Niagara University
College of Education
Institute of Applied Learning

STEM CAMP 2014
(Science, Technology, Engineering, and MATH!)

Use your energy to learn about energy!
Come and explore the many facets of ENERGY and Advanced Manufacturing careers.

*Open to students in grades 3-8*

August 4—August 7, 2014
8:30 am—4:30 pm

- Summer Camps will have a focus on Energy both in content and in college and career readiness activities.
- Natural resources around Niagara University will be utilized as field components for students to experience inquiry-based learning and real life applications applicable to career clusters in the energy fields.
- Four topics on energy will be aligned to the New York State Learning, Common Core, and Career and College Readiness Standards.
- As a projected job growth area in Western New York involving the preparation of students/future workers for advanced manufacturing; career opportunities on advanced manufacturing will be incorporated into the curriculum.

Cost: $100.00
(includes materials, lunch, & snacks)
Transportation not provided

To register or for more information:
Please email: kcg@niagara.edu
or call (716) 286–8309
Register by: May 23, 2014
STEM
Camp 2014

Summer Camp Registration

Date Received:  
Amount: $

Method of Payment:  Cash  Check #:

Child’s Name:  Age:  Date of Birth:  

_________________________  __________  __________

Last Name  First Name

Address:  Home Phone:  

________________________________________

City:  State:  Zip:  

_________________________  __________  __________

School:  Grade:  Male  or  Female  (Circle One)

Mother’s Name:  Home Phone:  

_________________________  __________

Employer:  Work Phone:  Cell Phone:  

_________________________  __________  __________

Father’s Name:  Home Phone:  

_________________________  __________

Employer:  Work Phone:  Cell Phone:  

_________________________  __________

Family’s Preferred Email Address:  

Please list any other adult permitted to pick up your child. A Photo ID may be required when picking up a camper.

Name:  Relation to Child:  

_________________________  

EMERGENCY CONTACTS: in case of an emergency, the camp should....

Call Mother first  Call Father First

In an EMERGENCY SITUATION, if parent cannot be reached call name(s) listed below:

Name:  Phone:  

_________________________  __________

Relationship to child:  

_________________________  __________

Name:  Phone:  

_________________________  __________

Relationship to child: 

_________________________  __________

Last Updated 5/5/2013
Niagara University
Summer Youth Camp Health Form

REGISTRATION CANNOT BE PROCESSED WITHOUT A COPY OF YOUR CHILD’S MOST RECENT VACCINATION RECORD FROM YOUR PHYSICIAN: (NYS HEALTH DEPT. REQUIRES THAT THIS BE UPDATED & SUBMITTED YEARLY.)

Parent or Guardian Health Insurance Company: ____________________________
Policy Number ____________ Family Physician: ____________________________ Phone: ____________________________

My child has had a physical examination recently and may participate in all activities.
Parent/Guardian Initials ____________

HEALTH RECORDS
For your child’s safety, a completed shot record is required by the NYS Health Department.
REGISTRATIONS WILL NOT BE PROCESSED UNLESS A COMPLETED SHOT RECORD IS SUBMITTED WITH REGISTRATION AND DEPOSIT.

Medical and personal information is requested to ensure the safety of the summer camp’s staff and your child. The required information will assist in making your child’s experience at Niagara University’s Summer Youth Camp a safe and enjoyable experience. Children must be able to participate in a 1:12 Counselor to Camper ratio. False or inaccurate information could result in a child’s dismissal from camp. ALL information is confidential.

MEDICAL INFORMATION: Medication, Allergies, Ear Plugs (other information)

PERSONAL INFORMATION: (any information that will help our staff understand your child better)

HEALTH HISTORY: Please list allergies, diseases, and/or medications (conditions physicians should be aware of):

Waiver and release: I acknowledge that Niagara University has made no representations concerning the operation, supervision, staffing, equipment, or any other aspect of the youth camp. I release and forever discharge Niagara University of and from all actions, causes of action, suits, damages, judgments, expenses, claims and demands whatsoever in law or in equity, that my child or I or our successors, assigns, heirs or distributes may have against Niagara University for any claim directly or indirectly arising from or out of my child’s attendance at the youth camp as described in this registration. I understand that any camper who does not abide by the rules and regulations established by the university is subject to dismissal without reimbursement or recourse. If enrollment is filled, early notification will be given and deposit will be returned. I hereby authorize employees of the youth camp to act for me according to their best judgment in any emergency if I cannot be contacted. All medical information pertaining to this registered camper is accurate and up to date.

Parent/Guardian Signature ____________________________ Date ____________

PICTURE WAIVER: Initial below to give NU permission to use the image or likeness of your child for camp advertisements/publications. No compensations will be awarded for use of any pictures: ____________

Make checks payable to “Niagara University”

Mail registration form, vaccination record, and payment to:

Niagara University College of Education
Institute of Applied Learning
P.O. Box 1930
Niagara University, NY 14109