Science and Engineering Day Camp

The University of South Carolina has formed an exciting interactive science and engineering exploratory day camp* for high school students. (Rising 9th graders-12th graders)

July 21 – August 7, 2008

Monday through Thursday

9:00 am – 1:30 pm

Drop Off and Pick Up: Coker Life Science Building
(715 Sumter Street, Columbia, 29208)

Join us as we investigate the world of science and engineering.
Explore the various career opportunities available in science, mathematics and engineering.

Don't pass up this opportunity to experience fun, hands-on science and technology lessons that will increase your skills and prepare you for success in any career.

**This camp is FREE**

Lunch will be provided

The program was produced under a grant from the South Carolina Commission on Higher Education and the U.S. Department of Education under the auspices of the Improving Teacher Quality Higher Education Grant Program.

*participants will be admitted on a first come, first serve basis. Please apply early

Applications are due June 30th 2008

For more information please contact:
Dr. Christine Lotter at (803) 777-6593 or USCInquiryWorkshop@gmail.com
OR
Regina Smith at (803) 777-5127 or rhsmith@gwm.sc.edu
Registration Form

PLEASE NOTE: Applicants will be accepted on a “first come-first served” basis. Please type or print clearly. Application Deadline: Must be received by June 30, 2008.

PART 1: APPLICANT INFORMATION

Name______________________________________________________ Rising Grade _____________
Address________________________________City___________________State_____ Zip___________
Home Phone (________)_____________________ Birthdate _____/_____/_____
Gender _______M _______F    School Attending_____________________________________

PART 2: TO BE COMPLETED BY PARENT OR GUARDIAN OF APPLICANT

Parent’s Name __________________________________ Daytime Phone (________)_______________
Parent’s Name __________________________________ Daytime Phone (________)_______________
Emergency Contact_____________________________________ Phone (_______)________________
Parental Email Contact: ________________________________________________________________

PARENT/GUARDIAN CONSENT

As a parent/guardian of ______________________________________, I acknowledge that my child has my permission to attend the USC Science and Engineering Day Camp (USC SEDC).

(PLEASE INITIAL THE ITEM BELOW TO INDICATE YOUR CONSENT):

_____ I give my permission for USC SEDC to use photos, quotes, or video footage of my child in publicity coverage or materials prepared for the purposes of public relations, recruitment, fund raising or grant writing.

SIGNATURE OF PARENT/GUARDIAN ______________________________________________ DATE __________

PART 3 – TO BE COMPLETED BY APPLICANT

Science Background: Please circle the courses that you have completed:

Chemistry  Biology  Earth Science  Physical Science  Physics
Calculus  Geometry  Trigonometry  Algebra I  Algebra II

APPLICANT SIGNATURE ______________________________________________ DATE __________

For more information please contact:
Dr. Christine Lotter
(803) 777-6593
USCIInquiryWorkshop@gmail.com
THE UNIVERSITY OF SOUTH CAROLINA

(Please print or type)
Program: Science and Engineering Camp DATE: July 21-August 7, 2008 Location: USC-Columbia

PARTICIPANT’S FULL NAME: ______________________________________________________________

DATE OF BIRTH ____________ GRADE 08/09 ________ SOCIAL SECURITY NUMBER __________________

HOME ADDRESS: _______________________________________________________________________

Street ________________________________________________________________________________

___________________________________________________________ PHONE ( ) _______________

City                             State     Zip

CONSENT AND WAIVER

In consideration of my Child, the Participant, being permitted to participate in the above Program, I, and on behalf of my Child, agree and understand that

− My Child will abide by all the rules, guidelines, regulations, and code of conduct of USC and/or host/site location requirements;
− My Child may be asked to leave the Program if I or my Child do not abide by the rules, regulations, and code of conduct of USC and/or the host site location requirements;
− The Program staff have sole authority to make decisions regarding my Child's continued participation if my Child's conduct or the circumstances warrant removal, dismissal, expulsion, discipline, or other action including return to home base or permanent residence at my sole expense, without notice to me, and the forfeiture of funds, deposits, or fees;
− My Child's participation in this program is voluntary and not in the capacity as a representative or employee of USC.
− I recognize that my Child's participation in the program, including field trips and transportation to and from activity sites, carries with it risks, including, but not limited to, criminal acts, injuries, illness, death, paralysis, property losses, and other damages, that cannot be eliminated regardless of the care taken.
− I have investigated the risks involved in this program and I freely assume the risks and consent to my Child's participation.
− I further declare that my Child is fit and capable of participating in the program.

Further, I, and on behalf of my Child, agree to

− Attend all required meetings;
− Complete and timely submit all necessary forms and paperwork;
− Confirm that my Child has medical and health insurance coverage while participating in the Program;
− Give the Program staff the permission, in case of accident or injury, to administer standard First Aid/or to arrange for transportation to a medical facility;
− Be solely and completely liable for any expenses incurred on my or my Child's behalf, including, but not limited to, medical or health care expenses;
− Advise the USC Program staff and/or host site administrators of any situation or condition that may be a potential hazard or risk;

PHOTO RELEASE

− Give USC, its agents, employees, servants, assigns, and successors, without expectation of value, permission to
  1. Record my Child's likeness and appearance on video tape, audio tape, film, photograph or any other medium; and
  2. Use my Child's name, likeness, voice, and biographical material in connection with these recordings; and
  3. Exhibit, copy or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose or advertisement campaigns which the University of South Carolina, and those acting pursuant to its authority, deem appropriate.

***WAIVER AND RELEASE OF LIABILITY***
Further, in consideration for my Child being permitted to participate in the PROGRAM, I, as the natural parent and/or as the legally authorized guardian, do hereby for myself, my family, heirs, personal representatives, and assigns, agree not to sue, AND I release, waive, discharge, hold harmless and indemnify, and forever defend the State of South Carolina, the University of South Carolina, its members of the Board of Trustees, individually and collectively, its officers, employees, servants, agents, and directors, from any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney's fees, as may be sustained by my Child or me arising out of or in any way associated with my Child's participation in the PROGRAM, or Field Trips, or travel incident thereto.

I warrant I am the parent or authorized legal Guardian of the Participant and I warrant I am 18 years of age or older. I have carefully reviewed and I agree to the terms of this entire document.

_________________________________________________  Date: ________________________
2008
Participant Signature

_________________________________________________  Date: ________________________
2008
Parent/Guardian Signature (required)

EMERGENCY CONTACT:
Home: ( ) __________________ Work: ( ) __________________ Cell: ( ) ___________________ Other: ( ) ___________________

Witnesses: ______________________________________________   ______________________________________________.

Witness signature       Witness signature