

## **2018 Summer Science STEAM Camp** **at Rockdale Magnet School for Science and Technology** June 4-8, 2018

Two Sessions Each Day: 9am-12pm & 12:30pm-3:30pm

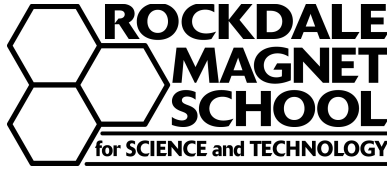


For Rising 5th- 8th Grade Students  
Classes and content will be split by grade level

Weekly Registration Fee: \$100 per student for 1/2 day  
or \$180 per student for 9am-3:30pm

Registration available at  
[magnet.rockdaleschools.org](http://magnet.rockdaleschools.org) and due May 11th

Explorations include: Forensic Science, Cupcake Engineering,  
Chemistry of Tie Dye, Wildlife Studies, Invention &  
Entrepreneurship



**Registration for 2018 Summer STEAM Camp June 4- 8, 2018**

**PLEASE PRINT CLEARLY**

Student Name: \_\_\_\_\_

School Name (2017-2018 school year): \_\_\_\_\_ Grade (2017-2018 school year) \_\_\_\_\_

**SELECT CAMP OPTION:**

- June 4-8<sup>h</sup> All Day (9am-3:30pm: \$180)
- June 4-8<sup>th</sup> Morning Only (9am-12pm: \$100)
- June 4-8<sup>th</sup> Afternoon Only (12:30-3:30pm: \$100)

Total Amount Due: \_\_\_\_\_ (minimum of \$100 for 1 session only and max of \$180 for all day)

T Shirt Type: (circle one) Youth OR Adult      T shirt Size: (circle one) S   M   L   XL   XXL

Forms and payment (*cash, money order, or check made out to Rockdale Magnet Fund*) should be **mailed or delivered to Rockdale Magnet School at 930 Rowland Road, Conyers, GA 30012 by May 11, 2018.**

Parent/Guardian Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT/GUARDIAN: Please initial beside each condition below and then sign at the bottom of the form.**

- \_\_\_\_\_ I understand that all camp forms and the fee must be **postmarked by May 11, 2018** for my student to be eligible.
- \_\_\_\_\_ I understand that the camp fee is non-refundable, and I have attached a check or money order made payable to Rockdale Magnet Fund, Inc.
- \_\_\_\_\_ I understand that any violation of the RCPS Behavior Code may result in dismissal from the camp without refund.
- \_\_\_\_\_ I understand that transportation will not be provided for the camp.
- \_\_\_\_\_ I understand that my child will be ineligible for remaining camp days without refund of camp fee if he/she is not picked up by 12 noon (for morning only) or 3:30pm (for afternoon or all day participants).
- \_\_\_\_\_ I understand that my child will be supervised by students, teachers, and/or staff of Rockdale Magnet School

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

\_\_\_\_\_  
**Date**





2018 Summer STEAM Camp

Medical History, Permission and Release Form

Student Name \_\_\_\_\_ Age \_\_\_\_\_

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

In case of an emergency, notify: \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Family Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

IMMUNIZATIONS: \_\_\_ Tetanus \_\_\_ Polio Booster \_\_\_ Measles \_\_\_ Mumps

**MEDICAL HISTORY**

\_\_\_ Asthma \_\_\_ Sinusitis \_\_\_ Bronchitis \_\_\_ Kidney \_\_\_ Heart \_\_\_ Diabetes

\_\_\_ Dizziness \_\_\_ Stomach Upset \_\_\_ Hay Fever \_\_\_ Other \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ Food (name) \_\_\_\_\_ Medication (name)

\_\_\_ Poison Sumac, Oak or Ivy \_\_\_ Insect bites/stings Other \_\_\_\_\_

Previous operations or serious illnesses \_\_\_\_\_

Any current medications \_\_\_\_\_ Special Diet (name) \_\_\_\_\_

Childhood Diseases: \_\_\_ Chicken Pox \_\_\_ Measles \_\_\_ Mumps \_\_\_ Whooping Cough

Any medical needs of which adult supervisors should be aware: \_\_\_\_\_

**PARENT/GUARDIAN:**

My permission is granted for school supervisors to obtain necessary medical attention in case of sickness or injury of my student. I release and waive, and further agree to indemnify, hold harmless or reimburse the Rockdale County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representative thereof, as well as trip supervisors, from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the student's participation in the camp the rendering of emergency medical procedures or treatment, if any.

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

\_\_\_\_\_  
Date

