



Stony Brook University

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

Institute for STEM Education



STONY BROOK UNIVERSITY

Stony Brook, NY 11794-5233 • Telephone: 631-632-9750 • Fax: 631-632-9791



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 _____

Institute for STEM Education

 **STONY BROOK UNIVERSITY**

Stony Brook, NY 11794-5233 • Telephone: 631-632-9750 • Fax: 631-632-9791



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.

	DATES
Tetanus or TD within 10 years	_____
MMR combined measles, mumps, rubella	_____
OR	
Measles vaccine (two immunizations)	_____
Mumps vaccine	_____
Rubella vaccine	_____
Polio <input type="radio"/> Salk <input type="radio"/> Sabin	_____

Signature of Physician





Stony Brook University

Middle School Mathematics Camp

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: _____

Institute for STEM Education



STONY BROOK UNIVERSITY

Stony Brook, NY 11794-5233 • Telephone: 631-632-9750 • Fax: 631-632-9791



Middle School Mathematics Camp

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

Institute for STEM Education



Stony Brook, NY 11794-5233 • Telephone: 631-632-9750 • Fax: 631-632-9791