



## Robeson Community College / Project 3C - Summer Camp Application

### Connecting Community, College, and Career through STEM

Project 3C will provide American Indian students with experiences and skills necessary to: accomplish goals successfully, increase similarities between their interests and career choices, and broaden their college and career opportunities in STEM (Science, Technology, Engineering, and Mathematics). This grant program is a Native Youth Community Project funded by the Department of Education.

#### RobCoBots STEM Camp

June 1<sup>st</sup> – 4<sup>th</sup>, 2020 – 7:30 a.m. – 5:00 p.m.

Please check your desired Summer Camp experience:

- RobCoBots STEM Camp (Rising 6<sup>th</sup>-8<sup>th</sup> grades)

#### Project 3C Summer Camp

June 15<sup>th</sup> – 18<sup>th</sup>, 2020 – 7:30 a.m. – 5:00 p.m.

Please check your desired Summer Camp experience:

- |  |  |
|--|--|
| <input type="radio"/> Engineering a Habitat<br>(Rising 6 <sup>th</sup> – 8 <sup>th</sup> grades) | <input type="radio"/> Exploring Science Through Mechanics<br>(Rising 7 <sup>th</sup> – 9 <sup>th</sup> grades) |
| <input type="radio"/> Scrubs I (Rising 9 <sup>th</sup> – 12 <sup>th</sup> grades)                | <input type="radio"/> Space Camp (Rising 6 <sup>th</sup> -8 <sup>th</sup> grades)                              |
| <input type="radio"/> Camp Robotics (Rising 9 <sup>th</sup> -12 grades)                          | <input type="radio"/> Drone Camp (Rising 9 <sup>th</sup> -12 <sup>th</sup> grades)                             |

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Grade Level in Fall 2019 \_\_\_\_\_

School Name & District \_\_\_\_\_

Indian Education Verification or Tribal Verification Number \_\_\_\_\_

Emergency contact(s) (Parent/Guardian – Local Person Only):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Allergies or Health conditions \_\_\_\_\_



**Supporting Documentation Required for Application: One teacher reference is required for acceptance.**

TEACHER RECOMMENDATION

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Please rate the performance of the above-named student using the scale provided.

Activity	Needs Improvement					Excellent				
Shows positive attitude in class	1	2	3	4	5	1	2	3	4	5
Gets along well with others	1	2	3	4	5	1	2	3	4	5
Demonstrates eagerness and capacity to learn	1	2	3	4	5	1	2	3	4	5
Shows ability to make and keep commitments	1	2	3	4	5	1	2	3	4	5
Accepts responsibility	1	2	3	4	5	1	2	3	4	5
Demonstrates initiative	1	2	3	4	5	1	2	3	4	5

Do you recommend this student for Robeson Community College/Project 3C Summer Camp?

Yes            No

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Date



In order to attend this camp, this form must be completed by a parent/guardian.

Participant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

### EMERGENCY INFORMATION

Person to notify in case of emergency: \_\_\_\_\_

Name

Relationship

Emergency Phone: Day \_\_\_\_\_

Night \_\_\_\_\_ Cell \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

Any allergies to medicine? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list \_\_\_\_\_

Any current or past health conditions/food allergies staff should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Health Insurance Policy Number \_\_\_\_\_

Health Carrier \_\_\_\_\_

Address of Health Carrier \_\_\_\_\_

Street

City

State

Zip

I hereby authorize any actions recommended by a physician or other health care provider attending my child during the camp. I acknowledge and understand that my child may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with this camp. I agree to indemnify and hold harmless Robeson Community College, its officers, employees, and agents from and against any claims for personal illness that my child may sustain.

Parent or Guardian (*circle relationship*): \_\_\_\_\_

Print Name

Signature

Date



**ROBESON COMMUNITY COLLEGE SUMMER CAMP**

I \_\_\_\_\_ am the legal parent/guardian of  
Signature of Parent/Guardian

\_\_\_\_\_. I understand that all possible precautions  
Child's Name

are taken to ensure that the programs and activities at Robeson Community College (RCC) are conducted by mature qualified personnel in a safe and responsible manner.

**WAIVER: READ CAREFULLY BEFORE SIGNING**

The student and the student's parent, guardian, or custodian recognizes that RCC is not the insurer of the student's health or safety, and has no duty to control third parties. The student and the student's parent, guardian, or custodian fully accept and understand that there are potential dangers and risks to which the student may be exposed by visiting RCC for classes and/or field trips.

The student and the student's parent, guardian, or custodian therefore agrees to assume all of the potential risks and dangers, whether or not foreseeable, in any way associated with his/her participation in this Robeson Community College Academy Summer Camp(s) (including without limitation any and all medical expenses incurred resulting from any illness or in injury to the participating student) and associated activities. In consideration of, and in return for the services, facilities, and other assistance provided to the student by Robeson Community College in this Academy Summer Camp(s) and related activities, the student and the student's parent, guardian, or custodian hereby release and agree to hold harmless Robeson Community College (and its board of trustees, officers, employees, servants, and agents) from any and all liabilities, claims, and actions that may arise from injury or harm to the student or to any third-party, from the student's death or that of any third party proximately caused by the student, or from damage to the student's or any third-party's property in connection with Robeson Community College Camp(s) or associated activities. The student and the student's parent, guardian, or custodian understand that this Agreement and Release covers liability, claims, and actions caused entirely or in part by any acts or failure to act by Robeson Community College Summer Camp (or its board of trustees, officers, employees, or agents) including but not limited to the alleged or actual negligence, mistake, or failure to supervise by Robeson Community College Summer Camp.

The student and the student's parent, guardian, or custodian agree and understand that this Agreement and Release means I am giving up, among other things, the right to sue Robeson Community College Summer Camp its board of trustees, officers, employees, servants or agents for injuries, damages, or losses that the student or the student's parent, guardian, or custodian may incur. The student and the student's parent, guardian, or custodian also understand that this Agreement and Release binds the student and the student's parent, guardian, or custodian, any non-custodial parent, heirs, executors, administrators, assigns.

The student and the student's parent, guardian, or custodian acknowledge that they have read this entire Agreement and Release, that they fully understand it, and that they agree to be legally bound by it. They also agree that this represents the entire agreement and that there are no other oral or written promises or representations which in any way modify its terms.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



### CONSENT TO USE PHOTOGRAPH

As a parent or legal guardian of \_\_\_\_\_, registered in  
Child's Name  
the Summer camp offered by the Robeson Community College, I understand and consent to the use of my child's  
photograph on the RCC web site, in an official RCC publication, and for any RCC undertaking. I further understand  
that the official photograph is a public record, and therefore subject to disclosure, upon proper request by a third  
party, under the North Carolina Public Records Law.

Participant Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

### PERSONAL CONDUCT AND RESPONSIBILITY STATEMENT

- I will,
- ✓ Exhibit professional behavior.
  - ✓ Treat all people with respect, including faculty, staff, and other camp attendees.
  - ✓ Dress professionally and in accordance with the camp activities.
  - ✓ Treat all Robeson Community College property with care.
  - ✓ Agree to abide by all rules set forth by Camp 3C officials.
  - ✓ "Park" my cell phone during camp, and use it only at designated times.
  - ✓ Understand that if I exhibit unprofessional or disruptive behavior, I will be asked to leave.

\*Your signature below denotes that you understand the personal conduct and responsibility statement.

\_\_\_\_\_  
Participant Name (Print)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date