



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



**June 11-15, 2018**

**9:00 am to 3:00 pm daily**

**Coker Magnet Building, Wheeler High School**

**Program fee \$300**

The Center for Advanced Studies' eighth annual Science Spectrum Summer Camp is designed for rising 7th, 8th, and 9th grade students 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, Biotechnology, Electronics, Forensics, and Engineering.

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

Make all checks payable to: Wheeler High School. A payment of \$300 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  
Science Spectrum 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  
Science Spectrum Summer 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 \_\_\_\_\_

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 \_\_\_\_\_

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

\_\_\_\_\_  
NOTARY

**Cobb County School District  
Wheeler High School  
Center for Advanced Studies  
Science Spectrum Summer Camp**

**Permission to Participate**

**GENERAL INFORMATION**

**Camp Name: Science Spectrum Science and Engineering Camp**

**Camp Site: Wheeler High School, Coker Building**

**Dates of Camp: June 11 – June 15, 2018**

**Camp Times: 9:00 AM – 3:00 PM Daily**

**I request that \_\_\_\_\_ be allowed to participate in the Science Spectrum 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, the Georgia Institute of Technology, 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.**

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**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)