Warren County Schools NASA SEMAA
In Partnership with NASA MUREP AEROSPACE PROGRAM @ ECSU
Summer 2019 Summer STEM Grades K-12 Camp Session Application

Select Only One (1) Camp:  All taking place at Warren County HS Each day from 8am to 1:30pm
[ ] Camp One-6/10-14/19  [ ] Camp Two-6/17-21/19  [ ] Camp Three-6/24-28/19

PLEASE PRINT ALL ANSWERS

STUDENT INFORMATION

| Last Name: ____________________________ | First Name: ____________________________ | Middle Initial: _____ |
| Home Address: ________________________________________________________________________ |
| City: ____________________________ State: ____________________________ Zip Code: ____________ |
| Date of Birth: _______ Gender: __Female __Male School: ________________________________ |

Date of Birth: _______ Gender: __Female __Male School: ________________________________
MM/DD/YYYY e.g., 11/23/1985

Current Grade Level (not the Grade Passed to):  _K _1 _2 _3 _4 _5 _6 _7 _8 _9 _10 _11 _12

Has the student previously attended SEMAA?  Yes  No  If yes, how many previous sessions? ______

Has this student participated in any other NASA sponsored activity?  Yes  No  Check all that apply:

- Amateur Radio on the International Space Station (ISS)
- Contest/competitions (e.g., FIRST Robotics, Great Moonbuggy Race, Exploring Space Challenge, etc.)
- Distance learning activities through the Digital Learning Network (DLN)
- Interdisciplinary National Science Program Incorporating Research and Education Experience (INSPIRE)
- ISS EarthKAM
- Mars Student Imaging Project (MSIP)
- MATHCOUNTS
- NASA Explorer Schools (NES)
- NASA Shadowing/Mentoring Activities and Internships
- Reduced Gravity Student Flight Opportunities Program (specify activity) ____________________________
- Other (list any other programs, projects, or activities) ____________________________

PARENT INFORMATION

| Parent Last Name: ____________________________ | Parent First Name: ____________________________ |
| Telephone No.: (____) ___________ | Alternate Telephone No.: (____) ___________ |
| Email Address (optional): ____________________________ | Alternate Email Address (optional): ____________________________ |

Emergency contact (other than parent)
| Last Name: ____________________________ | First Name: ____________________________ |
| Telephone No.: (____) ___________ | Alternate Telephone No.: (____) ___________ |
| Relationship to student: ____________________________ |

Please Turn Over and Complete
SPECIAL NEEDS OR ACCOMMODATIONS FOR STUDENT

Please list any physical, academic, or other accommodations that your child may require in the classroom or lab.
______________________________________________________________________________________________
______________________________________________________________________________________________

Please list any known health problems (allergies, diabetes, asthma, epilepsy, heart trouble, etc.) your child has.
______________________________________________________________________________________________

Please list any dietary needs or restrictions for your child.
______________________________________________________________________________________________

ADDITIONAL INFORMATION (OPTIONAL)

To determine which members of each ethnic/racial group are reached by this program, NASA requests the information below. Submission of this information is VOLUNTARY and will not be available when considering this application.

Student Ethnic Background (Check appropriate box)

☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American
☐ Hispanic/Latino(a) ☐ Native Hawaiian/Pacific Islander ☐ White/Caucasian (Non-Hispanic)
☐ Other (Please Specify): _______________________________

Does the student qualify for free or reduced price lunch? □ Yes □ NO

How did you hear about SEMAA? (Check all that apply)

☐ Classroom visit ☐ Flyer/brochure ☐ Magazine ☐ Newspaper
☐ Radio ☐ Religious Institution ☐ Student’s School ☐ Television
☐ Word of Mouth ☐ Other (Please Specify): _______________________________

I, __________________________________________________ (Parent/Guardian), do hereby release and discharge, ECSU, National Aeronautics and Space Administration (NASA), the National SEMAA Office, this SEMAA site, members, administrators, Board of Trustees and agents from any and all claims, present and future, known and unknown, due to, or arising in any manner from, my child’s participation in the project or related activities sponsored by SEMAA. I have read or someone from the SEMAA project has read and explained the information contained in this form to me. I willingly agree and give my consent to let SEMAA enter data about my child and me into its computer information system. I hereby grant to ECSU, the National Aeronautics and Space Administration (NASA) and others acting on its behalf, the right to record my child and his/her voice using audio, photographic, video, or other such techniques; to include my child’s name, likeness, voice and biographical material in connection with these recordings; to use, reproduce, distribute, and exhibit such recordings in any and all media throughout the world without limitation; and to authorize others to do so, for any purpose which ECSU, NASA SEMAA and those acting pursuant to their authority, deem appropriate.

I hereby waive all rights of any nature in such recording(s) and the exhibition thereof. It is understood that this grant is provided at no cost to the Government and that no compensation of any kind shall be due or expected. In case of an emergency, consent is granted to the staff of SEMAA to provide medical services through the appropriate medical facilities and/or medical service providers to my child, _______________________________.

Parent/guardian name (print): ________________________________________________________________
Parent/guardian signature: ______________________________________________________________ Date: ____________________

Please check here ___ and return the completed application by June 03, 2019 to Warren County High School or mail to the following:

Mr. Jerome Williams
Warren County SEMAA
149 Campus Drive
Warrenton, NC 27589