



Albany State University Interactive Computer Programming Camp

June 23 - June 27, 2014

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Introduction

The Fourth Interactive Computer Programming Summer Camp will be held at Albany State University from June 23 to 27, 2014. The camp is targeted at middle school students interested in careers in science and engineering and will teach them working in various robotics and animation software programming environment. The camp is sponsored by Georgia Space Grant Consortium, a funding agency of NASA providing scholarships to K-12 and university students. The camp participants will also have daily outdoor recreational activities such as swimming, basketball, etc. for an hour.

Application process

A complete application should include

1. Completed Application form,
2. A copy of most recent CRCT test results,
3. Letter of recommendation from Mathematics or Science teacher.

Fee

A \$100 non-refundable fee has to be submitted along with the completed application package after the students are informed of acceptance into the program. The camp operation is subsidized by a grant from Georgia Space Grant Consortium, a NASA funding agency.

Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30 - 9:00am	Drop off	Drop off	Drop off	Drop off	Drop off
9:00 - 11:30am	Lego/Nxt Robotics	Computer Games	Alice	SolidWorks CAD, 3D Printing	Independent Project
11:30 - 12:30	Lunch	Lunch	Lunch	Lunch	Lunch
12:40 - 2:40pm	Lego/Nxt Robotics	Alice	Alice	WindTunnel, CNC Machining	“Show and Tell” before Parents
2:40 - 3:40pm	Recreation	Recreation	Recreation	Recreation	Recreation
3:40 - 5:00	Wrap up Pickup	Wrap up Pickup	Wrap up Pickup	Wrap up Pickup	Wrap up Pickup

*Recreation: Swimming and/or Basketball

Registration Form

ALBANY STATE UNIVERSITY INTERACTIVE COMPUTER PROGRAMMING CAMP

*No money needs to be sent with the application form
Upon selection \$100 camp attendance fee has to be sent*

I. STUDENT INFORMATION

Name _____ SS # _____

Number Street City State Zip

Home Phone _____ Other _____

Email Address _____

School _____

Grade _____ Age _____ Sex _____

Date of Birth _____ Ethnicity _____

Activities and Interests: List school/community activities in which you have been involved, in order of their importance to you.

<u>Activity</u>	<u>Position Held/Award</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. PARENT INFORMATION

Mother

Name _____ Home Telephone # _____

Work Number _____

Home Number _____

Email Address _____

Relationship _____ Telephone # _____

Father

Name _____ Home Telephone # _____

Work Number _____

Home Number _____

Email Address _____

Relationship _____ Telephone # _____

III. IN CASE OF EMERGENCY

Name _____

Relationship to Student _____

Home Telephone # _____

Cell Telephone # _____

Please Check One:

___ Consent **is granted** to the staff of Interactive Computer Programming Camp to provide medical services through the appropriate medical facilities and/or medical service provide(s) to _____ (student name), throughout my child's participation in the Camp.

___ Consent **is not granted** to the staff of Interactive Computer Programming Camp to provide medical services through the appropriate medical facilities and/or medical service provide(s) to _____ (student name), throughout my child's participation in the Camp.

Student Signature

Date

Parent Signature

Date

Return the completed application package.

Mrs. Pearlie Bowser,
University Communications
ACAD 389
Albany State University
Tel: (229) 430- 4671
Email: pearlie.bowser@asurams.edu

Health Form

Name of Participant _____
Please Print

Date of Birth _____ Age _____ Gender _____

Home Address _____
Number & Street City State Zip

Home Phone Number _____

Name of Parent or Legal Guardian _____
Please Print

Home Address _____
Number & Street City State Zip

Telephone Number _____
Home Work

In Case of Emergency we may call _____
Please Print Phone Number

Family Physician _____
Please Print Phone Number

Medical Insurance _____
Name of Company Group Number

NOTE: PARTICIPANTS MUST HAVE MEDICAL INSURANCE

The following Immunizations are required (Check all apply)

Measles _____ Mumps _____ Last Tetanus Booster _____

Rubella _____ Rubella Booster _____ Polio _____

Polio Booster _____ DPT Basic Series _____ Booster _____

Allergies: (Please Check) 1. Penicillin _____ 2. Sulfa _____

3. Pollens _____ 4. Insect Bites or Stings _____

5. Foods (Please List) _____

6. Others (Please List) _____

Do you have any condition either medical or emotional that may produce: Fainting

_____ Convulsions _____ Seizures _____ Unconsciousness _____

List all past surgical operations or procedures

List all medical / emotional illnesses / disabilities

List conditions currently being treated

Medications being taken _____

Are you in good physical condition? _____ If not, please explain _____

List any abnormality, physical or emotional that would make participation in aerobics, or competitive sports hazardous

AUTHORIZATION FOR MEDICAL TREATMENT

(The completed form must be on file before treatment is administered.)

I give my permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son / daughter / ward.

Parent or Legal Guardian's signature is REQUIRED below if the student is less than eighteen years of age.

Signature of Participant Date

Signature of Parent or Legal Guardian Date

**RELEASE, WAIVER of LIABILITY and COVENANT NOT TO SUE
(READ CAREFULLY BEFORE SIGNING)**

I, _____, the parent or legal guardian of _____, a student participating in the *Summer Computing Camp* at Albany State University during the week of June 23rd to 27th, 2014, hereby voluntarily enter into this Release, Waiver of Liability and Covenant not to sue on behalf of the above-named student, myself, our heirs, administrators, executors and assigns. I freely, voluntarily and knowingly grant permission to the above-named child to participate in the above activity, with the understanding that participation in experiments in the laboratory, even with the supervision of adult personnel and parent chaperones, involves certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. In consideration for the privilege of my child participating in this activity, I freely, voluntarily and knowingly assume all risks on behalf of my child as his/her parent or legal guardian. I further certify that there are no health-related problems or other reasons that would preclude the above-named student's participation in this activity or event.

I further agree to abide by all policies, rules and regulations of the Board of Regents of the University System of Georgia, Albany State University (ASU) and the ASU Department of Natural Sciences, and that I will reinforce rules of conduct imposed by the coordinators of this activity by discussing said rules with the student above-named.

In consideration for the participation of the above-named student in the activities above described, including, but not limited to, travel to and from said event and all activities associated with said event which may also involve inherent risks, I hereby indemnify, release, hold harmless and covenant not to sue the Board of Regents of the University System of Georgia (hereafter BOR), Albany State University (hereafter ASU), their trustees, officers, agents, and employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by the above-named student, or damage to any property belonging to said student, whether caused by the negligence of the BOR or employees of ASU, or the result of defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I have carefully read and fully understand the contents of this entire document, and consent, individually and on behalf of the above-named student, to the provisions contained herein.

IN WITNESS WHEREOF, I set my hand hereto as of the date set forth below:

Signature of Parent/Legal Guardian

Date

Witness

Date

Authorization To Pick Up Student

We will not release your child to anyone not previously authorized by you. Please complete this form and return it with your release and other enclosed forms. We must have this form on file before your child begins Summer Computing Camp at Albany State University.

Student Name: _____

Transportation Mode: Public Transportation Parents

Names of Parents Authorized To Pick Up Child: _____

Names of Others Authorized To Pick Up Child: _____

My son/daughter will be driving to the camp. Please send parking information.

Parent's Signature: _____ **Date:** _____

Please return application packet to:

Interactive Computer Programming Camp

Mrs. Pearlie Bowser,
University Communications
ACAD 389
Albany State University
Tel: (229) 430-4671
Email: pearlie.bowser@asurams.edu

Photo Release Form

The ASU Science *T*echnology *E*ngineering *P*rogram Summer Camp will be taking still pictures and videotapes of participants during various activities. These pictures and videos will be used in recruitment presentations in the target schools, community agencies, and may be published in various media forms, including program brochures, newsletters, flyers and electronic media. Please read the photo release form below before signing.

For valuable consideration, receipt of which is hereby acknowledged, I hereby grant Albany State University the absolute right and permission to take photographs and videotapes of my child participating in Interactive Computer Programming Camp, including workshops and classes. I specifically agree that the University may use the photographs and videotapes in whole or in part, in color or black and white, and may publish them in any media and form, including electronic.

I hereby waive any rights I may have to inspect and approve the photographs or the publications in which they are included, and I agree to release and save Albany State University and its administration, faculty, staff from any liability by virtue of the use of the photographs, regardless of any blurring, distortion, optical illusion or alteration which may occur when the photographs are taken, processed, printed, or otherwise displayed.

Name of Child _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Address _____

Date _____

Albany State University does not discriminate on the basis of race, religion, age, sex, color, disability, sexual orientation, national or ethnic origin, political affiliation, or status as disabled veterans, veteran of the Vietnam era, or other veteran in administering its policies and programs. It is the policy of the university to maintain an environment free of sexual harassment and intimidation.