Middle School Mathematics Camp
Monday through Thursday 9:00am – 1:00pm

Registration Form

Name______________________________
last first middle

Mailing Address__________________________
street

                                           city     state     zip

School_________________________ Gender _______________________

School District________________________ Grade in September 2018 (6, 7, 8, or 9) _____

Phone #_________________________ Age _______________________

Tee-shirt size________________________ Parent email address_____________________

Please choose one and include a copy of your most recent report card (used to verify grade):

☐ Entering 6th & 7th grade in September: July 23 – July 26
☐ Entering 8th & 9th grade in September: July 23 – July 26

Students will be accepted on a first-come, first-serve basis. We will accept no more than 24 students. Fee is $250 with a $50 non-refundable deposit due with this registration form; the remaining $200 will be due two weeks prior to the first day of the program. Checks should be made payable to the “Research Foundation of SUNY”. Please submit registration form at least two weeks prior to start date.

Completed registration forms should be sent to:
Institute for STEM Education
092 Life Sciences Building
Stony Brook University
Stony Brook, NY 11794-5233
Middle School Mathematics Camp

PARENTAL CONSENT FORM
PLEASE PRINT

Name: ____________________________

Parent/Guardian _______________________

Home telephone: ___________________ Work telephone: ________________

The Middle School Mathematics Camp will offer students an opportunity to explore many aspects of math. They will interact with Stony Brook and secondary school faculty and other students in the classroom. Although every safety precaution will be taken, certain hazards remain and risks of physical injury and/or property damage, while minimal, do exist in such a program.

I understand that Stony Brook University does not carry liability, medical or property damage insurance in these cases, and that the primary responsibility in case of accident will be provided by myself and/or my own insurance.

Name of Insured: _________________________

Insurance Carrier: _______________________

Address of Insurance Carrier: _______________________

Group #: ______________________________ ID# _____________________________

If no medical coverage, check here ☐

By signing this statement I indicate that I understand the nature of the program and its risks, and grant permission to Stony Brook University to allow my child to participate in the 2018 Middle School Mathematics Camp.

Signature of Parent/Guardian ______________________________ Date ____________
Middle School Mathematics Camp

MEDICAL RECORD FORM

Student Name ____________________________________________

My child has no medical problems that would prevent their participation in the Middle School Mathematics Camp.

Parent Name:___________________________ Parent Signature:________________________

Is there any health information that we should be aware of?
___________________________________________________________________________

Is your son/daughter taking any medication on a regular basis? _____ yes _____ no

If so, medication used __________________________ How frequently? __________________

For what condition: _______________________________ Additional comments: ____________
_____________________________________________________________________________

Name of family doctor ___________________________ Phone __________________________

Date of child’s last physical _______________________

IMMUNIZATIONS
Public Health Law 2165 requires immunization history of measles, mumps, and rubella must be mailed to us before you arrive and completed and signed by your physician or clinic.

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Dates</th>
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<tbody>
<tr>
<td>Tetanus or TD within 10 years</td>
<td></td>
</tr>
<tr>
<td>MMR combined measles, mumps, rubella</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
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<tr>
<td>Measles vaccine (two immunizations)</td>
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<tr>
<td>Mumps vaccine</td>
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<tr>
<td>Rubella vaccine</td>
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<tr>
<td>Polio   Salk   Sabin</td>
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Signature of Physician
PERMISSION FORM

PLEASE PRINT

I grant my child, ______________________, permission to participate in the 2018 Middle School Mathematics Camp at Stony Brook University. I grant permission to the program and the University Health Service and its staff to treat as necessary and/or secure proper treatment for my child in case of illness. Emergency treatment will be given at University Hospital at Stony Brook.

Please contact the following in case of emergency:

Parent/Guardian Name: __________________________________________

Home telephone: ________________________________________________

Work telephone: ________________________________________________

Name of relative or friend: ______________________________________

Telephone: ____________________________________________________

Signature of Parent/Guardian: ___________________________________
PHOTOGRAPH RELEASE

I give permission to the Stony Brook University to take photographs of my child, __________________________, who is enrolled in the 2018 Middle School Mathematics Camp. I understand that these photographs may be used in local or national media, as well as University brochures and other promotional material, including electronic media such as the Internet, for the express purpose of promoting Stony Brook University and its programs.

________________________________________
Student Signature

________________________________________
Parent Signature

________________________________________
Date