

FREE Summer Daycamp

Mobile Science & Engineering

Dates of Camp: July 10 & 11, 9am-4pm each day

Location: Astoria Middle School



OSU Precollege Programs

SIGN UP TODAY!

Return this application (complete both front and back) to your teacher or your program leader.

For more information contact:
Oregon Coast STEM Hub
OregonCoastSTEM@oregonstate.edu



STUDENT CAMP REGISTRATION FORM

All information provided is confidential and will not be used or sold for any other purpose.

Student Information (one student per application)

Student Name

Date of Birth

Grade

Gender

Mailing Address

City

State

Zip

Home Phone

Parental Contact Information: (Please list a phone number where you can be reached while your child is in class)

Parent - Guardian Name (1)

Cell Phone/Work Phone

Employer

Person to Contact if we are unable to reach you

Name

Relationship to Student

Cell Phone/Work Phone

Student Expectations & Agreement

As a participant in the camp:

- 1) I will respect other students, staff, and property.
- 2) I will participate in all the scheduled activities and will stay with my group at all times.
- 3) I will listen to the teachers, counselors and mentors. They are giving their time and sharing their experience with me.
- 4) I will respect property and supplies; if I damage items intentionally I am held responsible.
- 5) I understand that if I do not follow the above policies, I may be asked to leave the camp.

I have read and reviewed this information with my student.

I have read and understand the information & will follow these policies.

Signature of Parent

Signature of Student

Demographic Information (optional, but critical for obtaining funding for this program)

NOTE: Proving demographic information is optional. Information will be treated as confidential and will only be used for reporting for grants that help us serve a wide range of students.

Please Mark all that apply:

American Indian or Alaskan Native Asian Black/African American
 Native Hawaiian or Pacific Islander Hispanic or Latino/a White
 Multi-racial Other _____

Does the applicant participate in the Federal Free or Reduced Lunch Program?

Yes Eligible, but does not participate Not eligible Decline to answer

With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation, including all risk of property damage and injury to others and to myself. I agree to comply with all of the rules and conditions of participating in the ACTIVITY. I understand as a participant in this camp/clinic, I am being provided limited medical coverage under an insurance policy that provides protection for covered accidents while participating in the ACTIVITY. This limited medical coverage will act as the primary insurance up to its limits. If medical costs exceed the coverage limits, I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the ACTIVITY, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my participation in the ACTIVITY. I will indemnify and hold Oregon State University, its officers, board members, agents, and employees (hereafter referred to as UNIVERSITY) harmless with respect to any and all claims, injuries, and costs associated with my participation in this ACTIVITY.

Furthermore, I acknowledge that I am solely responsible for any action that I participate in associated with this ACTIVITY or around this ACTIVITY, regardless if occurring before, during or after the period of the ACTIVITY. I will conduct myself in a manner that is considerate of other participants and in accordance with UNIVERSITY Rules and Regulations (including Student Code of Conduct, when applicable) and with any state, city and applicable laws or rules where the ACTIVITY is occurring. If this ACTIVITY is an off-campus UNIVERSITY sponsored event, such as field trips, conferences, research, experiential learning, extension of classroom learning, etc., I understand that conduct not acceptable in the classroom setting is not acceptable during this ACTIVITY and will be handled in accordance with the Student Conduct Regulations. In addition, I understand that if I travel to the ACTIVITY with a UNIVERSITY group and/or advisor, I will return with the group unless prior arrangements have been made with the UNIVERSITY faculty/staff who is supervising the ACTIVITY.

I recognize and acknowledge that the UNIVERSITY may record my participation and appearance in ACTIVITY on any recorded medium including, but not limited to video, audio, photos (collectively "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, social media). I authorize such recording and release UNIVERSITY to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. If you would like to opt out of this section, please request the Photo Opt Out Release.

I am aware that if I provide a vehicle not owned and operated by the UNIVERSITY for transportation to, at, or from the ACTIVITY site, or if I am a passenger in such a vehicle, the UNIVERSITY is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled ACTIVITY, regardless if occurring before, during or after the period of the ACTIVITY.

To the extent permitted by law, and in consideration for being allowed to participate in the ACTIVITY, I hereby save, hold harmless, discharge and release the UNIVERSITY from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the ACTIVITY, whether caused by the negligence or carelessness of the UNIVERSITY or otherwise.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the UNIVERSITY from any claim by the aforementioned parties arising out of my participation in the ACTIVITY.

I recognize and acknowledge that the UNIVERSITY makes no guarantees, warranties, representations, or other promises relative to the ACTIVITY, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the ACTIVITY.

I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I hereby certify that, with or without accommodation, I have no health-related reasons or problems that preclude or restrict my participation in the ACTIVITY. I hereby consent to and understand myself to be solely responsible for the cost of first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries that I may sustain while participating in any activity associated with the ACTIVITY.

In initialing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

Further, I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the UNIVERSITY from and against all claims, demands or suits that my dependent has or may have.

DATE

SIGNATURE

Evaluation Consent



The Oregon Community Foundation (OCF) would like to receive information about you (student) and your participation in the MOBILE SCIENCE AND ENGINEERING CAMP program. Sharing this information will help us learn about the program and how it helps students. It will also help the program to improve.

What information will be shared?

The program will share basic information like your name, birthday, year in school, and school ID number. They will also share information about when and how much you come to the program. Your secure student ID – the number used by your school – will be used to look at your school records.

In the spring, you may be asked to fill out a survey about yourself, and the program.

How will my information be shared?

The information will be shared very safely. Your privacy is important to us. We will protect your information by:

- Keeping your information in a safe computer file or in a locked room or cabinet (if printed).
- When we share what we learn, we will leave things out so that no one will be able to tell who we are talking about.

What do I have to do? Are there any risks?

You may be asked to spend about 30 minutes to complete the survey in the spring.

The survey might ask questions that you don't want to answer or that make you uncomfortable because they are personal.

You will be able to skip any questions you do not want to answer.

What will I get in return?

You can help your program to learn about students and improve.

What else should I know?

You can still go to the program without sharing your information. You can also change your mind about sharing your information at any time.

If you have any questions about this, you can contact Kim Leonard (Senior Evaluation Officer) at the Oregon Community Foundation at (503) 227-6846 or email kleonard@oregoncf.org.

If I sign, what does it mean?

- I have read and understand what this form says, and I agree that my information can be shared.
- I know that I do not have to agree to share my information. Even if I agree now, I can say no later, or stop filling out my survey at any time.
- This form has nothing to do with how program staff, teachers, or principals treat me, or my grades in school.
- I know that I should keep a copy of this form for my records.

Parent/guardian should keep this page

Evaluation Consent



THE OREGON
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Student Name

Student Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

Return this page to program staff – they will fill out this section

Organization: OSU Precollege Programs
Staff Name: Stephanie Gonzales
Secure Student ID: _____