERMISSION FOR TREATMENT

My permission is granted for school supervisors to obtain necessary medical attention in case of sickness or injury of my student.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Cobb County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representative thereof, as well as trip supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the student's participation in the camp the rendering of emergency medical procedures or treatment, if any.

DATED _____

NOTARY _____

Signature of Parent/Guardian

**Cobb County School District
Wheeler High School
Center for Advanced Studies
STEM Explorers**

Permission to Participate

GENERAL INFORMATION

Camp Name: STEM Explorers

Camp Site: Wheeler High School, Coker Building

Dates of Camp: Monday, June 25, 2018 – Friday, June 29, 2018

Camp Times: 9:00 AM – 3:00 PM Daily

I request that _____ be allowed to participate in the STEM Explorers Summer Camp described above and specifically consent to his/her participation.

If any emergency medical procedures or treatment are required during the camp, I consent to the camp supervisor(s) taking, arranging for or consenting to the procedures or treatment in his/her or their discretion.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Cobb County School District, the Cobb County Board of Education, its successors and assigns, its members, agents, employees, and representative thereof, as well as trip supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the student's participation in the camp or the rendering of emergency medical procedures or treatment, if any.

Signature of Parent/Guardian

Date

PERMISSION TO DISPLAY STUDENT PHOTOGRAPH/NAME

I hereby grant permission to Cobb County School District (District) to use or publicly display my child's photograph, video image, or audio clip on the District's Web site(s), individual school Web pages, or in other official District publications without further notice. I acknowledge the District's right to crop, edit, or treat the photograph, video, or audio clip at its discretion.

I also understand that once my student's photograph, video image, or audio clip is published on a Web site, it can be downloaded by any computer user, on or off campus. I understand a student's name may be published along with the student's picture.

Therefore, I agree to indemnify, defend and hold harmless the members of the Cobb County Board of Education, the District, its officers, employees, agents, successors and assignees (the "Indemnified Parties") from and against any and all claims and liabilities resulting from this publishing.

Subject/Nature of Event:

Permission is granted for the use requested above.

NOTE: This form must be signed by student if the student is 18 years of age or older.

Name of Student

Signature of Student

Date of Student Signature

Name of Parent/Guardian

Signature of Parent/Guardian

Date of Parent/Guardian Signature(s)