

**Eastern Arizona College  
Gear Up  
SUMMER CAMP OF CHAMPIONS  
Application  
June 11-15, 2018**

**Personal Information:** (please print clearly in black ink)

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

Mailing Address: \_\_\_\_\_  
Street, Route, Box

City State Zip Code

Home Phone: ( ) \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F  
(Month)(Day)(Year)

Adult shirt size: Small Medium Large X Large XX Large XXX Large  
(Circle one)

*Optional: Race/Ethnicity:* (circle all that apply)

- A. Native-American or Native-Alaskan
- B. Asian or Pacific-Islander
- C. Black or African-American
- D. Mexican-American
- E. Other Hispanic
- F. Puerto Rican
- G. White or Caucasian
- H. Other: \_\_\_\_\_

**School Information:**

School District: \_\_\_\_\_  
School Name: \_\_\_\_\_  
Grade completed in spring 2018: \_\_\_\_\_

**Camp Topic:** *(select your first, second, and third choice.  
See attached flyer for course descriptions.)*

You will remain with this group the entire time at camp)

Chemistry FUN \_\_\_\_\_  
Scrubs (Nursing) \_\_\_\_\_  
Crime Scene Investigation \_\_\_\_\_  
Ecology \_\_\_\_\_

**Parent/Guardian Information:**

Name: _____	Name: _____
Father or Guardian	Mother or Guardian
Day Phone: ( ) _____	Day Phone: ( ) _____
Evening: ( ) _____	Evening: ( ) _____
Cell Phone: ( ) _____	Cell Phone: ( ) _____

Which parent has custody of the student? (Circle) Mother Father Both  
Other: \_\_\_\_\_

**Student & Parent/Guardian Agreement:** *(signatures required)*

We agree that the student will follow all rules and guidelines for student conduct. We realize that the Eastern Arizona College Summer Camp of Champions must reserve the right to ask the student to leave the program for medical, disciplinary and other reasons. If asked to leave, we understand the student must leave the campus within 24 hours, and we (the parents/guardians) must arrange transportation. If the student is asked to leave for disciplinary reasons, we understand that the student may not be allowed to attend future EAC GEAR UP programs.

We understand that under extenuating circumstances, it may be necessary for EAC GEAR UP staff to search students' rooms and belongings unannounced, in the interest of your student's and others' safety and well-being.

**Parents:**

I am responsible for the cost of repairing or replacing any property that my child damages.

I am responsible for any expenses which are not covered by the GEAR-UP program.

I am responsible for any medical costs incurred by my child while attending the Summer Camp of Champions.

I understand that my child will not be admitted to the summer camp if the application forms are not properly returned by the deadline.

I give permission for:

- My child to participate in EAC summer camp sponsored trips off-campus, including, but not limited to, class field trips. I understand that my child will be supervised by GEAR-UP site school and EAC staff. EAC GEAR UP and summer camp employees may transport my child to program activities while attending summer camp.
- My child to participate in activities to learn about study skills, transition to college and to obtain academic and personal support.
- My child to be videotaped, photographed, and interviewed for broadcast or publication, and/or have a sample of her/his work broadcast or published. I understand that EAC will exercise discretion regarding media contact.
- My child to complete all tests and surveys that EAC summer camp personnel deems necessary in evaluating program effectiveness.

As the parent or guardian of \_\_\_\_\_, I understand the conditions of the EAC Summer Camp of Champions Program and consent to them as outlined. I give permission for my student to participate in the Summer Camp of Champions program.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

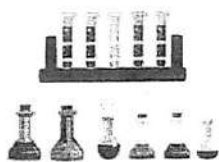
**Student:**

I agree to follow all rules and expectations for participation in EAC Summer Camp of Champions, and understand that my continued participation depends on my willingness to follow these rules.

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

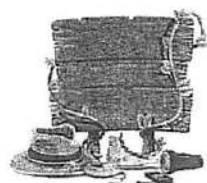
\_\_\_\_\_  
Date

## 2018 Summer Camp of Champions Courses



**#1--Chemistry is FUN:** This is an exciting program to ignite, ensure, and motivate our GEAR UP students to develop a love for learning and exploration in the field of Science. You will learn basic chemistry principles through hands on laboratory activities including applications of chemistry in the copper mining industry. Where there is chemistry, there is color, ice, and fire. Our culminating presentation will be a chemistry magic show by the participants.

The Instructor is Dr. Phil McBride. Assistants: Linda and Don



**#2--Ecology: The Study of Everything:** In this exciting curriculum you will study the interactions between organisms and their environment, including all the living and non-living factors encountered over each organisms lifetime. Find out why snakes grow straws, why plants grow hair, and so many more wonderful adaptations from many more organisms. This course promises to be exciting, useful, and informative. Topics presented will include: Ecology Overview, An in Depth Study of Biomes/Life Zones, Modifications of Animals for Desert Life, Modifications of Plants for Desert Life, Symbiotic Relationships, Riparian Plants and Animals, Sky Islands, Human Ecology, and Saving the Environment. The Instructor is Aaron Burk. Assistants: Marc and Gregg



**#3--SCRUBS Camp** is an opportunity for students interested and excited in pursuing a career in the health sciences. Students can interact directly with professional healthcare workers in the field such as emergency medical technician, paramedic, surgery, physician's assistant, and nursing. You will students tour an ambulance and helicopter. You will hear what it would be like to work in a particular career field. Each year, students are exposed to slightly different types of labs and equipment or instruments than the year before. Program schedules showcase activities such as injections, phlebotomy, infection control, suturing, first aid, CPR, a simulation lab and cadaver lab. SCRUBS Camp is always fun, always engaging, and always gets students thinking differently about their futures in healthcare. Instructors are Carolyn McCormies and Shalay Haynie. Assistants: Mary and Roshelle



**#4--CSI:** Are you a future forensic scientist? Are you excited about science and learning? Summer Camp of Champions 2018 offers Forensic Science which uses an interactive approach to learning that gives you an opportunity to immerse yourself in the challenging complexities of crime scene investigation. The Forensic Science group will continue developing their investigation techniques through activities in forensic entomology, time of death determination, arson, glass, blood spatters, and the body farm. Get an insider's view into the life of a professional forensic scientist. Do you have what it takes to solve the case? The Instructor is Tammy Gillespie. Assistants: Jackie and Connie





**EASTERN ARIZONA COLLEGE**  
**GEAR UP**  
**SUMMER CAMP OF CHAMPIONS 2018**  
**Medical Information**



*To be completed by Parent/Guardian*

Student's Name		Last	First	Middle Initial
Address		Birth Date		Gender
Father/Guardian			Mother/Guardian	
Phone (daytime)			Phone (daytime)	
Phone (evening)			Phone (evening)	
Cell Phone			Cell Phone	
Insurance Policy #			Insurance Policy #	
Prescription Card #			Prescription Card #	
In Case of Emergency Contact: (Relationship to Student)				
Emergency Contact Daytime Phone #			Evening Phone #	
<input type="checkbox"/> My child takes regular medications. I understand that medications (including prescription medications, over-the-counter medicines, vitamins, and supplements) will be dispensed by Summer Camp of Champions staff only, and that my child may not keep medications with him or her (with the exceptions of inhalers, insulin, epi-pens, and topical medications). I understand that all medications must be in their original containers and will be given according to Physicians or package directions			<input type="checkbox"/> My child does not take regular medications at this time.	
Medication Name		Dose		Time (Circle all that apply)
This medication is for:				breakfast lunch 3PM dinner bedtime
Medication Name		Dose		Time (Circle all that apply)
This medication is for:				breakfast lunch 3PM dinner bedtime
Medication Name		Dose		Time (Circle all that apply)
This medication is for:				breakfast lunch 3PM dinner bedtime

**HISTORY**

Student Name:

History of operations or serious illness:

Is your child under the care of a psychologist, psychiatrist or counselor? If so please give contact information:

Please give your child's full medical history below. This information will be necessary in the event that your child needs emergency medical treatment. Check if there is a history of problems or condition:

<input type="checkbox"/> Ear/sinus infections	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Musculoskeletal disorders
<input type="checkbox"/> Migraines/headaches	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eczema/skin disorders
<input type="checkbox"/> Hearing/vision impairments	<input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> ADD or ADHD
<input type="checkbox"/> Asthma	<input type="checkbox"/> Urinary tract infections	<input type="checkbox"/> Depression/anxiety
<input type="checkbox"/> Bronchitis/pneumonia	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Eating disorder
<input type="checkbox"/> Heart defect/disease	<input type="checkbox"/> Neurological disorder	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Hemophilia/anemia/blood	<input type="checkbox"/> Seizures/fainting	<input type="checkbox"/> Other

Details of conditions checked above (please provide additional pages as needed):

Allergies to medications, insect bites, etc.:

Does your child carry an Epinephrine Auto Injector (EpiPen) for allergies? \_\_\_ yes \_\_\_ no

Are there any medications your child can not take under any circumstances?

Does your child have any special needs you would like us to know about to make their experience at summer camp more successful. For example, does your child have an IEP, special needs in the classroom, behavior issues, or other issues their teachers should be aware of?

Does your child have any special dietary needs or foods to avoid such as gluten, peanut products, peas, etc.?

This is to authorize the personnel of the Eastern Arizona College Summer Camp of Champions, to provide necessary medical care to your child.

I give permission for the personnel of the EAC SCOC and to any physicians whom the staff may refer my son/daughter for the purpose of providing routine health care; to administer medications to order x-rays, tests, or treatment; to release any records necessary for insurance purposes; and to arrange necessary transportation for my child. In the event that I cannot be reached in an emergency, I give permission for the physician selected by the EAC SCOC to secure and administer treatment, including minor surgery or hospitalization, for my child. It is also understood that no major surgery will be performed on my child without my further specific consent, except in the case of extreme urgency, when the delay in obtaining such consent would constitute a serious risk of life to my son/daughter. In such case, life-sustaining support would be given. This authorization shall be in effect while my child is a student in the 2018 summer program. *I understand that I am fully responsible for all medical costs incurred by my child.*

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

#### LIABILITY WAIVER

I verify that my child \_\_\_\_\_, is in good mental and physical health, and should be able to complete a course of study and participate in casual recreational activities at EAC SSOC, unless otherwise noted on this form. I hereby authorize the EAC SCOC Director to act accordingly in my behalf and in his best judgment in an emergency requiring medical attention. I also, hereby waive and release Eastern Arizona College Summer Camp of Champions from any liability.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date