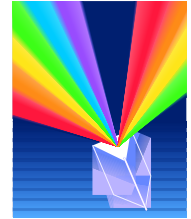




Science Spectrum

*Center for Advanced Studies at Wheeler High School
Science and Engineering Camp*



June 4-8, 2012

9:00 am to 3:00 pm daily

Coker Magnet Building, Wheeler High School

Program fee \$300

The Center for Advanced Studies' seventh annual Science Spectrum Summer Camp is designed for rising 7th, 8th, and 9th grade students who have an interest in science and engineering. This five day camp will offer students the opportunity to explore an array of science and engineering fields including Robotics, Chemistry, Biotechnology, Electronics, Forensics, and Drafting.

Name _____

Address _____

City _____ Zip _____ Phone _____

Date of Birth _____ Present Grade Level _____ School _____

Make all checks payable to: Wheeler High School.

A payment of \$300 is due at time of registration.

Please return to:

Wheeler Center for Advanced Studies
Science Spectrum Summer Camp
375 Holt Road
Marietta, Georgia 30068

Cobb County School District
Wheeler High School
Science Spectrum Summer Camp
Medical History Permission and Release Form

Name _____ Age _____

Address _____ Zip _____

In case of an emergency, notify: _____ Phone _____

Family Physician: _____ Phone _____

Family Insurance Co. _____ Policy # _____

Insurance Co. Address _____

IMMUNIZATIONS: _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps

Other: _____

PAST MEDICAL HISTORY

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney _____ Heart _____ Diabetes _____

Dizziness _____ Stomach Upset _____ Hay Fever _____ Other _____

ALLERGIES: Food _____ Insect bites/stings _____

Penicillin or other drug (name) _____

Poison Sumac, Oak or Ivy _____

Other _____

Previous operations or serious illnesses _____

Any current medications _____

Special Diet (name) _____

Childhood Diseases: Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Any medical needs which your child has, of which adult supervisors should be aware:

PERMISSION FOR TREATMENT

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 Cobb 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.

DATED _____

NOTARY _____

Signature of Parent/Guardian

**Cobb County School District
Wheeler High School
Center for Advanced Studies
Science Spectrum Summer Camp**

Permission to Participate

GENERAL INFORMATION

Camp Name: Science Spectrum Science and Engineering Camp

Camp Site: Wheeler High School, Coker Building

Dates of Camp: June 4, 2012 – June 8, 2012

Camp Times: 9:00 AM – 3:00 PM Daily

I request that _____ be allowed to participate in the Science Spectrum Summer Camp described above and specifically consent to his/her participation.

If any emergency medical procedures or treatment are required during the camp, I consent to the camp supervisor(s) taking, arranging for or consenting to the procedures or treatment in his/her or their discretion.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Cobb County School District, the Cobb County Board of Education, the Georgia Institute of Technology, 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 or the rendering of emergency medical procedures or treatment, if any.

Signature of Parent/Guardian

Date

Student's T-shirt Size (please circle one):

Youth S	Youth M	Youth L	
Adult S	Adult M	Adult L	Adult XL