

Niagara University
College of Education
Institute of Applied Learning

STEM CAMP 2013

(Science, Technology, Engineering, and MATH!)

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

Open to students in grades 3-8

July 22—July 25, 2013

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.



Put the wind to good use



Explore the future of energy



Discover what it means to go green



Identify and experience hands-on-activities in energy careers

Cost: \$100.00

(includes materials, lunch, & snacks)

Please note: Transportation will not be provided

To register or for more information:

Please email: kcg@niagara.edu

or call (716) 286-8309

Register by: May 24, 2013



STEM Camp 2013

Summer Camp Registration

OFFICE USE ONLY

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: _____

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