



# Computer Science Summer Camp

\_\_\_\_\_    
Last Name First Middle Initial Male Female

\_\_\_\_\_    
School Attending Age Grade

\_\_\_\_\_    
Street Address City/State Zip Code

\_\_\_\_\_    
Home No. Cellular No. Parent/Guardian Cellular No. Parent/Guardian Work No.

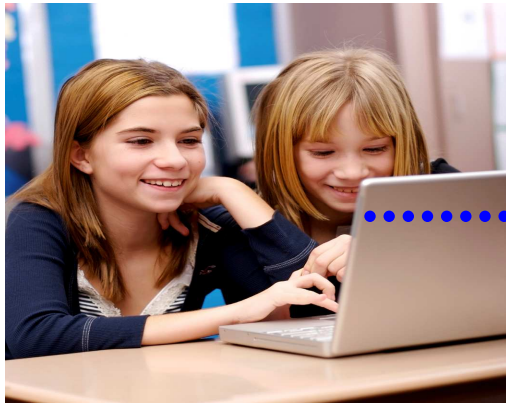
\_\_\_\_\_  
Parent/Guardian Name

Emergency Contact Names Emergency Contact Numbers  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have any allergies or medical conditions?  
\_\_\_\_\_  
\_\_\_\_\_

Cwqpf kpi "eco r "Crr j c<Ego r wkipi "y kj "Crlg  
""Cwqpf kpi "eco r "Dgc<"Rtqdrgo "Uqrxkpi "Y kj "Ego r wkipi

*Please mail completed form packet (and payment by July 2nd) to:  
Florida Institute of Technology, College of Engineering  
Computer Science Summer Camp  
150 West University Boulevard  
Melbourne, FL 32901*



# Computer Science ..... Summer Camp Questionnaire

Answer the following questions to the best of your knowledge.

1. What do you usually use the computer for?
2. What is your favorite subject in school?
3. Do you like building stuff (e.g. Lego's blocks)? If so, what is your most favorite thing that you built?
4. If you have a magic wand, what would you like a computer to do, that it can not do?

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Computer Science  
~~AMS~~ Summer Camp

**Student Information, Waiver and Release Forms**

**1. Medical Information:**

Does your child have any special dietary needs? Yes  No  (If yes, please explain)

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Does your child have any allergies? Yes  No  (If yes, please explain)

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Does your child have any medical condition or health problems of which we should be aware of? Yes  No  (If yes, please explain)

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Will your child take any prescribed medication(s) or over the counter medication(s) during the hours of the summer program? Yes  No  (If yes, please explain)

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In case of an emergency we will take your child to Holmes Regional Hospital or to the nearest hospital. Please provide the following insurance information:

Insurance Company: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ ID: \_\_\_\_\_

I/We the undersigned, as parent(s) or guardian(s), authorize Florida Institute of Technology to transport and to obtain at our expense, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student identified herein, through the course of the summer program.

Agree  Disagree  \_\_\_\_\_

Parent or Guardian Signature Date

# Computer Science AMS Summer Camp

## 2. Florida Tech Computer Network Access:

Telecommunication network facilities, such as the Internet and the Florida Tech computer network access are to be used for provided expanded learning opportunities for the students attending the summer program. The computer network access must be used in a responsible, efficient and ethical and legal manner. Failure to adhere to this policy may result in suspending or revoking the student's privilege of access.

The access of the Florida Tech computer network and the Internet is designed for educational purposes. However it is also recognized that it is almost impossible for the summer program instructors to restrict the access to all controversial materials and I/We will not hold them responsible for materials acquired on the network by the student identified herein during his/her participation in the computer activities of the summer program.

Permission Granted  Denied  \_\_\_\_\_  
Parent or Guardian Signature Date

## 3. Dangerous or Disruptive Items:

**Weapons, Firearms:** Students shall not carry a firearm, knife, weapon, or an item which can be used as a weapon. Notice is hereby given that possession of a firearm, a knife, a weapon, or an item, which can be used as a weapon by a student while on Florida Tech's property, on Florida Tech's sponsored transportation, or during the summer program sponsored activities, or in attendance of a summer program field trip is grounds for expulsion from the remaining of the summer program. Parent(s) or Guardian(s) will be immediately notified to pick up the student. The fee paid for the summer program will not be reimbursed.

## 4. Possession, Sale and/or Use of Alcoholic Beverages, Narcotics, Illegal Drugs, and/or Prohibited Substances:

**Possession, Sale and/or Use:** Notice is hereby given that possession or sale of controlled substances, as defined in Florida statutes, Chapter 893, by any student while such student is upon Florida Tech's property or in attendance at a Florida Tech function is grounds for expulsion of the summer program. Student possession of or being under the influence of alcoholic beverages, and/or hallucinogenic drugs or combinations of drugs or substances having hallucinatory effects, marijuana, or under the influence of glue or other drugs or combinations of drugs or drug paraphernalia expressly prohibited by federal, state, or local laws, including prohibited substances which shall include those substances possessed, sold, and/or used that are held out to be, or represented to be, controlled substances, illegal substances, or counterfeit in any respect illegal or controlled substances, at any Florida Tech sponsored function or on campus property is grounds for expulsion from the remaining of the summer program and referral to proper law enforcement agencies. Parent(s) or Guardian(s) will be immediately notified to pick up the student. The fee paid for the summer program will not be reimbursed.

Further notice is hereby given that possession of prescription drugs or any other over-the counter Medication which is not specifically ordered for the student by a physician or the student's parent or guardian while the student is at any Florida Tech's sponsored function or on campus property,

or in attendance of a summer program field trip is grounds for expulsion from the remaining of the summer program. Parent(s) or Guardian(s) will be immediately notified to pick up the student. The fee paid for the summer program will not be reimbursed.

**5. Assault or Battery on Students or Florida Tech’s Personnel and Property:**

Any student found to have committed an act of assault or aggravated battery, on any students or Florida Tech personnel or committed acts of vandalism or intended misuse and destruction of Florida Tech’s property is grounds for expulsion from the remaining of the summer program.

Parent(s) or Guardian(s) will be immediately notified to pick up the student. The fee paid for the summer program will not be reimbursed.

**6. Final Notice:**

Violence or violent behavior by a student attending the summer program will not be permitted at any time, at Florida Tech’s property and grounds, on Florida Tech’s sponsored transportation, or during summer program sponsored activities, or in attendance of a summer program field trip is grounds for expulsion from the remaining of the summer program. Parent(s) or Guardian(s) will be immediately notified to pick up the student. The fee paid for the summer program will not be reimbursed.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Mother’s or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father’s or Guardian Signature

# Student Release Form

## 1. People Authorized to Pick Up Students Daily or at the End of the Camp:

Students must be picked up from the front of the Link Building. No unattended student will be dismissed to the parking lot under any circumstance. Please provide the following information for everyone authorized to pick up your child.

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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

Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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

Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

### **NOTE:**

A proper form of identification will be required to release a child to anyone other than parent(s) or guardian(s). To deviate from this form once the program is in session, a written, well-documented, and signed letter from the parent(s) or guardian(s) will be required. Program personnel will not release any student to anyone without proper authorization from the parent(s) or guardian(s) and without proper identification. Please, make sure you abide to this rule. There will be absolutely NO exceptions.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Mother's or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's or Guardian Signature

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**Prescribed and Over-The-Counter Medication(s)  
Authorization Form**

I/We, as parent(s) or guardian(s) of \_\_\_\_\_, (student's name), give my/our consent to give the prescribed and/or over-the-counter medication(s) listed below to my/our child during the summer program, in the dosage and schedule given below. It is my/our understanding that at any moment during the hours of the summer program the student identified herein is NOT authorized to have in his/her possession prescribed and over-the-counter medication(s).

The parent or guardian should give the medication(s) to authorized program personnel in a sealed plastic bag with sufficient instructions in regards to dosage, schedule of administration, and any other pertinent information. Camp staff will not be responsible for administering any medication requiring special training or nursing skills, such as injections for diabetes or allergies. Admissions staff should be notified of any special medical needs to determine if the student can be accepted into the program. Students with contagious medical conditions will not be permitted to attend camp.

**Physician Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Authorized Prescribed Medication(s):**

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

Dosage: \_\_\_\_\_

Instructions: \_\_\_\_\_

**Authorized Over-The-Counter Medication(s):**

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

Dosage: \_\_\_\_\_

Instructions: \_\_\_\_\_