

SMEK_{plus} CAMP 2016 REGISTRATION FORM

Camp registrations are processed in the order in which they are received by the Center.

One registration form per child is required.

Please **PRINT** Neatly

Child's Name: _____
First Last

Address: _____
Street City State Zip

Parents' Name: _____ Home Phone: _____

School District: _____ School: _____

Emergency Contact: _____ Emergency Phone: _____

EMAIL ADDRESS: _____

Please indicate below which camp your child will be attending.

SMEK_{plus} JUNIOR CAMP (8:30 am – 3:00 pm) <i>Grade child will be entering in Fall 2016 (circle one): 2 3 4</i> <input type="checkbox"/> SMEK _{plus} Jr. Camp (July 12-14, 2016) \$135.00 <input type="checkbox"/> Sibling discount*: Check if you qualify (For 2 or more children, save \$5 per child on final payment)	SMEK_{plus} SENIOR CAMP (8:30 am – 3:00 pm) <i>Grade child will be entering in Fall 2016 (circle one): 5 6 7 8</i> <input type="checkbox"/> SMEK _{plus} Sr. Camp (July 19-21, 2016) \$135.00 <input type="checkbox"/> Sibling discount*: Check if you qualify (For 2 or more children, save \$5 per child on final payment)
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T-shirt Size: Youth Sizes (circle one):	SMALL	MEDIUM	LARGE	X-LARGE	
OR Adult Sizes (circle one):	SMALL	MEDIUM	LARGE	X-LARGE	XX-LARGE

**Sibling discount may not be combined with scholarships.*

COST: There is a **\$25.00** registration fee per camp required to hold a place for each camp participant. **The remaining balance must be paid by June 28, 2016.** Lunch at Marketplace at Doan is included in registration fee. Non-attendance or cancellation after June 29, 2016 will mean full forfeiture of the registration fee. There is a minimum enrollment required for each camp to run. Should this minimum enrollment not be reached by June 17, 2016 a full refund will be made to all who are registered.

Due to the nature of the SMEK_{plus} events, we are not able to place groups of students into the same group. If you would like your child placed with **one (1)** other student, please write the name of that student at the bottom of this form. The other child's registration form **MUST** have the same information on it. **THERE WILL BE NO CHANGES MADE DURING THE CAMPS.**

Please **initial** the following statements to indicate your approval:

_____ My child has permission to participate in the SCIENCE AND MATHEMATICS EXTRAVAGANZA FOR KIDS_{plus} event at Saginaw Valley State University.

_____ I understand that I am responsible for dropping my child off at SVSU for 8:00 am registration and picking my child up at SVSU no later than 3:00 pm.

_____ I also give permission to SVSU to use any pictures or videos taken of my child at SMEK_{plus}, to be used for advertisement, publicity, or informational/promotional purposes (no names will be used.)

Saginaw Valley State University does not discriminate based on race, religion, color, gender, sexual orientation, national origin, age, physical impairment, disability or veteran status in the provision of education, employment and other services.

Parent/Guardian's Signature: _____ Date: _____

DEADLINE FOR REGISTRATION IS June 24, 2016!
(or until camps are filled)

Please make checks payable to: **SVSU Math/Science Center** and return this form with registration fee to the **SVSU Regional Mathematics and Science Center**
7400 Bay Road University Center,
MI 48710
****If paying with credit card, please call: (989) 964-4114**

A confirmation letter, campus map, receipt of payment, and detailed drop-off & pick-up information will be **EMAILED** to you after we receive your child's registration packet.

Check the box below if you wish to receive this confirmation in paper form, rather than by email.

I want my confirmation letter mailed to the home address above.

For Office Use Only:
 Date: _____ Staff: _____
 Payment: _____ Amount: _____



**“SCIENCE & MATHEMATICS EXTRAVAGANZA FOR KIDS (SMEK) plus”
ACTIVITY PROGRAM**

MINOR CHILD’S HEALTH INSURANCE
INFORMATION

Please Print
Child’s Name

Name of Policy Holder

Policy Number / Insurance ID Number

Insurance Carrier / Phone Number

Additional information, such as allergies to medications or food, and/or physical limitations or disabilities:

The child listed above is attending the Saginaw Valley State University “SCIENCE & MATHEMATICS EXTRAVAGANZA FOR KIDS (SMEKplus) plus” Activity Program with my consent. “SMEKplus” administrators are authorized to arrange for emergency care as needed. If my child becomes ill or injured while participating in this activity, I am responsible for all health care expenses and I have made arrangements to handle such expenses through insurance coverage, access to cash, or other methods. I hereby exempt, release and hold harmless Saginaw Valley State University, its officers, agents and/or volunteers from any and all liability claims or causes of action whatsoever arising out of, or which may result from the above child attending the “SMEKplus” Activity Program at Saginaw Valley State University.

Date

Signature of Parent or Legal Guardian

Print Name

You must complete the Health Insurance Information and the Parental Consent and Release Forms, and return them with the Registration Form or your child will not be registered for “SMEKplus”.

“SCIENCE & MATHEMATICS EXTRAVAGANZA FOR KIDS (SMEKplus) plus”
PARENTAL CONSENT AND RELEASE FORM

Child’s Name (please print): _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent / Guardian’s Name (please print): _____

Parent’s Home Phone #: _____ Cell Phone #: _____

The above-named child is attending the “SCIENCE & MATHEMATICS EXTRAVAGANZA FOR KIDS (SMEKplus) plus” Activity Program at Saginaw Valley State University with my consent. I fully understand and acknowledge that there are risks in my child’s participation in the “SMEKplus” program activities. My child’s participation in such activities and/or use of such equipment may result in injury or illness or damage to personal property. I agree on behalf of the above-named child, his/her next of kin, heirs, executors, personal representatives, successors and assigns, to exempt, release, waive and discharge Saginaw Valley State University and its officers, agents, employees and volunteers (including, without limitation, its students working as event staff) from any and all claims or causes of action whatsoever arising out of, or which may result from the above-named child attending the “SMEKplus” Activity Program, including any claims or causes of action resulting from the negligence of any person(s) involved in the program, but not including any intentional misconduct committed by any such person(s). I also agree to indemnify and hold harmless Saginaw Valley State University and its officers, agents, employees and volunteers (including, without limitation, its students working as event staff) from and against any and all liabilities, injuries, losses, expenses (including, without limitation, reasonable attorneys’ fees) and/or other damages, incurred by any of them as a result of any claims or causes of action brought against them by or in the right of the above-named child, or due to any injury to persons or property caused by said child, arising out of, or in any way resulting from the above-named child’s attendance at the “SMEKplus” Activity Program.

Additionally, I agree:

My child is in good health and able to participate in all SMEKplus activities. My child has no known physical disabilities or health problems which would be adversely affected by, or which would reasonably preclude my child from participating in the “SMEKplus” Activity Program. If such a condition exists, I have informed the “SMEKplus” administrators in writing prior to the program.

“SMEKplus” administrators are authorized to arrange for emergency care as needed. If my child becomes ill or injured while participating in this activity, I am responsible for all health care expenses and I have made arrangements to handle such expenses through insurance coverage, access to cash, or other methods.

Additionally,

I hereby give permission for images of my child, captured as a result of the SMEKplus program through video, photo and digital cameras, to be used solely for the purposes of SMEKplus promotional material and publications, and waive any rights of compensation or ownership thereto. **PLEASE NOTE:** No names will be used.

The above agreement shall be binding on my heirs, successors, assigns, administrators or executors.

I am the parent / legal guardian of the above-named child. I have read and agree with all of the above.

I am the only individual who will drop off / pick up my child at “SMEKplus.”

I authorize the following individuals to drop off / pick up my child: _____

Phone number of individuals authorized for drop off / pick up: _____

Date

Signature of Parent or Legal Guardian

Print Name