

Niagara University  
College of Education  
Institute of Applied Learning

# STEM CAMP 2015

*(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 entering grades 3-8\*

**July 20-23, 2015**

8:30 am—4:30 pm

- Summer Camps will have a focus on Energy and Advanced Manufacturing 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.
- All activities will be aligned to the New York State Learning, Common Core, College and Career Readiness Standards, and Next Generation Science Standards.
- The preparation of students/future workers; career opportunities in STEM areas will be incorporated into the curriculum.

Cost: \$100.00

(includes camp materials & lunch)

Transportation not  
provided

**For more information:**

*Please email:*

[appliedlearning@niagara.edu](mailto:appliedlearning@niagara.edu)

*or call*

(716) 286- 8309

**Register by: May 25, 2015**





# STEM Camp 2015

## 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)  
(going into) \_\_\_\_\_

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