SOUTHEASTERN COMMUNITY COLLEGE

Educational Talent Search Program STEM Science Camp Application July 8-11, 2024 8:30 am – 12:30 pm

School:				
Student's N	lame:		Shirt Size:	_Age:
Address:			City:	
State:	Zip:	Home Phone Number:	Cell:	
E-mail:			Male _	Female
Parent cell:_	· · · · · · · · · · · · · · · · · · ·	Parent email:		
recent repo ETS) needs	ort card and an is to be included	ne STEM Science CAMP a copy of Educational Talent Search applicated with the application.		
EMERGEN	CY MEDICAL II	NFORMATION		
treatment ar medical trea	id reasonable atto tment deemed ne reference. I assu	e)empts to contact me have been unsuccess cessary by the licensed physicians or delime financial responsibility for any injur	sful, I give my consent for adm ntists at a nearby hospital, eme	ission of emergency rgency facility or
Insurance In	formation:			
Physician:		Den	tist:	
Hospital:				
		Sign	nature of Parent/Guardian:	
Please list be should be av		(food, medication or other) or medical o	conditions (such as ADD, medic	cations taken) we
photograph website, in Science Pro consents to and histori	s and audio of college publicate ograms. The best and gives per cical purposes	Parental Release We at Southeastern Community College participants of this Science Camp for ions, press releases, and showings or elow signed parent or legal guard mission for the use of such images of the above child, I agree to the	ge and Interactive Science or use on the Southeastern On the college television chann lian of the above-named r as part of the Science Can	Community College and for Interactive ninor child hereby
Parent/Gua	rdian Signatur	2	Da	ate

Date

Student Signature