

Marine & Environmental Systems

Summer Camp 2009

July 13-17, 2009

Registration Form – Please print!

Student Name: First, Middle, Last Age of Student Grade Gender (M/F)

Street Address City/State Zip Code

Home Telephone Mobile Telephone Work Telephone

Parent/Guardian Name

Emergency Contact Name and Telephone Number(s)

Does the student have any allergies or medical conditions? _____

If yes, please elaborate: _____

Please rate your child's science background from 1 to 5 (5 being very knowledgeable): _____

T-shirt size: (Adult sizes) _____ S _____ M _____ L _____ XL

Parent/Guardian Signature Date

Are any of your friends attending with you? (If so please list there name): _____

*Please mail completed form packet (and payment by June 26th) to:
Florida Institute of Technology, DMES
Marine & Environmental Science Summer Camp 2009
Link Building/Room 110
150 West University Boulevard
Melbourne, FL 32901*



Marine and Environmental Science
Summer Camp, 2009
Forms due in the DMES office no later than June 26, 2009

Student Information, Waiver and Release Forms

1. Medical Information:

Does your child have any special dietary needs? Yes No If yes, please explain)

Does your child have any allergies? Yes No (If yes, please explain)

Does your child have any medical condition or health problems of which we should be aware of? Yes No (If yes, please explain)

Will your child take any prescribed medication(s) or over the counter medication(s) during the hours of the summer program? Yes No (If yes, please explain)

In case of an emergency we will take your child to Holmes Regional Hospital or to the nearest hospital. Please provide the following insurance information:

Insurance Company: _____ Account Number: _____

Address: _____ Phone Number: _____

Name of Insured: _____ ID: _____

I/We the undersigned, as parent(s) or guardian(s), authorize Florida Institute of Technology to transport and to obtain at our expense, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student identified herein, through the course of the summer program.

Agree

Disagree

_____ Parent or Guardian Signature

_____ Date

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2. Swimming Authorization:

I/We, the undersigned, as parent(s) or guardian(s), give my/our consent for our student, identified herein, to participate in swimming activities during the summer camp program. I/We understand that participation in any swimming event is done at our own risk. I/We will not hold Florida Institute of Technology, its officers, agents, employees, or anyone acting in its behalf, responsible or liable for injury occurring to the named student in the course of such activities or such travel.

Permission Granted Denied _____
Parent or Guardian Signature Date

3. Florida Tech Computer Network Access:

Telecommunication network facilities, such as the Internet and the Florida Tech computer network access are to be used for provided expanded learning opportunities for the students attending the summer program. The computer network access must be used in a responsible, efficient and ethical and legal manner. Failure to adhere to this policy may result in suspending or revoking the student's privilege of access.

The access of the Florida Tech computer network and the Internet is designed for educational purposes. However it is also recognized that it is almost impossible for the summer program instructors to restrict the access to all controversial materials and I/We will not hold them responsible for materials acquired on the network by the student identified herein during his/her participation in the computer activities of the summer program.

Permission Granted Denied _____
Parent or Guardian Signature Date

4. Activity/Event Transportation Waiver:

During the summer program transportation will be provided to/from the location of the activity/event for all participating students via 12-passenger vans with 2 supervising adults per van.

Transportation conditions are as follows:

1. I/We, the undersigned, as parent(s) or guardian(s), give my/our consent for the student identified herein to participate in the aforementioned activities/events of the summer program.
2. I/We, the undersigned, as parent(s) or guardian(s) will assume the liability of the student's participation in the off-campus activity/event of the summer program.
3. I/We will not hold Florida Institute of Technology, its officers, agents, employees, or anyone acting in its behalf, responsible or liable for injury occurring to the named student in the course of such activities or such travel.
4. I/We understand that Florida Institute of Technology officials will complete required accident insurance forms, after which all claims under insurance policy, or policies, for injuries received while participating in the summer program activities and events, shall be processed by the student, his/her parent(s), or guardian(s) through the company agent handling the student's insurance policy and not through the Florida Institute of Technology officials.
5. I/We hereby accept financial responsibility for personal items lost by the student identified herein.
6. I/We authorize Florida Institute of Technology to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities/events or such travel.

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7. I/We also agree that the expenses for such transportation and treatment shall not be borne by Florida Institute of Technology or its employees.
8. I/We accept full responsibility and hereby grant permission for my son/daughter to travel on any school related trip by bus or van.
9. This statement remains in effect until the end of the summer program at Florida Institute of Technology, unless cancelled by me/us in writing to the school.

Student Signature

Mother's or Guardian Signature

Date

Father's or Guardian Signature

5. Dangerous or Disruptive Items:

Weapons, Firearms: Students shall not carry a firearm, knife, weapon, or an item which can be used as a weapon. Notice is hereby given that possession of a firearm, a knife, a weapon, or an item, which can be used as a weapon by a student while on Florida Tech's property, on Florida Tech's sponsored transportation, or during the summer program sponsored activities, or in attendance of a summer program field trip is grounds for expulsion from the remaining of the summer program. Parent(s) or Guardian(s) will be immediately notified to pick up the student. The fee paid for the summer program will not be reimbursed.

6. Possession, Sale and/or Use of Alcoholic Beverages, Narcotics, Illegal Drugs, and/or Prohibited Substances:

Possession, Sale and/or Use: Notice is hereby given that possession or sale of controlled substances, as defined in Florida statutes, Chapter 893, by any student while such student is upon Florida Tech's property or in attendance at a Florida Tech function is grounds for expulsion of the summer program. Student possession of or being under the influence of alcoholic beverages, and/or hallucinogenic drugs or combinations of drugs or substances having hallucinatory effects, marijuana, or under the influence of glue or other drugs or combinations of drugs or drug paraphernalia expressly prohibited by federal, state, or local laws, including prohibited substances which shall include those substances possessed, sold, and/or used that are held out to be, or represented to be, controlled substances, illegal substances, or counterfeit in any respect illegal or controlled substances, at any Florida Tech sponsored function or on campus property is grounds for expulsion from the remaining of the summer program and referral to proper law enforcement agencies. Parent(s) or Guardian(s) will be immediately notified to pick up the student. The fee paid for the summer program will not be reimbursed.

Further notice is hereby given that possession of prescription drugs, or any other over-the-counter medication, not specifically ordered for the student by a physician or the student's parent or guardian while the student is at any Florida Tech's sponsored function or on campus property, or in attendance of a summer program field trip is grounds for expulsion from the remaining of the summer program. Parent(s) or Guardian(s) will be immediately notified to pick up the student. The fee paid for the summer program will not be reimbursed.

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7. Assault or Battery on Students or Florida Tech's Personnel and Property:

Any student found to have committed an act of assault or aggravated battery, on any students or Florida Tech personnel or committed acts of vandalism or intended misuse and destruction of Florida Tech's property is grounds for expulsion from the remaining of the summer program. Parent(s) or Guardian(s) will be immediately notified to pick up the student. The fee paid for the summer program will not be reimbursed.

8. Final Notice:

Violence or violent behavior by a student attending the summer program will not be permitted at any time, at Florida Tech's property and grounds, on Florida Tech's sponsored transportation, or during summer program sponsored activities, or in attendance of a summer program field trip is grounds for expulsion from the remaining of the summer program. Parent(s) or Guardian(s) will be immediately notified to pick up the student. The fee paid for the summer program will not be reimbursed.

Student Signature

Mother's or Guardian Signature

Date

Father's or Guardian Signature

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Transportation Release Form

I(we) hereby authorize our student _____, to drive to and from the Marine and Environmental Science Summer Camp at the Florida Institute of Technology. I(we) understand that Florida Tech is not responsible for our child while on route to and from campus. I(we) accept full responsibility for our student while traveling to and from the campus.

Name of student	Age	Date of Birth
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Driver's License Number	State Issued	Expiration Date
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Year/Make/Model of Vehicle	Tag Number
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Student Signature

Mother's or Guardian Signature

Date

Father's or Guardian Signature

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Student Release Form

1. People Authorized to Pick Up Students Daily or at the End of the Camp:

Students must be picked up from the front of the Link Building. No unattended student will be dismissed to the parking lot under any circumstance. Please provide the following information for everyone authorized to pick up your child.

Name: _____ Relationship to student: _____

Address: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

Name: _____ Relationship to student: _____

Address: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

NOTE:

A proper form of identification will be required to release a child to anyone other than parent(s) or guardian(s). To deviate from this form once the program is in session, a written, well-documented, and signed letter from the parent(s) or guardian(s) will be required. Program personnel will not release any student to anyone without proper authorization from the parent(s) or guardian(s) and without proper identification. Please, make sure you abide to this rule. There will be absolutely NO exceptions.

Student Signature

Mother's or Guardian Signature

Date

Father's or Guardian Signature

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**Prescribed and Over-The-Counter Medication(s)
Authorization Form**

I/We, as parent(s) or guardian(s) of _____, (student's name), give my/our consent to give the prescribed and/or over-the-counter medication(s) listed below to my/our child during the summer program, in the dosage and schedule given below. It is my/our understanding that at any moment during the hours of the summer program the student identified herein is NOT authorized to have in his/her possession prescribed and over-the-counter medication(s).

The parent or guardian should give the medication(s) to authorized program personnel in a sealed plastic bag with sufficient instructions in regards to dosage, schedule of administration, and any other pertinent information. Camp staff will not be responsible for administering any medication requiring special training or nursing skills, such as injections for diabetes or allergies. Admissions staff should be notified of any special medical needs to determine if the student can be accepted into the program. Students with contagious medical conditions will not be permitted to attend camp.

Physician Name: _____ **Phone Number:** _____

Address: _____

Authorized Prescribed Medication(s):

Name: _____

Dosage: _____

Instructions: _____

Authorized Over-The-Counter Medication(s):

Name: _____

Dosage: _____

Instructions: _____

Student Signature

Mother's or Guardian Signature

Date

Father's or Guardian Signature

MEDICAL INFORMATION AND RELEASE
2009 FLORIDA INSTITUTE OF TECHNOLOGY
MINOR OR ADULT PARTICIPANT
(PLEASE COMPLETE FORM IN BLUE OR BLACK INK)

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

DATE OF BIRTH: _____
(MO.) (DAY) (YEAR)

HEALTH/ACCIDENT INSURANCE CARRIER: _____

POLICY NO.: _____ GROUP NO.: _____

PERSONAL PHYSICIAN: _____

PHYSICIAN'S ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

PHYSICIAN'S PHONE NUMBER: _____
(AREA CODE) (NUMBER)

PARENT, LEGAL GUARDIAN, OR OTHER PERSON WHO HAS LEGAL AUTHORITY TO AUTHORIZE MEDICAL TREATMENT TO PARTICIPANT IN CASE OF EMERGENCY. PLEASE CONTACT:

NAME _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

HOME TEL: _____ WORK TEL: _____ CELL TEL: _____
(AREA CODE) (NUMBER) (AREA CODE) (NUMBER) (AREA CODE) (NUMBER)

Please list any chronic or acute medical problems (Continue on back if needed): _____

Please explain: _____

List any allergies to food, pollen or medicine: _____

List any medications being taken at present: _____

I ACKNOWLEDGE THE PARTICIPANT'S IMMUNIZATIONS ARE CURRENT: _____ YES _____ NO

I or MY CHILD plan to attend a FLORIDA INSTITUTE OF TECHNOLOGY CAMP, hereinafter referred to as "CAMP." I fully realize that injury or illness could result from or during MY or MY CHILD'S participation in the CAMP. In case of accident or illness, I give my permission to receive medical treatment as deemed appropriate. I will assume responsibility for any medical bills.

ADULT PARTICIPANT or PARENT/LEGAL GUARDIAN'S SIGNATURE

PLEASE PRINT CAMP PARTICIPANT NAME: _____

IF MINOR, PLEASE PRINT PARENT'S NAME: _____

MINOR (Under Age 18) PARTICIPANT'S NAME: _____ DATE OF BIRTH: ___/___/___ CAMP NAME: _____
PLEASE PRINT

FORM A: PARENT/LEGAL GUARDIAN RELEASE FOR MINOR PARTICIPANT

BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS. READ CAREFULLY BEFORE SIGNING.*

PLEASE COMPLETE FORM IN BLUE OR BLACK INK

GENERAL RELEASE AND INDEMNIFICATION AGREEMENT

I hereby represent that I am the parent or legal guardian of "PARTICIPANT", who is under the age of 18. For and in consideration of Florida Institute of Technology permitting PARTICIPANT to participate voluntarily in a **FLORIDA INSTITUTE OF TECHNOLOGY SUMMER CAMP** to be held during 2009 on Florida Institute of Technology campus in Melbourne, Florida, hereafter referred to as "**SUMMER CAMP**", I hereby expressly assume all the risks associated with the **SUMMER CAMP**, and I release Florida Institute of Technology, its trustees, officers, employees, students, and agents from all claims, demands, suits, causes of action, or judgments which PARTICIPANT or I ever had, now have, or may have in the future or which our heirs, executors, administrators, or assigns may have, or claim to have against Florida Institute of Technology, its trustees, officers, employees, students, or agents, arising out of or in any way connected with the **SUMMER CAMP**, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the **ACTS, OMISSIONS OR NEGLIGENCE** of Florida Institute of Technology, its trustees, officers, employees, students, or agents.

I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS FLORIDA INSTITUTE OF TECHNOLOGY, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AND AGENTS FROM ALL CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION, OR JUDGMENTS WHICH PARTICIPANT OR I EVER HAD, NOW HAVE, OR MAY HAVE IN THE FUTURE OR WHICH OUR HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS MAY HAVE, OR CLAIM TO HAVE AGAINST FLORIDA INSTITUTE OF TECHNOLOGY, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE SUMMER CAMP FOR ALL PERSONAL INJURIES, KNOWN OR UNKNOWN, PROPERTY DAMAGES (INCLUDING LOST OR STOLEN PROPERTY), OR CLAIMS FOR WRONGFUL DEATH, CAUSED BY THE ACTS, OMISSIONS OR NEGLIGENCE OF FLORIDA INSTITUTE OF TECHNOLOGY, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, AND ON FLORIDA INSTITUTE OF TECHNOLOGY'S BEHALF AND IN FLORIDA INSTITUTE OF TECHNOLOGY'S NAME DEFEND AT MY OWN EXPENSE ANY SUCH CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION OR JUDGMENTS DESCRIBED ABOVE. I ALSO AGREE TO BE RESPONSIBLE FOR ANY PROPERTY DAMAGE OR PERSONAL INJURIES THAT PARTICIPANT OR I MAY CAUSE BY INTENTIONAL OR NEGLIGENT ACTS WHILE PARTICIPATING IN THE SUMMER CAMP.

PHOTO RELEASE

PARTICIPANT AND I hereby grant to Florida Institute of Technology the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of university related photographs or videotaped images of PARTICIPANT for use in connection with the activities of the university or for promoting, publicizing or explaining the school or its activities. This grant includes, without limitation, the right to publish such images in the university's student newspaper, alumni magazine, on the university's Web site, and public relations / promotional materials, such as marketing and admissions publications, advertisements, fund-raising materials and any other university-related publication. These images may appear in any of the wide variety of formats and media now available to the school and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media. All photos taken are without compensation to PARTICIPANT. All electronic or non-electronic negatives, positives, and prints are owned by the university.

I have read and executed this document with full knowledge of its legal significance.

By: _____
PARENT/LEGAL GUARDIAN SIGNATURE Date Parent/Legal Guardian's Name Printed

Minor Participant's mailing address: _____
Street Address City/State Zip

*If you are a Florida Institute of Technology employee or a dependent of a Florida Institute of Technology employee, this release shall not be construed to deny any valid direct or first party insurance claims which you may have relating to possible death or to any injuries you may sustain while participating in the **SUMMER CAMP**.