

PENDING FUNDING



U.A. Whitaker College of Engineering / Florida Gulf Coast University

ENGINEERING & MATH EXTRAVAGANZA SUMMER CHALLENGE

STUDENT/PARENT PACKET

STEM Scholars Student:

Congratulations on being accepted to the July 26-31, 2015

FloridaLearns STEM Scholars Florida Gulf Coast University Summer Challenge!

There are four forms in this packet that need to be completed and returned before your acceptance is final:

- 1. Participant Agreement** (*conditions of the summer program*)
- 2. Medical Information** (*emergency contact and health information*)
- 3. FGCU Camp Release** (*we have also elected to purchase supplemental camp insurance through FGCU; this form is required for each student to obtain the additional insurance*)
- 4. Photo Release** (*a standard photo release form and t-shirt size selection*)

All forms must be signed by you and your parents/guardians.

⇒ Items you should bring with you:

- ♦ **Linens:** linens and towels are included as part of the residential package, but you may want to bring a blanket/comforter if needed.
- ♦ **Personal items/toiletries** (we recommend that you bring flip-flops for the shower and a shower caddy to organize and carry all of your toiletries), hangers for the closet, sunscreen, and spending money. You may also want to bring an alarm clock.
- ♦ **Phone and Internet** - because there is no in-room telephone service, we recommend that you bring a cell phone.
- ♦ **Dress for the program** is casual but should also adhere to the school dress code. Please bring a pair of walking sneakers/shoes, a bathing suit for the pool, a jacket for the campus classrooms, and an umbrella or raincoat.

**Please return completed forms to your STEM Mentor Teacher
before the end of the school year,
OR scan and email to: lisa.shin@heartlanded.org**



FloridaLearns STEM Scholars

Summer Challenge Participant Agreement

The FloridaLearns STEM Scholars Program (FLSS) and Florida Gulf Coast University (FGCU) strive to provide a safe, secure, educational, and fun environment for our Summer Challenge program. To participate in this program, the participant agrees to abide by the following terms as a condition of participation in the program:

- ◆ Participant agrees to properly conduct himself or herself at all times during the course of the program.
- ◆ For this academic program, you are expected to attend each class unless you are sick. If you are sick, you must notify your teacher assistant.
- ◆ Do not wander around the campus alone; always travel with someone. FGCU campus has security and is patrolled by campus police; however, you must exercise all safety precautions.
- ◆ For residential programs, you may NOT leave campus unless accompanied by a staff member.
- ◆ You must arrive promptly at the start of all classes, workshops, and activities.
- ◆ Cell phones may NOT be used during instruction periods of summer programs. Every participant agrees to use his/her cell phone in a responsible and respectful manner.
- ◆ Do not invite guests on campus or in residence halls.
- ◆ FGCU/FLSS is not responsible for lost or stolen items such as computers or other electronic equipment.
- ◆ For residential programs, curfew is 9:00 pm. This will be strictly enforced except in the case of an emergency.
- ◆ In accordance with the Drug Free Schools and Communities Act Amendment of 1989, FGCU prohibits the unlawful possession, use and/or distribution of illicit drugs and alcohol on its property and/or as part of its activities policy. Offenders are subject to local, state, and federal law as well as disciplinary action by FGCU and/or FLSS. If drugs or alcohol are found, the participant will be sent home immediately.
- ◆ Participant agrees to comply with FGCU acceptable use policies for computer access and usage and specifically agrees not to attempt to access any gaming, adult themed or similar sites.
- ◆ Participants are financially responsible for any damages to the campus facilities. If you are participating in a residential program, you will be responsible for missing keys and charged a re-keying fee of \$100.
- ◆ All violations will result in immediate expulsion from the program. Parents will be notified immediately and are REQUIRED to come to campus within 24 hours to provide transportation home. If parents are unable to come to campus, in signing this agreement, parent authorizes FGCU/FLSS to make arrangements for the student's transportation home within said 24 hours AND PARENT ACKNOWLEDGES FULL FINANCIAL RESPONSIBILITY FOR ALL RETURN TRANSPORTATION.

I agree to all above terms and conditions of the Participant Agreement: _____
Parent/Guardian Signature

I agree to all above terms and conditions of the Participant Agreement: _____
Student Signature



FloridaLearns STEM Scholars

STEM Summer Challenge – Medical Information Form

Participant's Name: _____	Date of Birth: _____	
Home Address: _____		
E-mail: _____	Home Phone: _____	
EMERGENCY CONTACTS:		
1. Name: _____	Relationship: _____	
Home Phone: _____	Office Phone: _____	Cell Phone: _____
2. Name: _____	Relationship: _____	
Home Phone: _____	Office Phone: _____	Cell Phone: _____

HEALTH INFORMATION:

Please describe any condition requiring medication as treatment: _____

List any medications which have been prescribed by the family doctor for the participant **to take on her/his own** while attending the program: _____

List any allergies (food, medicine, general): _____

Any surgery in the past year? Yes No If yes, please explain: _____

Name of Family Physician: _____ Phone: _____

OTC MEDICATIONS: My child may receive the following over-the-counter medications according to labeled instructions. **(Write Y/N for each)**

___ Tylenol ___ Advil ___ Midol ___ Tums ___ Sudafed ___ Benadryl ___ Sunscreen
___ Cough syrup ___ Throat lozenges ___ Hydrocortisone cream ___ Antibiotic ointment



IMMUNIZATION INFORMATION:

- I verify that my child's immunizations are current as in accordance with school policy.

INDICATE HEALTH HISTORY: (please explain any checks)

- | | |
|--|--|
| <input type="checkbox"/> Respiratory problems-Asthma, Tuberculosis, persistent cough, etc. | <input type="checkbox"/> Skin disease |
| <input type="checkbox"/> Heart Problems-High or low blood pressure, Rheumatic Fever, etc. | <input type="checkbox"/> Emotional or mental disorders |
| <input type="checkbox"/> Stomach or intestinal problems-ulcers, jaundice, hernia, colitis, indigestion, etc. | <input type="checkbox"/> Recent exposure to a contagious disease |
| <input type="checkbox"/> Eye, Ear, Nose, Throat-Hay fever, ear infections, impaired sight or hearing | <input type="checkbox"/> Currently under a doctor's care |
| <input type="checkbox"/> Nervous disorder-convulsions, epilepsy, dizziness, etc. | <input type="checkbox"/> Physical limitations |
| | <input type="checkbox"/> Kidney, gall bladder, or liver disease |
| | <input type="checkbox"/> Diabetes or hypoglycemia |
| | <input type="checkbox"/> Muscular/Skeletal-arthritis, recent fractures |

Please explain any checks: _____

Approximate date of last physical: _____

RECOMMENDATIONS AND RESTRICTIONS:

Any medically prescribed meal plan or dietary restrictions: _____

Is the camper allowed to swim? _____

Are there any special accommodations that are needed in order to participate in the program?

Please list anything the staff needs to know about your child: _____

PARENTAL AUTHORIZATION FOR EMERGENCY MEDICAL CARE: (must be signed by parent/guardian)

If medical information changes I agree to notify the STEM Summer Program Coordinator. I hereby authorize you, in the event of an emergency, that is, when you are unable to reach me for authorization or when circumstances require immediate action, to proceed according to good medical practice with treatment of my daughter/son. Also, I authorize the hospital attending physician, or other health care specialist administering the treatment to release pertinent information to the insurance company assuming coverage for the same.

Parent/Guardian's Signature: _____ Date: _____

- **You must provide a photocopy (front and back) of your insurance card!**



CAMP PARTICIPATION /TRIP RELEASE
(Florida Gulf Coast University-Sponsored Program for Minors)

I, as a parent or guardian of _____, consent for him/her to participate in the event called _____ (“Activity”) which is sponsored by FloridaLearns STEM Scholars/UA Whitaker Center (Department/Program – “Organizer”) and scheduled to take place (or begin) on _____ July 26 _____, 20 15 _____ and located on the property of Florida Gulf Coast University (“University”) or other location (specify) _____.

Including transportation, the event consists of the following types of activities:
6-day residential program encompassing engineering, math, and science concepts, designs, competitions, and career awareness.

I acknowledge that I have thoroughly read and understand the information contained in this Release pertaining to the Activity and the possible risks associated with my minor child’s participation in this Activity.

I acknowledge and agree that I have required my child to act in a mature and responsible manner at all times during the Activity and further acknowledge and agree that I will be held responsible for my child’s behavior and that my child must respect the property of the University and its faculty and staff, as well as other participants.

I acknowledge and agree that my child must observe all state, local laws and University regulations, policies including alcohol/drug use policies and required conduct. I further acknowledge and agree that in the event I have any questions regarding the applicability of the University’s regulations and policies to the Activity, it is my responsibility to make any necessary inquiries to the Activity Organizer. Additionally, I acknowledge and agree that my child must observe and comply with the specific rules and conditions developed for participation in the Activity by its Organizer.

I acknowledge and agree that it is my obligation to make any necessary inquiries or provide the necessary information to the Activity Organizer regarding my child’s ability, physically or otherwise, to safely participate in the Activity and that, prior to executing this Release, I have been provided the opportunity to inquire and discuss the possible risks and hazards to my child resulting from his/her participating in the Activity. Any questions I had regarding my child’s ability to participate in the Activity have been answered to my satisfaction, and I have received sufficient information to make a sound and voluntary decision for my child to participate in the Activity.

In exchange for the University allowing my child to participate in the Activity, I give the University the right and my permission to record his/her participation and appearance on videotape, audiotape, film, photography or any other medium and to use his/her name, likeness, voice and biographical information in connection with these recordings. The University may make exhibit or distribute all or any part of these recordings for any educational or promotional purpose which the University and its employees deem appropriate. All such recordings shall be the University’s property.



Waiver of Liability and Assumption of Risks

In exchange for the Organizer’s making arrangements for, permitting my child and assisting him/her in participating in the Activity, I hereby assume all risks of my child’s participation in the Activity. Risks include, but are not limited to, transportation risks, risks of participation in the various components of the Activity, and all risks related to any physical or other condition from which my child might suffer. I acknowledge that the University and/or Activity Organizer does **not** provide personal accident/health insurance or medical personnel for my child, and I assume personal and financial responsibility for any medical care and treatment my child may require as the result of participating in the Activity.

In exchange for the University and the Organizer of the Activity allowing my child to participate in the Activity and having reviewed and agreed to all acknowledgements listed in this Release, I, on behalf of my child, family, heirs, beneficiaries, and personal representatives, agree to assume all the risks and responsibilities of my child participating in the Activity. I release and forever discharge and covenant not to sue the Florida Gulf Coast University Board of Trustees, the Florida Board of Governors, and the State of Florida, their officers, agents, employees, and representatives including the Activity’s Organizers (“Releasees”) from and against any and all liability for any and all claims, demands, actions, causes of action of whatever kind or nature, costs and expenses of any nature, including attorneys’ fees (“Claims”) that I may have or that may hereafter accrue to me or my child, arising out of or related to any harm, loss, damage or injury including, but not limited to suffering, death or property loss that may be sustained by my child, whether caused by his/her action, or the negligence of the Releasees or the action of third parties in connection with the Activity. I also agree not to sue Releasees in connection with any such harm loss, damage or injury. I agree to indemnify and hold Releasees harmless from any against all claims asserted against any of the Releasees by any entity based upon my child’s participation in the Activity.

I acknowledge and agree that should any provision or aspect of this Release be found to be unenforceable, all remaining provisions of this Release will remain in full force and effect. Further, I acknowledge and agree that this Release shall be construed pursuant to the laws of the State of Florida and that the venue for any legal proceeding concerning this Release shall be in Ft. Myers, Lee County, Florida.

I have read, understand and acknowledge that through my signature below, I will comply with the information and directions and agree to be bound by the terms contained in this Release and I have voluntarily executed the Release.

Dated this ____ day of _____, 20____. _____
Parent/ Guardian’s Signature

Address _____ City & State _____

Telephone Number _____ Secondary Number _____



FloridaLearns STEM Scholars

Florida Gulf Coast University STEM Summer Challenge – Photo/Video Release

I hereby grant Heartland Educational Consortium (HEC), the *FloridaLearns STEM Scholars* Program (FLSS), and Florida Gulf Coast University (FGCU) the absolute and irrevocable right and unrestricted permission to use, reuse, publish, and republish photographic portraits, pictures or video (collectively “Photographs”) taken of my son/daughter, in whole or in part, individually or in any and all media and for any purpose whatsoever, including internal or external publications, for media illustration, promotion, educational training, editorial, and advertising.

Further, I hereby release and discharge HEC/FLSS/FGCU from any and all claims and demands arising out of or in connection with the use of the photographs, including without limitation, any and all claims for libel or violation of any right of publicity or privacy. I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

- I **DO** give my permission to use my student’s image/photo/video for promotional purposes and hold HEC/FLSS/FGCU harmless for any liability associated with its use.
- I **DO NOT** give my permission to use my student’s image/photo/video for any purpose.

_____	_____
Signature of Parent or Guardian	Date
_____	_____
Signature of Parent or Guardian	Date
_____	_____
Signature of Student	Date

CAMP T-SHIRT:

Please circle your T-shirt size (all adult sizes): S M L XL 2XL