



Student's Name:

This program requires the applicant to submit by mail the following items:

Mandatory

- Completed Application Form
 - This page
 - General Information (page 2)
 - Student Expectation Contract (page 3)
 - Parental Request to Participate and Release Agreement (page 4 and 5)
 - Medical Release & Emergency Contact (page 6)
 - Teacher Recommendation Form (page 7) in a sealed and signed envelope
(Students, please provide your teacher an envelope which he/she can use)
 - Need based scholarship form (page 8) – this is optional
- \$25 Application fee – we can accept only checks, this fee applies towards camp tuition

A completed application does not guarantee acceptance to this camp. Your application will be reviewed and you will be notified within six weeks. We can accommodate approximately 20 students in each camp, and we will review applications and notify acceptance on a rolling basis. Hence, early application increases your chance of acceptance.

Mail all paperwork in a single package to:

Summer Computing Camp
Attn: Dr. Krishnendu Roy
Dept. of Math/CS
Valdosta State University
1500 N. Patterson St.
Valdosta, GA 31698

- **Attach a check for \$25 as non-refundable application fee for this program. (We cannot accept any other form of payment).**
- **This \$25 fee applies towards the camp tuition fee.**
- **Please make the check payable to Valdosta State University.**



General Information

Camp Attending: Elementary/Middle School (Rising 5th-7th grade);
June 20-24, 2016

Student Information:

First name: _____ **Last name:** _____

Gender: _____ **Ethnicity (Optional):** _____
(for statistical purposes only)

School: _____ **Grade (as of Fall 2016):** _____

Student's Address:

City: _____ **State:** _____ **Zip:** _____

Student's Home Phone #: _____ **T-shirt size:** _____ (Youth/Adult)

Parent Information:

First name: _____ **Last name:** _____

Parent's Cell #: _____ **Parent's Work #:** _____

Parent's E-mail: _____

(this address should be active and checked often as this is our main communication method)



Student Expectation Contract

Valdosta State University has high expectations for all students. The following expectations are designed to promote the well-being of each student and to insure that each child is able to reach his/her fullest potential. Each student will be expected to do the following:

1. Respect the property and feelings of fellow summer camp students, teachers and student assistants as well as all others not directly associated with summer programs (bus drivers, dining hall staff, etc.). Always act in a manner that will promote a classmate’s opportunity to learn. Have a positive attitude about learning and involvement during the summer camp.
2. Politely communicate any concerns directly to summer camp teachers or student assistants. No “horseplay” of any kind will be tolerated. Students are representatives of VSU during their involvement with the summer camp programs.
3. No illegal drugs, tobacco, or alcohol are permitted on the VSU campus on summer program participants.
4. No weapons of any kind are permitted on the VSU campus. This includes guns, knives, switchblades, pocketknives, and any other instruments that could be used as weapons. Any student who brings a weapon to a summer program will be handed over to the campus police and immediately dismissed from the program.

A student who violates any of these rules will be dismissed from all summer programs.

By signing this page, I acknowledge that my child and I understand the expectations for participation in the summer camp and that any violation of these expectations will result in the immediate dismissal from the summer camp.

Parent Signature

Date

Participant Signature

Date

Computing Adventures @ VSU – 2016



Parental Request To Participate And Release Agreement

Student/Participant Name:

I am the parent or legal guardian of the above named Student/Participant and am requesting that my child enroll or participate in the following course, program, project, event, or activity (herein collectively referred to as "Activity") being sponsored by or located on the campus of Valdosta State University:

Name of Activity: Computing Adventures @ VSU 2016

Date of Activity: June 20-24, 2016

In consideration of permission being granted for my child to participate in this Activity and for other valuable consideration, the receipt and sufficiency of which are acknowledged, I am entering into this Release Agreement, which extends to the following persons and entities, as well as their trustees, directors, board members, agents, employees, volunteers, contractors, representatives, successors, or assigns, individually and in any capacity or relationship with or for any other.

Board of Regents of the University System of Georgia
Valdosta State University

My child's enrollment or participation will or could subject my child to numerous dangers or risks of personal injury, even fatal, as well as other injuries or damages. I have explained these risks to my child. These risks and dangers have been considered and, relying on my own judgment, I voluntarily have chosen to allow my child to participate and assume all such dangers and risks. I certify that my child is in suitable health and capacity which allows my child's enrollment or participation in the Activity.

I knowingly, voluntarily, and for adequate consideration release and waive, and further agree to indemnify, hold harmless, and reimburse each and all of those persons and entities referenced above, from and against any claim which I, my child, any other parent, any relative or any next of kin of my child, or any other person, firm or corporation now or hereafter may have or claim to have (whether known or unknown, seen or unforeseen, directly or indirectly, or within or without the control of those persons and entities), for or on account of any losses, damages, personal injuries, pain and suffering, death, property damage, or contract claims resulting from, or arising out of, during, or in connection with my child's enrollment or participation in such activity, or the ownership, operations, use, maintenance, or control of any vehicle, equipment or goods provided or used in connection with such activity, or in any way connected with or arising out of instruction, training, emergency care, or operations incidental to such activity. To the extent that any damages arising out of bodily injury to persons or damage to property are caused or result from the sole negligence of any person or entity referenced above, then, I do not agree to release, waive, indemnify, hold harmless or reimburse any such person or entity.

Computing Adventures @ VSU – 2016



If any emergency medical procedures or treatment are required during the Activity, I consent to the Activity supervisor undertaking, arranging for or consenting to the procedures or treatment in his, her or their discretion and that I will be responsible for any and all expenses or fees related to my child's medical care. I acknowledge that VSU shall not be liable for any such fees or expenses under any circumstances.

Further, I hereby certify that my child is covered by an accident and health insurance policy that will be in effect at any time my child is participating in an Activity on the campus or, sponsored by, or related to the Valdosta State University.

In regard to any photographs, video tapes, motion pictures, recordings, or any other reproduction of my image or my child's image (hereinafter collectively known as "Images") which VSU had taken of me or of my child or in which I may be included with others during the course of my participation in this program, I hereby grant to the Valdosta State University permission to use such Images in any media now or hereafter known for any legitimate purpose whatsoever, and to use my name or my child's name in connection therewith if VSU so chooses.

This Release Agreement shall be construed to be as comprehensive as is allowed by law. Each provision herein is severable, so that should any provision or portion of such provision be held invalid, the remainder of this Release Agreement shall not affect the enforceability of any other portion. This Release Agreement shall not establish a legal or other relationship between or among those released which does not in fact exist. Nothing in this Release Agreement shall constitute a waiver of any legal defense available to any released party herein, including sovereign immunity.

The validity, interpretation, and effect of the Release Agreement shall be governed by the laws of the State of Georgia.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I AM SUFFERING FROM NO LEGAL DISABILITY. I HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT.

Student's Typed or Printed Name: _____

Signature of Parent/Guardian: _____

Parent's Typed or Printed Name: _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone : _____

Computing Adventures @ VSU – 2016



Medical Release & Emergency Contact

Student Information – Please Print

Student's Name: _____ Date of Birth: __ / __ / __ Gender: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Emergency Notification (Circle one as Preferred Emergency Contact)

Mother: _____ Home Phone: _____
Preferred Emergency Contact Daytime Phone /Cell: _____

Father: _____ Home Phone: _____
Preferred Emergency Contact Daytime Phone /Cell: _____

Legal Guardian: _____ Home Phone: _____
Preferred Emergency Contact Daytime Phone /Cell: _____

Insurance Provider's Information

NOTE: PARTICIPANT MUST HAVE MEDICAL INSURANCE

Provider's Name: _____ Provider's Phone No.: _____

Policy Number: _____ Insurer's Name: _____

Medical Information

Special Medical Condition(s): _____

Drug Allergies: _____

Current Medications & Dosages: _____

Special Dietary Needs or Food Allergies: _____

Authorization For Medical Treatment

(The completed form must be on file before treatment is arranged/administered.)

I give my permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son / daughter / ward.

Parent or Legal Guardian's signature is REQUIRED below if the student is less than eighteen years of age.

Signature of Student Date

Signature of Parent or Legal Guardian Date

Computing Adventures @ VSU – 2016



Teacher Recommendation Form

Student Name:

Dear Teacher,

The above-named student is applying for a summer computing camp organized by the Dept of Math/CS, VSU. This camp is open to students who display a keen interest in mathematics, science, and engineering. This program is NOT exclusively for the gifted and talented. In fact, we wish to encourage all students who might benefit from the recognition and enrichment this program offers. Your comments count heavily in our selection process, so please take time to write fully and candidly about this student. For additional information about our summer camps, please visit our website at: <http://cscamp.valdosta.edu>

When you have completed the form, place the form into a sealed and signed envelope and return it to the student for submission. Please sign along the sealed flap.

Thank you for your time,
VSU Summer Computing Camp Staff

After checking the appropriate boxes in the grid provided. You may use the back of this form to write any comments. If you have checked any box “below average”, please explain. Thank you for your help in evaluating this student.

	Excellent	Good	Average	Below Average
Works well with others				
Respects authority				
Adapts easily to new surrounding				
Has positive attitude towards school				
Mathematics achievement				
Science achievement				
Handles conflicts appropriately				
Accepts responsibility for behavior				
Follows written and oral directions				
Seeks new challenges				

I

Recommend

Don't recommend

the student for this camp.

Subject: _____

Grade Taught: _____

Teacher's Name: _____ E-mail: _____

Signature _____

Date _____

To be completed by teacher

Computing Adventures @ VSU – 2016



Financial Assistance Form (Optional)

Limited financial assistance is available for students who meet financial need requirements and who otherwise would not be able to attend. Please look at the following table for detail. Requests for financial assistance are based on need and the availability of scholarship support. All financial information will be kept strictly confidential and applying for assistance will in no way affect the evaluation of your child’s application. Please complete the Financial Assistance Form and submit it with all the other forms. Incomplete applications will not be reviewed.

Full Tuition Fee	Scholarship amount (Need-based)	Tuition Fee after scholarship
\$225.00	\$125.00	\$100.00

Student Information

First Name: _____ Last Name: _____

Eligibility

- A. Student is on the free or reduced lunch program at school. Please provide copy of award letter.
- OR**
- B. Student lives in a family with an income of less than \$43,568 per year. Please provide a copy of 2015 tax return or W-2 form. (If you are providing a copy of tax return or W-2, please remove/scratch-off/redact all sensitive personal information like SSN).

Financial Assistance Request

I am requesting financial assistance for Computing Adventures @ VSU 2016 middle school camp.

We meet **A. / B.** *(circle one)* of the guidelines above.

Parent’s Guardian’s Signature: _____ Date: _____

Please attach a copy of the letter from school cafeteria indicating free/reduced lunch status, tax form or other supporting documents. Financial assistance cannot be awarded without supporting documentation. All decisions of the camp supervisor will be final.

Optional