Department of Advanced Technologies

2024
TECHNOLOGY SUMMER CAMPS

Broadening Young Minds
The Summer Technology Camp is designed for youth entering grades 4 - 12 with educational, creative, and recreational activities offered each day. Students are exposed to cutting edge topics involving science, mathematics and technology. It's a chance to work in small teams, unleash creativity, and develop critical thinking skills while having fun. The camp will operate at either the Alcorn State University's Lorman Campus or the Vicksburg Campus from 8:30 a.m. to 4:00 p.m. each day while in session. The cost is $100.00 per student, per camp. Breakfast, lunch, and snacks will be provided.
APPLICATION

Complete and Return the completed application and $100.00 application fee, per camp (Money Order only. Payable to: Alcorn State University) by June 14, 2024. (If students satisfactorily complete the camps, there is a possibility of a stipend been issued.) DELIVER TO: Simmons Technology Building, Department of Advanced Technologies, Room P-10-24 or MAIL TO: Advanced Technology Summer STEM Camp, 1000 ASU Drive #360, Alcorn State University, Lorman MS 39096. For more information, please call (601) 877-6482. Parents are responsible for transporting youth to and from each of the Technology Camps

Please check the program(s) you are enrolling in:

☐ Technology Workshop – Natchez Campus, June 17-20, 2024
☐ Technology Workshop - Lorman Campus, July 15-18, 2024
☐ Technology Workshop – Vicksburg Campus, July 22-25, 2024

Student’s Name

Last
First
Middle

Date of Birth ___________________________ Age ____________ Gender M F

Home School______________________________________ Grade Fall 2023 __________

Parent’s Name

Last
First
Middle

Address

Box/ Street
City, State
County
Zip

Home Phone____________ Business Phone____________ E-mail__________________

Emergency Contact:

Name____________________________________________

Relationship to Child ________________________________

Phone Number_____________________________________

T-Shirt Size (Circle One)

Youth

XSM SM MED LG XL XXL XXXL

Adult

XSM SM MED LG XL XXL XXXL

ANY KNOWN ALLERGIES: ________________________________

ANY MEDICATIONS/SPECIAL CONSIDERATIONS: ________________________________

Parent/Guardian, sign below to certify that you have read this application procedure and the information on this form is true to the best of your knowledge.

_________________________  ____________________________

Parent’s Signature  Student’s Signature

_________________________  ____________________________

Date  Date
PARENTAL RELEASE FORM

Parental Release:

I agree to hold harmless the employees and officers of Alcorn State University from any and all claims for injuries sustained by my child during his/her participation in any of the Technology Summer Camps.

Permission is granted to Alcorn State University to use pictures of my child in any promotional materials as well as travel on field trips in/out of state. Permission is granted in this agreement for my child to receive emergency medical treatment, if needed, and I certify there are no limits to my child’s participation in the Technology Summer Camps’ activities except stated in writing.

I understand and acknowledge that the Technology Summer Camps do not offer any medical insurance to protect against injuries, makes no claims to do so and has no responsibility for any medical expenses incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume such risks and such financial responsibility. As a parent/guardian, I am aware that attending the camp(s), no financial assistance/stipend of any kind will be provided to the attendee(s).

________________________________________
Parent/Guardian Signature

________________________________________
Date
PHOTO RELEASE FORM

I grant permission to Alcorn State University (ASU), its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. ASU will not materially alter the original images. I agree that ASU owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university-sponsored Web sites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-university uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

PHOTO RELEASE

Date:________________________________________________________

I release ASU and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, meaning and impact and I freely accept the terms.

Name (Please print):________________________________________________________

Signature:________________________________________________________________

Signature of parent or guardian if under 18 years of age:__________________________

Phone:________________________________________________________

Email:________________________________________________________
RULES camp participants and parents need to know:

1. Participants are not allowed to drive or ride in personal vehicles during the dates of the program unless they receive specific permission to do so from the Camp Director. While we understand that some participants will drive to the campus, our policy is that they must turn their car keys in to the Camp Director for the duration of the workshop. Any vehicles parked on campus must have a University Parking Permit. Parking permits will be issued during on-site registration, and clear instructions will be given as to where parking is authorized. It will be the responsibility of the participant to secure a permit, properly place the permit in the vehicle, park the vehicle in an authorized space, and turn the keys in to the Camp Director for safekeeping during the program. Neither Alcorn State University, nor the camp staff, will be responsible for damage to vehicles or for any parking tickets, fines, or towing charges that result from violations.

2. Participants are to remain on campus for the duration of the program unless program activities require otherwise. If a participant needs to leave campus for some reason, Camp Directors must receive prior written permission from the parent or guardian, and grant specific permission.

3. Campus regulations prohibit the use of alcohol and other illegal substances. Participants may not possess, use, distribute, or sell alcoholic beverages, drugs, firearms, weapons or fireworks.

4. Coed visitation in the residence halls is permitted only on the first floor lobby area. The only people permitted in rooms are staff, members of the participant's immediate family, the participant's roommate and other participants of the same gender residing in that residence hall;

5. Participants must attend all workshops, classes, and planned social or recreational activities. Full participation is the only way a participant can gain real value from the camp.

6. Participants will refrain from using electronic devices (i.e. cell phones, iPads, computers, etc.) during instructional periods unless authorized by camp counselors or university faculty and staff.

7. Participants will abide by nightly curfews and “Lights Out” announcements from the Camp Director or Program Counselors. Participants must be in their own room when lights are out and remain there until morning. Any use of cell phones or other electronic devices is prohibited after “Lights Out.”

8. Participants must never misuse internet privileges. Attempting to access unauthorized sites is strictly prohibited.

9. Participants must abide by rules and guidelines set by the instructors for each academic facility in use.
10. In accordance with state law, smoking is prohibited by anyone under the age of 19. Smoking is not permitted in any buildings on the ASU University Campus.

11. Any individual found tampering with any fire equipment (i.e. fire extinguishers, fire alarms, smoke detectors, etc.) will be dismissed from camp immediately. Participants may not interfere with any security system or tamper with locks in participant rooms and other areas.

12. All furniture must remain unchanged and kept in place.

13. Vandalism and pranks will not be permitted. Any damages caused in rooms or common areas will be charged to the responsible party. Replacement cost will be charged to anyone who removes or damages University property.

14. Participants should keep their rooms locked at all times even if leaving the room for only a few minutes. Neither ASU, nor the camp staff, is responsible for lost or stolen items. A participant should take room key when leaving room. Those who lose a key must pay for a replacement. Leave excess money and valuables at home. Valuables, including jewelry, iPads, cell phones, radios, CD players, etc., may be brought to camp, but only at participant's own risk. MEDICAL: In cases where medical attention is necessary, parents will be contacted for approval when possible. We require completion of a medical release form signed by the parent or guardian in order that we may react responsibly in an emergency situation.

15. Please sign below to signify full understanding of the rules discussed above:

Participant Signature: ____________________________ Date: ____________________

Parent/guardian Signature ____________________________ Date: __________________
ALCORN STATE UNIVERSITY INFORMED CONSENT, VOLUNTARY WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISKS CAMP INFORMATION

Camp Name: _____________________________________________

Date(s): _______________________________ -Time _______________________________

Location: ___________________________________________________________________

CAMPER INFORMATION

Name of Camper: _____________________________________________

Address: ___________________________________________________________________

City: _______________________________ State _______________________________

Zip: _______________________________ Phone _______________________________

Gender: M F _______________________________ Age: _______________________________

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED CAMP.

I, the undersigned, wish for my Child (hereafter “Child”) to participate in the above referenced camp (hereafter “Camp”) on the date(s) and location indicated above and, in consideration for my Child’s participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child’s participation in the Camp there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Camp may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Camp. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Camp.

I, on behalf of my Child, hereby release Alcorn State University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Camp Staff, and all other officers, directors, employees and agents (hereafter “ASU”) from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp.

This agreement is binding on my heirs and assigns.
I, on behalf of my Child, furthermore release, indemnify and hold harmless ASU from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child’s participation in the Camp. I understand that Alcorn State accepts no responsibility for my Child’s personal property.

In the event of an accident or serious illness, I hereby authorize representatives of ASU to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify Alcorn State from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Camp.

This RELEASE shall be governed by and construed under the laws of Mississippi. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child’s participation in any part of the Camp, shall be brought only in Claiborne County, Mississippi. This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

Participant Name: ____________________________________________

Participant Signature: _________________________________________

Parent Name: _________________________________________________

Parent Signature _____________________________________________

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18
APPLICANT INFORMATION AND CONFIDENTIAL MEDICAL INFORMATION

Camp Name: ________________________________________________________________

Date(s): Time(s): __________________________________________________________

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY.

AS A CAMPER, PARENT OR GUARDIAN I UNDERSTAND THAT: The information requested on this form is intended to help inform staff of any pre-existing medical conditions. If your child has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. This information will be kept in strict confidence and will only be shared with your permission. ASU requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment. You are accountable for providing an accurate medical history. Final determination about whether to participate is the responsibility of you and your physician. If you have any medical issue that is not requested below, but which you think is important, please include that information.

PART 1. GENERAL INFORMATION

Camper Name ___________________________ Address: ________________________________

Date of Birth _____ / ____ / Gender: M _____ F _____

Parent/Legal Guardian Name ___________________________ Email: ______________

Street Address______________________________________________________________

City________________________ State_________ Zip_________

Home Phone ___________________________ Work Phone_______________________

Please list two emergency contacts:

Emergency Contact #1 Name ; ___________________________ Home Phone ______________

Work Phone# __________________# Cell Phone # ____________

Relation to Emergency Contact #1 ____________________________________________

Emergency Contact #2 Name ; ___________________________ Home Phone ______________

Work Phone________________________ # Cell Phone # ____________

Relation to Emergency Contact #2 ____________________________________________
PART 2. MEDICAL INFORMATION

It is recommended that you consult with a physician prior to participating in this Alcorn State University Summer Camp. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating in this Summer Camp. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician’s Name __________________ Phone Number: ___________________________

In accordance with State and Federal regulations, all students must provide proof of immunization against measles, mumps, and rubella. Does camper have all up to date immunizations as required?  Yes    No  
Camp participants must provide proof of immunization in the form of a valid immunization record. Most recent tetanus toxoid immunization ____________________________________________  Do you have health/accident insurance (circle one) Yes     No.  If yes, please indicate policy number, name and address of company. Please include a copy of the front and back of your insurance card .

Company Name ___________________________________________________________

Company Address _________________________________________________________

Policy # __________________________________________________________________

For the following, circle appropriate response and explain as appropriate:

Does the camper have any limiting medical conditions that you or your doctor feel would limit camp participation?  
Yes     No  
If yes, identify and explain:

Is the camper taking medication that may interfere with the ability to safely participate in Camp?  Yes    No  
If yes, please indicate the medication and the condition being treated:

Does the camper have a history of allergies or reactions to medications, insect stings, or plants?  
Yes    No  
If yes, please explain:

Does camper have a history of, or currently suffer from, medical condition(s) with which we need to be aware?  
Yes    No  
If yes, please explain:
PART 3: AUTHORIZATION FOR MEDICAL CARE

Unless prior arrangements have been made, medical needs will be handled through the campus Infirmary and/or the Port Gibson Hospital. In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent. The hospital will not perform services unless this form is presented at the time of treatment.

________________________ (Camper’s Name)

has my permission to receive medical attention in the event of illness or medical emergency while participating in this ASU Summer Camp. I will assume the financial responsibility for any cost of health care for my child that may occur during this Camp.

PLEASE READ: As a participant, parent or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/my child and/or others during this Camp. By signing my name I represent and warrant that I have provided all materials and important information to the Alcorn State pertaining to my child’s medical, mental and physical condition and that it is accurate and complete. I agree to notify the Alcorn Camp Sponsor if any changes in my mental, physical or medical condition prior to my Child’s scheduled Camp. By revealing or disclosing the above medical information it will not be used by Alcorn State University personnel or employees to determine my Child’s ability to participate safely in activities. I understand that, if my child chooses to participate in activities, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and my Child.

SIGNATURE IS REQUIRED:

Camper’s Name

Camper’s Signature Parent/Legal Guardian’s Name

Parent/Legal Guardian’s Signature

Date: