

**SOUTHEASTERN COMMUNITY COLLEGE**  
**Educational Talent Search Program**  
**STEM Science Camp Application**  
**July 10<sup>th</sup>-13<sup>th</sup> 2023**  
**8:30 am – 12:00 pm**

School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent cell: \_\_\_\_\_ Parent email: \_\_\_\_\_

To be selected to attend the STEM Science CAMP a copy of the student's academic transcript or most recent report card and an Educational Talent Search application (if the student is not currently enrolled in ETS) needs to be included with the application.

**EMERGENCY MEDICAL INFORMATION**

In the event that (child's name) \_\_\_\_\_ should require emergency medical treatment and reasonable attempts to contact me have been unsuccessful, I give my consent for admission of emergency medical treatment deemed necessary by the licensed physicians or dentists at a nearby hospital, emergency facility or hospital of preference. I assume financial responsibility for any injuries that may occur while he/she is enrolled in the ETS/SCC camp.

Insurance Information: \_\_\_\_\_

Physician: \_\_\_\_\_

Dentist: \_\_\_\_\_

Hospital: \_\_\_\_\_

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

Please list below any allergies (food, medication or other) or medical conditions (such as ADD, medications taken) we should be aware of:

\_\_\_\_\_

**Parental Release Waiver**

I understand and agree that Southeastern Community College and Interactive Science Programs may use photographs and audio of participants of this Science Camp for use on the Southeastern Community College website, in college publications, press releases, and showings on the college television channel and for Interactive Science Programs. **The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission for the use of such images as part of the Science Camp for promotional and historical purposes**

**As the parent/guardian of the above child, I agree to the above conditions.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date