



EAGLE SCIENCE CAMP

SESSION CHOICE: Session I
May 26-May 30, 2009 Session II
June 2-June 6, 2009**STUDENT INFORMATION**Student's Name: _____
First MI LastName wish to be called: _____ Race: _____
(Optional, for information purposes only)Sex: Male Female Grade Level: _____ Date of Birth: _____
(Spring 2009) (MM-DD-YY)T-shirt size: Adult Small Adult Medium Adult Large Adult X-Large

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

PARENT/GUARDIAN INFORMATION (Primary Contact)

Name: _____

Phone: _____
Home Work Cell/Other

Name: _____

Phone: _____
Home Work Cell/Other**EMERGENCY INFORMATION (Secondary Contact)**

Name: _____

Phone: _____
Home Work Cell/Other**CAMP INFORMATION**

All students will be housed in a dorm room with twin beds. Students must share a room with one other person. Roommates will be assigned.

In compliance with ADA, GSU honors requests for reasonable accommodations made by individuals with disabilities. Request can be served more effectively if person with special needs list those needs and return this form as soon as possible.

Special Needs: _____

APPLICATION DEADLINE: APRIL 17, 2009



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AUTHORIZED PICK-UP

Please list the names of individual(s) who will be picking student up from camp.

Can the student swim? Yes No

If the student has had swimming lessons, what is the highest level completed? _____

HEALTH RECORD/MEDICAL AUTHORIZATION

Parents of all students are required to provide a complete authorization for medical treatment and a health record for their children. Please print legibly or type, completing all items. The authorization is not valid without proper signature.

PHYSICIAN INFORMATION

Name of student's physician: _____

Physician's phone numbers: _____

Is student presently under the care of the physician? Yes No

If yes, please explain condition _____

Date of last tetanus booster (Month/Year): _____

HEALTH CONDITION

Please list any medication being taken: _____

List any physical conditions the staff should be aware of (i.e., asthma, allergies, diabetes, epilepsy, dietary needs, medication, allergies, back problems, ADHD, etc):

TREATMENT PRECAUTIONS

Are there any special circumstances such as religious convictions, legal arrangements, or chronic problems that we should know about before treatment? Yes No

If yes, please explain:



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INSURANCE INFORMATION

Name of Insured (Medicaid Included): _____

Carrier: _____

Policy Number: _____

Please explain emergency coverage: _____

CAMP FEE: \$375.00

Please check one:

Will pay full camp fee of \$375.00

Will apply for scholarship

There are a limited number of scholarships available for students with demonstrated economic need.

Parent or Guardian: Please attach a copy of your 2008 Federal Income Tax form listing the student as your dependent, or provide a statement from your school lunch room manager on school stationary stating that the student qualifies for free or reduced lunch.

School Name: _____

School Address: _____

School Phone: _____

Sponsoring Teacher: _____

If applying for a scholarship, what is the approximate amount your family can contribute for this student's Eagle Science Camp experience? \$ _____

Include a \$25.00 deposit with the application form.

Make check payable to Georgia Southern University. Deposit will be returned if the student is not accepted for the 2009 Eagle Science Camp.

Submitting an application does not guarantee acceptance into Eagle Science Camp. There are a limited number of openings for each camp.

MAIL COMPLETED APPLICATION TO:
Judy Hendrix-Poole
Continuing Education Center
Georgia Southern University
PO Box 8124
Statesboro, GA 30460-8124

Questions: Call Judy Hendrix-Poole at 912-478-5993.



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STUDENT EVALUATION FORM (TO BE COMPLETED BY THE SCHOOL)

(This form must accompany the student's application form)

Student's Academic Average, Fall Semester 2008 in

Math _____ Science _____

(To qualify for consideration, applications must be received complete with all information filled in, with two teacher recommendations, and students **must have a 90 or above average** in both math and science.)

Signature of School Administrator _____ Date _____

Evaluations by two teachers from any academic subject, who taught this student during this academic year, or by one teacher and one administrator, must be completed. Please complete the evaluations in ink.

| Name of Evaluating Teacher or Administrator | Subject/Administrative Position |
|---|---------------------------------|
|---|---------------------------------|

This student:

1. surpasses my expectations of academic achievement for his/her grade level

| | | | | |
|--------------|-------|-----------|--------|-------|
| Consistently | Often | Sometimes | Rarely | Never |
|--------------|-------|-----------|--------|-------|

2. shares information gathered outside class

| | | | | |
|--------------|-------|-----------|--------|-------|
| Consistently | Often | Sometimes | Rarely | Never |
|--------------|-------|-----------|--------|-------|

3. motivates classmates to participate in experiments/labs/hands-on activities

| | | | | |
|--------------|-------|-----------|--------|-------|
| Consistently | Often | Sometimes | Rarely | Never |
|--------------|-------|-----------|--------|-------|

4. sets an example of good citizenship, and is respectful of teachers

| | | | | |
|--------------|-------|-----------|--------|-------|
| Consistently | Often | Sometimes | Rarely | Never |
|--------------|-------|-----------|--------|-------|

5. is considerate of classmates and interacts positively in group settings

| | | | | |
|--------------|-------|-----------|--------|-------|
| Consistently | Often | Sometimes | Rarely | Never |
|--------------|-------|-----------|--------|-------|

Please write a short assessment of this student as a candidate for Eagle Science Camp

Signature _____ / Date _____



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Name of Evaluating Teacher or Administrator _____

Subject/Administrative Position _____

This student:

1. surpasses my expectations of academic achievement for his/her grade level

Consistently Often Sometimes Rarely Never

2. shares information gathered outside class

Consistently Often Sometimes Rarely Never

3. motivates classmates to participate in experiments/labs/hands-on activities

Consistently Often Sometimes Rarely Never

4. sets an example of good citizenship, and is respectful of teachers

Consistently Often Sometimes Rarely Never

5. is considerate of classmates and interacts positively in group settings

Consistently Often Sometimes Rarely Never

Please write a short assessment of this student as a candidate for Eagle Science Camp

Signature _____ / Date _____

The above school has my permission to release this student evaluation, without my inspection, to Georgia Southern University, for the purpose of my child's Eagle Science Camp application.

Signature of Parent or Guardian _____ / Date _____



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ASSUMPTION OF RISK: SUMMER CAMP ACTIVITIES (BINDING LEGAL DOCUMENT -- READ CAREFULLY BEFORE SIGNING)

Summer Camp Activities (including, for purposes of this Agreement, all activities associated with the camps indicated on page one of this document, including transportation to and from events or off-site locations) may involve risks of bodily injury, property damage, and other dangers associated with participation in such activities. Dangers related to such activities may include but are not limited to: loss of or damage to personal property, broken bones, strains, sprains, bruises, drowning, concussion, heart attack, heat exhaustion, injuries associated with travel, and death.

The parent or guardian of each minor participant in Summer Camp Activities acknowledges and accepts these risks. The decision to permit participation is solely that of the parent or guardian; participation is completely voluntary.

As the undersigned parent or guardian, I acknowledge that Georgia Southern University does not warrant or guarantee in any respect the competency or mental or physical condition of any instructor, leader, vehicle driver, or individual participant in any Summer Camp Activity. I further acknowledge that Georgia Southern University makes no warranty as to the condition, safety, or suitability of any equipment, vehicle, property or premises for any purpose. The parent or guardian of each participant in voluntary Summer Camp Activities is required to sign this Release, Waiver of Liability and Covenant Not to Sue form.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my minor child or ward's participation in such voluntary Summer Camp Activities. I acknowledge that Georgia Southern University does not provide insurance coverage for my minor child or ward.

I have read and understand this document. I understand that I will be provided with a copy of this document upon request. On my own behalf and on behalf of my minor child or ward, I accept and assume all risks, hazards, and dangers involved in such Summer Camp Activities in which I may elect allow my minor child or ward to participate, including the preparation for, and travel to and from the site of such activities.

_____ *Parent/Guardian Initial*

RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE (BINDING LEGAL DOCUMENT -- READ CAREFULLY BEFORE SIGNING)

I hereby agree that for the sole consideration of Georgia Southern University allowing my minor child or ward to participate in voluntary Summer Camp Activities and in connection therewith, making available to such minor child or ward for his or her use while participating in such Summer Camp Activities, certain equipment, vehicles, facilities, grounds, or personnel of Georgia Southern University, on my own behalf and on behalf of my minor child or ward, I do hereby waive liability, release and forever discharge Georgia Southern University and the Board of Regents of the University System of Georgia, their members individually, and their officers, agents, contractors, volunteers, and employees, and the Georgia State Tort Claims Trust Fund, of and from any and all claims, demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my minor child or ward's voluntary participation in or in any way connected with such Summer Camp Activities, including without limitation travel.

I further covenant and agree that for the consideration stated above I will not sue Georgia Southern University or the Board of Regents of the University System of Georgia, their members individually, their officers, agents, contractors, volunteers, or employees, or the Georgia State Tort Claims Trust Fund, for any claim for damages arising or growing out of my minor child or ward's voluntary participation in Summer Camp Activities at or in conjunction with Georgia Southern University.

I understand that the acceptance of this release, waiver of liability, and covenant not to sue Georgia Southern University or the Board of Regents of the University System of Georgia or any officer, agent, volunteer, or employee thereof, or the Georgia State Tort Claim Trust Fund, shall not constitute a waiver, in whole or in part, of sovereign, governmental, or official immunity by said Board, its members, officers, agents, volunteers, and employees.

I understand that I will be provided a copy of this document upon request. I certify that I am over 18 years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

_____ *Parent/Guardian Initial*



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RELEASE AND COVENANT NOT TO SUE (Photo Release) (BINDING LEGAL DOCUMENT -- READ CAREFULLY BEFORE SIGNING)

I, the parent or guardian of the above-named student, do hereby grant permission to Georgia Southern University, the Board of Regents of the University of Georgia, and their successors, licensees and assigns (hereinafter referred to as Releasees) permission to photograph me or otherwise record my child's image, and to publish such image or depiction in any form, including, but not limited to, print, electronic, video or Internet. I hereby consent and permit such images or depictions to be used by Releasees for any purpose, including but not limited to illustration, trade, advertising or promotion. I understand and agree that Releasees may publish such images or depictions without notification prior to or after such publication.

I hereby grant to Releasees permission to edit, crop, retouch, or otherwise alter such images or depictions, and waive any privilege to inspect such images or depictions prior to publication. I understand that Releasees may use the images or depictions with or without associating my name thereto, and I waive any privilege to approve any copy associated with such images or depictions prior to publication. I further waive any claim for compensation of any kind for the use or publication of the images or depictions.

I hereby forever discharge and release any claim for damages of any kind (including, but not limited to, invasion of privacy or misappropriation) arising out of the use or publication of such images or depictions by the Releasees, and covenant and agree not to sue the Releasees, their employees, officers, members, servants or agents for such use or publication. I agree that any intellectual property rights associated with such images or depictions are the sole property of the Releasees. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

I understand that the acceptance of this Release and Covenant not to Sue by the Releasees shall not constitute a waiver, in whole or in part, of the sovereign and official immunity of the Releasees, or their members, officers, agents and employees.

_____ (Parent/Guardian Initial) I hereby give permission for my child to be portrayed in photographic images made during or in conjunction with Summer Camp Activities - Georgia Southern University.

PERMISSION STATEMENT (Parent/Guardian Initial Each Statement)

_____ I hereby give permission for my child to participate in the 2009 Eagle Science Camp Activities.

_____ I hereby grant permission to Georgia Southern University to seek treatment as may be necessary in the best interest of the health of my child/dependent. I understand and agree that Georgia Southern University is not legally liable, financially or otherwise, for such treatment.

I understand that I will be provided a copy of this document upon request. I certify that I am over 18 years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

This _____ day of _____, 20__

Print name of parent or guardian

Print name of minor participant

Signature of parent or guardian

Witness (18 or older)