Norman Dale STEM Camp
for Girls (Grade 5 – 8)
July 7 – 11, 2014

3-2-1 Blast Off!
STEM Camp 2014

Join us for a high-flying week of exploration of rocketry and flight! Projects, field trips and learning activities Monday through Friday, July 7th-11th, 2014. Schedule would be:
Monday through Thursday, 9:00 – 3:00 pm,
Friday, 9:00-12:30 pm, with Family Pizza Sky High Celebration luncheon at 11:30 am.

Send this form and payment to:
Normandale Community College, attn. Laura Kuehl, EdTrAc Office C 3040, 9700 France Ave. South, Bloomington, MN 55431

Questions: Contact Linette Manier at linette.manier@normandale.edu or 952-358-8437, or Jill Johnson at Jill.Johnson@normandale.edu or 612-940-9708.

Student Name: ____________________________________________
First ___________________________ Last ___________________________

Parent/Guardian Name: ________________________________________
First ___________________________ Last ___________________________

Address: ___________________________________________________

Home Phone: ______________________ Work Phone: ___________________

Cell/Pager: ______________________ Parent Email Address: ___________________

School attended 2013-14 School Year: ___________________________ Grade (for Fall 2014): ___________________________

T-shirt Size (select one): Youth L Adult S Adult M Adult L Adult XL

Drop off time at Normandale is NO EARLIER than 8:45 am. Pick up time is 3:00 pm.

My child will be picked-up by: ____________________________________________
(Name of driver)

Driver phone number: ______________________ Relationship to child: ______________________

I understand the drop off, travel, and pick up arrangements, as well as the nature of the event activities, and believe the necessary precautions and plans for the care and supervision of the child during the event will be taken. Beyond this, I will not hold Normandale Community College or those supervising the event responsible.

My child has my permission to attend the STEM Camp sponsored by Normandale Community College.

Parent/Guardian Signature ____________________________________________ Date ___________________________
RELEASE: The undersigned, in consideration of being permitted to participate in a course/activity entitled SCIENCE, TECHNOLOGY, ENGINEERING and MATHEMATICS (STEM) CAMP AT NORMANDALE COMMUNITY COLLEGE for educational/recreational purposes, does hereby irrevocably, personally and for his or her heirs, assign and legal representatives, release and waive any and all past, present or future claims, demands, and causes of action which the undersigned now has or may in the future have against the State of Minnesota, the Community College, their members, representatives, officers, agents, employees, and each of them, for any and all past, present, or future loss of or damage to property and/or bodily injury, including, death, however caused, including negligence, resulting from, or arising out of or in any way connected with the aforementioned course for educational/recreational purposes.

HOLD HARMLESS/INDEMNITY: The undersigned covenants not to cause any action at law or inequity to be brought or permit such to be brought in his or her behalf, either directly or indirectly, on account of loss or damage to property and/or bodily injury, death, against any of the aforesaid parties however caused, including negligence, resulting from, arising out of, or in any way connected with the aforementioned course/activity and agrees to save, indemnify, hold harmless, and defend at his or her sole expense, any and all of the aforesaid parties from any claims, demands, and causes of action which now, in the future be asserted against the aforesaid parties arising out of or by reason of said course described above, including any incident, injury, loss or damage that might occur at any place in connection therewith. Risks include but are not limited to the following:

Death, fracture, back injuries, head injuries, eye injuries, face injuries, injuries to hands, feet, arms, and legs, sprain contusions, injuries to fingers and toes, abdominal injuries, neck injuries, injuries resulting from punches, blows, and kicks, and injuries from falls and throws and any other injury of any kind.

ASSUMPTION OF RISK: The undersigned further states and affirms that he or she is aware of the fact that the aforesaid course, even under the safest conditions possible, may be hazardous: that he or she assumes the risks of any and all loss of or damage to property and/or bodily injury, including death, however caused, including negligence, resulting from, arising out of or in any way connected with the aforementioned course: that he or she is of legal age and is competent to sign the Waiver of Claims and Release from Liability; and that he or she has read and understands all of the provisions herein contained.
Information and Photo Release Form for 3,2,1, Blast Off! STEM Camp

I grant permission to Normandale Community College, STEM Camp, and the Camp’s industry collaborators (Donaldson Company, Minnesota Center for Manufacturing and Engineering Excellence (MNCEME)) to use the likeness of my minor child in the information and/or photograph(s) described below in their print media and/or on their websites or other electronic form or media, and to offer such information and/or photograph(s) for use or distribution, without further permissions and/or without notifying me.

I hereby waive any right to inspect or approve the information, copy, photograph(s), print or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or any other compensation arising from or related to the use of the information and/or photographs.

I hereby agree to release and hold harmless Normandale Community College, STEM Camp, and the Camp’s industry collaborators (Donaldson Company, MNCEME), from and against any claims, damages or liability arising from or related to the use of the information and/or photograph(s), including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product.

I have read this Information and Photo Release Form before signing below, and I fully understand the content, meaning and impact of this release.

Student Name: ________________________________________________________________

Parent/Guardian Name: ________________________________________________________

________________________  __________________________
Parent/Guardian Signature          Date
Camper Name: _______________________________________________________________

First          Last

**EMERGENCY INFORMATION**

We need the name of a person who can be contacted in an urgent situation--in the case that the parent/guardian cannot be reached. This person could be responsible for coming to pick up the student from camp, from a field trip setting, or assist camp staff in addressing a problem that may have risen.

Contact Name: _______________________________________________________________

First          Last

Phone Number (to be reached during STEM CAMP hours): _________________________

Student Health Information:

My student has the following food allergies:

The action that I ask STEM Camp to take due to these food allergies is:

Information you may find helpful about my student:
If you child has other unique needs related to a disability or condition, please tell us how we might make camp a successful experience for your student.
Who is eligible to receive a scholarship for the summer camp?

To qualify, participants must provide documentation of:

- Evidence of Social Security Disability Benefits
- Evidence of qualification in the Free/Reduced Lunch program through your school.

Other information that you would like us to consider when making decisions about your student's request for scholarship funds:

I am requesting a scholarship in the amount of:

______ Full scholarship for the 3, 2, 1 Blast Off Camp! I am providing the minimum $20 camp commitment fee.

______ I can pay ____________________________ personally, and ask that a scholarship of the balance of the camp expenses be provided.

I verify that the above information is true. You will receive confirmation that your child has qualified for a camp scholarship.

____________________________________  ______________________
Parent and / or Guardian Signature     Date

If you have questions, please contact linette.manier@normandale.edu.