



STEM Career Exploration Camp Registration Form – No Fees Required for the Camp

Camper

First _____ Middle _____ Last _____ Gender: Female ___ Male ___

School Name _____ Grade _____ Birth date ___ / ___ / ___ Age _____

Street Address _____

City _____ State _____ Zip code _____ Home Phone _____

Disability _____

Accommodations specified in 504 Plan or IEP _____

Parent/Guardian – Contact Information

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

City _____ State ___ Zip Code _____ Home Phone _____

Work Phone _____ Cell phone _____ E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2 – Optional

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

City _____ State ___ Zip Code _____ Home Phone _____

Work Phone _____ Cell phone _____ E-mail _____

Occupation _____ Employer _____

Emergency Contact Information

Emergency Contact #1

First _____ Last _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Alternate Pickup/Release

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____



Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

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

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

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?
Yes__ No__ If yes, explain: _____

Does your child require a special diet?
Yes__ No__ If yes, explain: _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the USF STEM Career Exploration Camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to VR and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child’s photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of the University of South Florida and its affiliates.

Parent’s/Guardian’s Initials _____

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Please email the completed registration form to: alqasemi@usf.edu and cc to: scarey3@usf.edu

Note: This camp is pending state approval, but you can submit your registration today to secure your seat once state approval is granted.