**STEM Xposure**

Presents

“Revitalizing East Tampa”

Design and Construction Camp

Registration Packet

Camp Application

Participant Agreement, Wavier and Release Form

Emergency Contact

Image and Media Release

Camp Rules/Behavior Agreement Rules

Essay

Please complete all forms and return by June 1, 2019

Mail: 5508 N 50th Street #27 Tampa FL 33610

Email: [info@stemxposure.com](mailto:info@stemxposure.com) 813-580-8660

\*We will notify you by email of your student’s acceptance or wait list status to the Summer Camp

within 1 week of receipt of your application. If you have additional registration/payment questions, please

contact Robyn Donaldson 813-580-8660 and Earlisha Oakes 727-550-6724 or [info@stemxposure.com](mailto:info@stemxposure.com)

**Image and Media Release: Y or N**

IMAGE RELEASE CONSENT FORM is part of STEM Xposure camp we take photographs and videos of students in action as they participate in the classrooms, field trips, workshops, labs, etc.

We would like you to indicate below what uses of images of your child you are willing to consent to. This is completely up to you. We will only use the photographs, video, and images in ways that you agree to. In any use of these images, names and other personal information (name, age, etc) will NOT be identified, unless first discussed with the parents

\_\_\_ Images of my child(ren) may be used as part of STEM Xposure, brochures, pamphlets, websites.

\_\_\_ Images of my child(ren) may be used for newspaper and other media advertising the STEM camps.

\_\_\_ Please do not use ANY images of my child(ren) in ANY way. I have read the above description and give my consent for the use of the images as indicated above.

Child(ren)’s name(s): (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature Parent/Guardian Name (please print) Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARTICIPANT AGREEMENT, WAIVER AND RELEASE FORM**

THIS FORM MUST BE COMPLETED BEFORE ANY PARTICIPATION WILL BE ALLOWED

Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_ /\_\_\_\_ /\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender (circle one) M F Age\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Contact and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGREEMENT, WAIVER AND RELEASE** In consideration of being permitted by STEM Xposure to participate in 2019 “Revitalizing East Tampa” Summer Camp, I hereby waive, release and discharge any and all claims for damage for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in activities at said facilities. This release is intended to discharge in advance STEM Xposure, its officers, employees and agents from any and all liability arising out of or connected in any way with my participation in activities at this or any other STEM Xposure facility even though that liability may arise out of negligence or carelessness on the part of those parties.

It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold harmless, STEM Xposure, its officers, employees and agents from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in any activity at this or any other STEM Xposure.

**CONSENT OF PARENT/GUARDIAN** (If Participant is a minor) I am the parent or legal guardian of the participant listed above. I hereby consent that the participant may participate in activities at this, or any other STEM Xposure and I hereby execute the Agreement, Waiver and Release on his/her behalf. I hereby affirmatively state that the said Participant is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense that they may incur as result of the death or any injury or property damage that said participant may sustain while participating in activities at any such Decatur Parks and Recreation Department facility. I HAVE CAREFULLY READ THIS ENTIRE AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND STEM Xposure AND I SIGN IT OF MY OWN FREE WILL.

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camp Rules/Behavior Agreement:**

STEM Xposure camps use assertive discipline techniques that are used to strengthen good behavior by the use of positive reinforcement such as verbal praise, smiles, awards, etc. Subsequently, inappropriate behaviors are subject to the below listed consequences. This helps to ensure that all campers and camp counselors have a positive, rewarding summer!

Please read the rules below with your child. By signing the Camp Rules/Behavior Agreement section on the STEM Xposure Authorization Form, you and your child are agreeing to follow the rules and understand the consequences if you don’t.

**Camp Rules**

1. Treat counselors, volunteers and other campers with respect. No name-calling or foul language.

2. Follow counselors’ instructions.

3. Any electronic device brought to camp is the campers’ responsibility. Electronic devices may not be used during class.

4. No eating in class! Snacks may not be purchased from the vending machine unless purchased by the parent/guardian at drop off or pick up.

5. No clowning around or horseplay in the class room.

6. If you’re not sure (about anything), ask first.

7. I will not turn on or tamper with equipment unless instructed to do so and will report any equipment malfunction to the instructor.

8. Have fun! (No whining, moaning or groaning)

9. I will report any accident (no matter how minor) to the instructor immediately.

**Consequences**

1. Verbal warning

2. Parents/guardian notified of inappropriate behavior

3. Dismissal from camp

**Communication** between STEM Xposure and parent/guardian will be via email. Please check your email daily. If you have any questions about these rules, please ask a counselor. We will do our best to fairly enforce them. [info@stemxposure.com](mailto:info@stemxposure.com)

The signing of this form below indicates that I have read this document and am satisfied that I understand its content and accept that I am entering into an agreement with STEM Xposure. If I do not abide by all rules and requirements, I am aware that I will be asked to leave the camp.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**

|  |
| --- |
| Legal Name of Student - Last, First, Middle |

|  |  |  |
| --- | --- | --- |
| Student Address | City | Zip Code |
| Name of Parent/Guardian | Relationship | Phone Numbers  Cell:  House:  Work:  Other: |
| Emergency Contact | Relationship | Phone Numbers  Cell:  House:  Work:  Other: |
| Hospital Preference | Physician’s Name | Physician’s Phone Number |
| Medication(s) | Allergies |  |
| Other - Please list any other information that we may need to know | | |

In case of accident or illness, STEM Xposure will contact the parent/guardian. If the school is unable to contact the parent/guardian STEM Xposure will contact the emergency contact. If none of the above are available then, the school will make necessary arrangements for immediate treatment.

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summer Camp Application**

Please print clearly

1. Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Please circle one: Female, Male,

3. Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Parent phone during day: ( ) \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

6. Parent email (Please print CLEARLY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Student’s current school (where student is enrolled now, limited to students currently attending a school that is operated by the Hillsborough County School Board): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Current age of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Grade student will be entering for the upcoming 19/20 school year: \_\_\_\_\_\_\_\_\_

10. Is the student a current STEM Xposure student (circle one): YES NO

|  |
| --- |
| 11. STEM Xposure session chosen/content the same for each week (circle one):  • Session 1: July 8th- 19th 3rd-5th Grade Glazer Museum Telemundo Room 3rd floor  • Session 2: July 22nd –August 2nd 6th-10 grade Glazer Museum Telemundo Room 3rd floor |

12. Please sign below acknowledging that you are aware of the Summer Camp hours (8:00am3:30pm). Your signature also acknowledges that the STEM Xposure will not be able to provide transportation to families and students. Families of students attending a Summer Camp must provide their own transportation to and from the site.

Parent/Guardian Signature- Please sign below acknowledging that you have read the legal statement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature and Date

\*We will notify you by email of your student’s acceptance or wait list status to the Summer Camp

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