EXPLORING SCIENCE & ART THROUGH YOUR ENVIRONMENT
2017 Community House STEAM Summer Camp Application

A free science and arts exploration camp open to underrepresented (students of color, first generation, low income) middle school students who live in Princeton, NJ. Developed and facilitated by Princeton University graduate students, undergraduates and alumni volunteers.

Please check below the STEAM week(s) that you are interested in attending. Each week will consist of sessions devoted to the science and math curriculum. Various arts activities related to the science focus will be woven in each week. Campers are asked to bring their own lunch, Monday-Thursday, with lunch provided by the camp on Fridays. Note that participation in the first week is strongly encouraged and will be a criterion for selection of campers.

STUDENTS WILL BE ACCEPTED IN A “FIRST-COME-FIRST-SERVED” MANNER AND ALL APPLICATIONS WILL BE DUE BY FRIDAY, JUNE 2, 2017. COMPLETED APPLICATIONS CAN BE RETURNED TO COMMUNITY HOUSE DIRECTLY OR SUBMITTED VIA EMAIL, MAIL, OR FAX.

CONTACT COMMUNITY HOUSE:
58 PROSPECT AVE, PRINCETON, NJ
EMAIL: HOUSE@PRINCETON.EDU
PHONE: 609-258-6136
FAX: 609-258-7377

Please check each week that your student will attend. Students are required to commit to each week in its entirety.

Wednesday, June 05 – Friday, July 07, 9:00 am – 4:00 pm
STEAM CAMP 101

Monday, July 10 – Friday, July 14, 9:00 am – 4:00 pm
AN EXPLORATION IN BIOLOGY & PERFORMING ARTS

Monday, July 17 – Friday, July 21, 9:00 am – 4:00 pm
AN EXPLORATION IN CHEMISTRY & CREATIVE WRITING

Monday, July 24 – Friday, July 28, 9:00 am – 4:00 pm
AN EXPLORATION IN ENVIRONMENTAL SCIENCE & MEDIA ARTS

Monday, July 31 – Friday, August 04, 9:00 am – 4:00 pm
AN EXPLORATION IN ARCHITECTURE/ENGINEERING & VISUAL ART
Community House STEAM Summer Camp
Standing with families since 1969

Registration Form
All Fields Must Be Completed.

Student Information:
First Name: ___________________________ Last Name: ___________________________
Age: ______ Date of Birth: _____________ Gender: ________________________________
School: _______________________________ Grade: ________________________________
Home phone: __________________________ Cell Phone: ___________________________
Home Address: ________________________________________________________________

____________________________________________________________________________

Email Address: ________________________________________________________________

Parent/Guardian Information:
First Name: ___________________________ Last Name: ___________________________
Place of Employment: ______________________ Work Phone: _______________________
Home phone: ___________________________ Cell Phone: ___________________________
Home Address: ________________________________________________________________

____________________________________________________________________________

Email Address: ________________________________________________________________
Emergency Contact Information (Must Be Different Than Parent/Guardian):

First Name: _______________________________ Last Name: _______________________________

Relationship to Student: __________________________________ Work Phone: __________________

Home phone: _______________________________ Cell Phone: ______________________________

Email Address:
___________________________________________________________

Please list 3 reasons why you want to participate in this STEAM summer camp:

1. ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

Name of a teacher or guidance counselor who will support your camp application:
___________________________________________________________
PARENT/GUARDIAN WAIVER AND CONSENT FORM

2017 STEAM SUMMER CAMP PARTICIPANT

Please indicate your consent by checking each box, initialing each section and providing your signature.

A student selected for this camp must have this form completed and signed.

- I certify that I am the parent or legal guardian authorized to sign this waiver and consent form on behalf of my child/ward (“Participant”).

Name of parent/legal guardian (print): __

Home address: ________________________________ Email address: __________________________

Home Phone: _________________________________ Cell Phone: _____________________________

- Permission to participate and abide by code of conduct ___________ Your initials

I am the parent/guardian of ________________, now known as Participant, and hereby give my permission for Participant to participate in the 2017 STEAM summer camp program with the understanding that there will be a variety of science-related activities and events associated with the camp’s daily programs which will take place on or near the Princeton University campus, unless otherwise notified. I understand that Participant will be required to sign a Camper Code of Conduct Agreement and should any rules be broken, it is at the discretion of camp staff to release Participant from the camp, upon notification to the parent/legal guardian.

- Permission to participate in field trips: ___________ Your initials

I authorize Participant to go on field trips that may be scheduled and sponsored by Community House, with the right to forego his/her participation in as specific trip. I agree that neither I nor any member of my family will seek to hold Princeton University, Community House, and/or their respective students, officers or employees liable for any damage or injuries which may be sustained to my child. I, nor any member of my family, will hold Princeton University, Community House responsible for incidents beyond their control. I understand pursuant to New Jersey law that any damage or injury sustained by my child as a result of an automobile accident will be covered by my automobile insurance policy (under PIP/No Fault).
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- **Permission to photograph or film participant:** ______________ Your initials

  I grant permission to Princeton University to videotape, photograph or otherwise record Participant and to use such recordings and biographical data in any media, on a perpetual basis, for non-commercial purposes.

- **Approval to participate, waive, release, agree to hold harmless**

  I hereby give my approval for Participant to participate in this program and waive, release, and agree to hold harmless the organizers, facilitators, teachers, participants, and any other personnel involved in the operation, organization, sponsorship, supervision or participation of this STEAM summer camp program, including without limitation, the Trustees of Princeton University, Community House, and their respective trustees, directors, members, officers, employees and agents from any claim or cause of action of any nature that may be available to the Participant or his/her parents and/or legal guardians, arising out of any injury, accident, or illness to the Participant, arising in any way out of or in connection with the Participant’s participation in such program and activities.

__________________________________________________________
Parent/Legal Guardian Signature

__________________________________________________________
Date
PARENT/GUARDIAN ACKNOWLEDGEMENT OF TRANSPORTATION
2017 STEAM SUMMER CAMP PARTICIPANT

Please indicate below how your child/ward will get to and from the STEAM summer camp program.

- My child/ward, ________________ has my permission to walk from home to the program and back home after the program.

- My child/ward, ________________ has my permission to have the individuals noted below, drive him/her to the camp and pick him/her up from the camp.

  Name: ___________________________________________  Phone: ____________

  Name: ___________________________________________  Phone: ____________

  Name: ___________________________________________  Phone: ____________

___________________________________________________________  ________________

Parent/Legal Guardian Signature  Date
MEDICAL INFORMATION
2017 STEAM SUMMER CAMP PARTICIPANT

Please attach copies of information on the health and wellbeing of your child/ward ("Participant"), including copies of any health insurance cards or other documents. Include below, any information you feel is important for us to know that may affect the "Participant’s" ability to fully participate in the camp program. Read and review the permission statement noted below, providing your signature to indicate your approval.

● Permission for medical treatment for ______________________ and obligation to assume medical expenses:

In the event that I am not immediately available, should the Participant suffer a serious or life-threatening injury for which medical treatment may be necessary, I hereby authorize an appropriate adult member to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that, where practical, a representative of Princeton University will use all reasonable efforts to notify me prior to initiating medical treatment for the Participant. If I am not available, I give my permission to any such physician or other medical personnel to provide such medical treatment, as that individual deems medically appropriate. I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant's injuries including, without limitation, physician, hospital, lab, drug and device expenses.

____________________________________                 ___________________________________
Parent/Legal Guardian Print Name                          Parent/Legal Guardian Signature

___________________________________________
Date