Radical Scholars S.T.E.A.M. Camp 2018

**Session I: *June 4-June 8*; Session II: *June 11-June 15*; Session III: *July 9-July 13***

**REGISTRATION FORM**

**SCHOLAR INFORMATION Please type or print legibly.**

**Last Name: First Name: \_\_\_\_\_\_\_\_\_\_\_**

**Gender: 🞎 Female 🞎 Male Age: \_ T-Shirt Siz**e\_\_\_\_\_\_\_\_\_\_\_\_

**School:**

**Grade attended year 2017-2018:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home address:**

**City: State/Province: Postal/Zip Code:**

**Country: Telephone: Cell:**

**Parent email:**

**(Include area code with telephone)**

# Mother’s name: Father’s name:

# Mother’s day phone: \_\_\_\_\_\_ Father’s day phone:

# Mother’s cell: \_\_\_ \_Father’s cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Person’s Authorized to pick up child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please provide a copy of their ID)

# Other Dismissal Arrangements\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Emergency contact\*: Relationship: Phone:

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**Specify any of your child’s health problems:**

**Is your child on any medication? No Yes If so, please specify:**

**Lunch:** Please send your child’s lunch each day. Be sure that your child’s lunch is clearly marked with their first and last name. Refrigerators will be available for your child to store his/her lunch.  Glass bottles/containers are not allowed.

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**Payments:** Tuition may be paid by cash, by check or by credit card.

Make the check payable to: **Radical Scholars**

**Camp Fees:**

* Robotics – Workshop $125 + Registration $25 = Total $150/week
* All other Workshops – Workshop $100 + $25 = Total $125/Week

**Registration fee**: $25 Non-Refundable

## **Contact Information**

For more information, contact Aloma McKay, Camp Director at

770-713-4309

Emails: amckay@radicalscholars.com

**SIGNATURE OF PARENT OR GUARDIAN**  **DATE**

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I understand that the first weeks balance is due by May 15. We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to Radical Scholars S.T.E.M. camp every day

**DROP OFF AND PICK UP TIMES**

Drop off time:

* 8:45AM for morning and full day scholars
* 12:45AM for afternoon scholars

Pick up time:

* 4:00PM for afternoon and full day scholars
* 12:00PM for morning scholars
* A $1 fee will be charged for every minute late after a 10 minute courtesy wait.

**REQUIRES PARENT’S SIGNATURE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholar Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholar Medical Problems\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is financially responsible for the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission to **Radical Scholars S.T.E.M. Camp, Radical Scholars, and Champion in the Making Foundation,**  to photograph and/or videotape the scholar for educational or promotional purposes. \_\_\_\_\_\_\_\_ (Initial)

**PARENT STATEMENT**

I hereby state that (scholar’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **Radical Scholars S.T.E.M. Camp**. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **Radical Scholars, Radical Scholars S.T.E.M. Camp, Champion in the Making Foundation, its employee and its staff** from liability to the above named scholar, of the person claiming through him/her, arising from injury to the person or property of the above named scholar occurring in the premises of **Radical Scholars S.T.E.M. Camp, and Hearts Academy of Excellence,** including any event sponsored or sanctioned by **Radical Scholars S.T.E.M. Camp,** and or travel to and from such activities.

I understand that **Radical Scholars S.T.E.M. Camp,** has the right to deny admittance to any scholar not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Radical Scholars S.T.E.M. Camp,** or its scheduled program and that **Radical Scholars S.T.E.M. Camp,** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_