



STEM CAMP at Onondaga Community College

REGISTRATION FORM

Complete all requested information, sign and mail to: Lifelong Learning, OCC @ Liverpool, 8015 Oswego Road, Liverpool, NY 13090; or Fax to: (315) 498-2400. Questions? Call (315) 498-6000 or email lifelong@sunyocc.edu

TERM: CE17SU

Course Prefix & Number	Course Section	Course Title	Course Start Date
SCI.CE-024 & SCI.CE-033		Lego EV3 & Fields Trips	July 24 – July 28, 2017

Student's Legal Name: _____

Student's OCC ID # (if known): _____

Student's Date of Birth: _____ (mo/day/yr) Male Female

Parent Last Name: _____ Parent First Name: _____ MI: _____

E-mail: _____

Email is the preferred & most efficient way for the college to contact students

Address: _____ City _____ State _____ Zip _____

County of Residence: _____

Home Telephone: () Work Phone: () Cell Phone: ()

U.S. Citizen: YES NO Dual Citizenship: YES NO If YES, name of country: _____

Has student registered at Onondaga Community College before? YES NO

If YES, name previously registered under: _____

Has student ever been convicted of a felony? YES NO

Ethnicity: (check one---optional)

- American Indian or Alaska Native Asian Black or African American Hispanic of any race
 White, Non-Hispanic Native Hawaiian or Other Pacific Islander Two or more races

ALL PARENTS: Please read and sign the following statement:**Financial Responsibility Agreement:**

- By registering for classes at Onondaga Community College, I acknowledge and agree that:
 - I am at least 18 years of age or the parent/legal guardian of a student under the age of 18.
 - I am financially responsible for all charges related to my registration and housing.
- I understand that if I decide not to attend the courses which I am registering for, that it is my responsibility to drop the course(s) by the due date to avoid any financial liability.
- For OCC's complete Financial Responsibility Agreement, please reference the College Web page under Student Accounts office, the course schedule, student handbook, or College catalog.

I hereby apply for registration, and certify that all information I have given to be true and correct. I agree to obey all rules and regulations of Onondaga Community College.

X Parent Signature _____ Date _____



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RELEASE FORMS

Authorized Pick-Up

Below is a list of people authorized to pick up my child in an emergency or for an early pick-up.

Student's Legal Name: _____

Student's OCC ID #: _____

Adult's Name

Relationship

Home Phone

Cell Phone

Work Phone

X Parent's Signature

Date

General Release

I agree to defend, hold harmless and indemnify Onondaga Community College from any action, claim, expense or liability arising out of the activities pursuant to STEM Camp. I willingly and voluntarily assume all risks involved in my child's participation in this program and in his/her use of the facilities and equipment related thereto.

I further acknowledge to Onondaga Community College that I have disclosed all medical conditions, illnesses and problems pertaining to my child's health that might have a bearing on his/her ability to participate in the program, and I affirmatively promise to keep the College informed in writing of any change in his/her health status.

X Parent's Signature

Date

Publicity Release

I hereby *(Please check one of the following)*:

DO give my full consent

DO NOT give my full consent

to OCC'S Lifelong Learning department to use any or all photos, video images, and audio recordings of _____

(Please Print Child's Entire Name)

The OCC Lifelong Learning department agrees and promises that none of these materials will be used for profit or any purpose other than its own education and public information projects.

X Parent's Signature

Date

T-Shirt Size (adult) circle one:

S

M

L

XL

2XL



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EMERGENCY MEDICAL RELEASE FORM

I understand that the health information on this record will be treated as confidential and privileged and used only for the purpose of the administration of STEM Camp. Information will be shared with emergency care providers and the instructor, as needed. This release is effective for the duration of participation in STEM Camp.

Student's Legal Name: _____

Student's OCC ID #: _____

Student's Date of Birth: _____ (mo/day/yr)

Parent Last Name: _____

Parent First Name: _____

MI: _____

E-mail: _____

Address: _____

City _____

State _____

Zip _____

Home Telephone: () _____

Work Phone: () _____

Cell Phone: () _____

Signature of Parent or Guardian _____

Date _____

Medical History:

Does your child have any physical limitations/handicaps? _____

Does your child require access to any special equipment? _____

Does your child have special needs, including behavioral or emotional? _____

Does your child require special assistance at school? _____

Does your child have any serious fears? _____

Have any significant events occurred in your family within the last year? _____

Please tell us about a recent surgery, injury, chronic or recurring illness or other condition: _____

List any allergies: _____

I give permission to the medical personnel of Onondaga Community College to provide to my child, _____

(Child's Name)

emergency medical treatment and/or transport by ambulance to the hospital if an emergency situation should occur while my child is at STEM Camp.

Signature of Parent or Guardian _____

Date _____

In the event of illness or injury, I can be reached at the following phone number during the day: _____

If I cannot be reached, please contact:

Name _____

Relationship to Child _____

Phone Number () _____