



# 2019 Science Olympiad Elementary Day Camps Registration & Permission Form



Student Name: FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_ Age: \_\_\_\_\_

Name on Nametag: \_\_\_\_\_ School: \_\_\_\_\_ Grade level: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION - Print

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ E-mail \_\_\_\_\_

Phone Numbers to Contact you in Case of an Emergency: 1) \_\_\_\_\_ 2) \_\_\_\_\_

### EMERGENCY CONTACT DURING TIME OF DAY CAMP - Print

1). Full Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to Student \_\_\_\_\_

2). Full Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to Student \_\_\_\_\_

### PLEASE LIST ANYONE ELSE WHO IS AUTHORIZED TO PICK UP YOUR STUDENT FROM CAMP (I.D. Required)

1). Print Full Name \_\_\_\_\_ Phone number(s) \_\_\_\_\_

2). Print Full Name \_\_\_\_\_ Phone number(s) \_\_\_\_\_

**HEALTH INFORMATION**     No     Yes    \*If yes, fill out the health information below.  
Diagnosed and undiagnosed: the information you provide here will be held in the strictest confidence.

Child's Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Peanut Allergy:**  Yes     No    **Latex Allergy:**  Yes     No    **Other Allergies:**  Yes     No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them.

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

May we serve your child food and beverages:     Yes     No

### **Medical, Physical, or Emotional Conditions (including Disabilities):**

If your child does have any conditions, please provide information to assist us in providing the best camp experience for your child.

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

**Medications (including Inhalers):**     Yes     No

If your child must take medication while at camp, please note here. All medications must be in their original containers and be appropriately labeled. Please do not give your camper's medication to them to bring to camp; medications must be received at check-in and held by the camp director until pick up.

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

Select which day(s) you want to sign your child up for the Elementary Science Day Camp.

February 18, No School Monday

March 23, Saturday

**Event:** Science Olympiad Elementary Day Camps

**Location:** R.A. Long High School, Science Wing

**Date(s):** Monday, February 18 or Saturday, March 23, 2019

**Start Time:** 8:00 am

**End Time:** 2:00 pm  Yes, I need to pick up at 3pm for \$5 more  No, 2pm pickup works for me

**Tentative Schedule:**

R.A. Long Science Olympiad team members, certificated coaching staff, and C.H.A.M.P volunteers will lead your student through a series of S.T.E.M. activities designed to improve science and teamwork skills and understanding, in the safe, friendly environment of R.A. Long High School.

- **Please send along your child's favorite lunch;** light snacks will be provided, **No Lunch Service.**
- You are responsible to drop off and pick up your child within a 15min. period before or after the start and end times. Pick up and drop off will take place in the front entrance of R.A. Long.
- Please make sure the person picking up your student brings a valid I.D. and is designated below as authorized to pick up your student. You are welcome to stay and observe as long as you like.

**Cost Information:**

The Elementary Science Day Camp is a fundraiser for RAL Science Club. If you would like to make a donation to our club outside of the cost of the day camp, we would be very thankful. All funds go towards purchasing equipment and lab jackets and goggles for our competition against other high schools in Washington State.

**Payment Information:**

Make checks payable to "R.A. Long ASB Science Club".  Pre-Paid at RAL ASB Office  Pay on Day of Event  
Fill out the registration form and pay at the ASB Office at RA Long High School during school hours or bring this registration form along with the \$49.00 registration fee to the day of the event. **\*We will not accept payments through the mail.**

**Would you like to volunteer at the day camp?** \_\_\_ Yes \_\_\_ No

Parents who would like to volunteer can fill out a C.H.A.M.P. form at the district office by February 13, 2019.

If you are a current C.H.A.M.P. volunteer, please check box  Yes, I am a C.H.A.M.P. Volunteer  No, I need to fill out a C.H.A.M.P. form at the Longview School District Office.

**Read and Sign below:** The Longview School Board recognizes that after school activities are an educational device that can be an important ingredient in the instructional program. Such activities can supplement classroom curriculum by providing enriching experiences in an alternative environment. These activities will be conducted at a school district site and will be supervised by school authorities. Every effort will be made to ensure pupil safety. In keeping with the policies of the Longview School District, no student is permitted to participate without the consent of the parent or guardian. Therefore, if a parent or guardian wished to grant permission for such an activity, written authority must be given for this purpose. This signed permission slip and registration form is your grant of authority for your child to participate in the event described above.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions or Concerns, please contact:**

Gali Gonzalez or Hanna Burleson

R.A. Long Teachers and Science Olympiad Club Co-Advisors

**Day Camp onsite cell phone: 360-431-5487 (Mrs. Burleson)**

Email address: [ggonzalez@longview.k12.wa.us](mailto:ggonzalez@longview.k12.wa.us)

[hburleson@longview.k12.wa.us](mailto:hburleson@longview.k12.wa.us)

R.A. Long High School

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