****2017-2018 MESA ADMISSION INFORMATION FORM (AIF)** The purpose of this form is to enroll students into the **Seattle MESA Program**

High School

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | School |  |  | District/State ID | Grade | Teacher GPA |
| Summer Program – Year: 2018 |  Chief Sealth |  |  |   |   | Batts |
| **Student Information** |  |  |  |  |  |  |
| Last First |  | MI | Phone |  | Email | 1st Yr. in MESA (ex. 12-13) |
|  |  |  |  |  |  |  |
| Address |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Date of Birth | Student ID #: |  |  | Current math class |  | Current science class |
|  |  |  |  |  |  |  |

**Other Contact Information**

|  |  |
| --- | --- |
| Gender | Ethnicity (If multiracial is selected please selected all that apply or/and feel free to specify.) |
|  Female Male |  Multiracial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Asian Black or African American White   American Indian or Alaskan Native Tribal Affiliation:\_\_\_\_\_\_\_\_\_\_ Hispanic/Latinx Pacific Islander |
| Taken the PSAT? Taken the ACT? Taken the SAT? Enrolled in AP Math? AP English? AP Science? |
|  YES NO YES NO YES NO YES NO YES NO YES NO In what year? \_\_\_\_ In what year? \_\_\_\_  |

|  |  |
| --- | --- |
| *Parent 1/Guardian* | Last First Address (if different) City State Zip Code |
|  |
| Work Phone Email College Grad? Employer Occupation |
|  Yes No |
| *Parent 2/**Guardian/Emergency Contact* | Last First Address (if different) City State Zip Code |
|  |
| Work/Cell Phone Email College Grad? Employer Occupation |
|  Yes No |

|  |
| --- |
| Aditional Information (please circle): Is a language other than English spoken in your home? No Yes, What language?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have access to a computer at home? No Yes Do have internet access at home? No YesAre you eligible for free or reduce lunch? No Yes Household Size: (#) \_\_\_\_\_\_ |

**Parent/Guardian Consent**

|  |
| --- |
| I give my permission:1). For my child to participate in the MESA program;2). For MESA to monitor my child’s academic progress through the completion of 12th grade and obtain my child's academic records from schools, colleges and testing agencies;3). To use my child's name and photograph in MESA press releases, electronic communications, brochures, displays, websites, funding/program reports, newsletters, and videos. Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The above information is needed by MESA staff for grant writing purposes, scholarship disbursement, and tracking MESA students in college. If you choose not to provide this information, it will not disqualify your child from participation with MESA. This authorization is good until July 30, 2023. |

**RELEASED:** May 2018

**2018 NESSP Summer Camp Student Registration**

**MEDICATIONS AND RESTRICTIONS (**Ok to write, “None”, if not applicable.)

Please list ALL the medications such as pills or inhalers your child are using (right now)

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Please list any allergies (including food allergies)

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Please list any activities that need to be limited or restricted while at camp

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**INSURANCE INFORMATION (Optional)**

Child’s Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy#\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Holder’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT OF INTEREST**

Part of the Seattle MESA Summer Math Scholars Program at Chief Sealth International High School.

**Parent/Guardian LIABILITY & CONSENT FORM**

***Section 1***

Name of the Camp: **Seattle MESA Summer Math Scholars Program**

Organized by: Seattle MESA and funded by the Northwest Earth and Space Sciences Pipeline and Forham Foundation.

Summer Camp Administrative Coordinator: **Brian Tracey** Telephone: 206-685-5203

Address: 2600 SW Thistle St, Seattle, WA 98126

Camp date(s): **July 9th- August 3rd**

***Section 2***

I acknowledge that there are certain risks inherent in summer day camps, including but not limited to those indicated in Section 1. I acknowledge that all risks cannot be prevented and I assume those risks beyond the control of the Camp staff. I represent that my minor child is able, with or without accommodation, to participate in this summer day camp, is able to use the equipment and/or supplies described above, and has obtained the required immunizations.

Should my minor child require emergency medical treatment as a result of accident or illness arising during the field trip, I consent to such treatment. I acknowledge that **Seattle MESA** does not provide health and accident insurance for summer day camp participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify the trip leader in writing if my minor child has medical conditions about which emergency medical personnel should be informed.

***Section 3***

− If field trips/visits are scheduled, my child has my permission to attend scheduled field trips.

− My child has my permission to participate in activities that involve water while under the supervision of the *Summer Camp* staff or its representatives (during camp only).

− My child has my permission to participate in outdoor activities, weather permitting, while under the supervision of the *Summer Camp* staff or its representatives.

− I understand that the state law mandates that *Summer Camp* staff report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

− I understand that all precautions will be taken to ensure the safety and health of my child. I further understand that neither the *Summer Camp* nor its representatives shall be held liable or responsible for medical treatment in case of illness, accident, or other emergency situation as may occur while my child is participating in *Summer Camp* programs.

***Section 4***

To request disability accommodations for this summer day camp, please contact **Brian Tracey.**

**Section 5**

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event.

This release is intended to discharge in advance Northwest Earth and Space Sciences Pipeline and the Washington NASA Space Grant Consortium, its officials, officers, employees, volunteers and agents from liability. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

**I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Upon acceptance, the family will receive a “Welcome to Camp” email (if email provided) or a letter sent via United States Postal Service.*

***Section 6***

**Media Release for Parent and Minor**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent/guardian/legal representative of**

*(Please print your name)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and do hereby give permission**

*(Please print name of child)* **for the above-named minor child (hereinafter "Minor") to be photographed and/or****videotaped by NASA or its representatives. I understand and agree that the****photographs and/or videotapes containing the image and/or voice of the Minor****may be used in the production of instructional and/or promotional materials****produced by or on behalf of NASA (hereinafter the "Program") and that such****materials may be distributed or broadcast to the public and displayed publicly. I****also understand that my permission to use the photographs and videotapes is for****an unlimited duration and that neither I nor the Minor will receive any****compensation for granting this permission or for the use, if any, by NASA of the**

**Minor's image and/or voice.**

**I acknowledge that NASA has no obligation to use the Minor's image or voice in connection with the Program.**

**I hereby unconditionally release NASA and its representatives from any and all claims and demands arising out of the activities authorized under the terms of this agreement.**

**By signing below, I represent that I am at least 18 years of age and am the parent/guardian/legal representative of the above-named Minor. I have read the foregoing agreement and am familiar with all of the terms and conditions thereof and I consent to its execution by the Minor. I agree that neither I nor the Minor will revoke or disaffirm this agreement at any time.**

**Signature of Parent/Guardian/Legal Representative of Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Name and Location of Event:** \_\_Chief Sealth International High School and Field Trip Locations\_\_\_

**Signature of the Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**