Nuclear Engineering Camp

A week long Introduction to Nuclear Engineering for: High school Juniors, Seniors, and College Freshman (as of Fall 2014)

will include:

Tours
- Missouri S&T Research & Training Reactor
- AmerenUE Callaway Nuclear Power Plant
- Phelps County Regional Medical Center

Experiments
- Natural Radioactivity
- Reactor Operations
- Radiation Shielding
- Nuclear Forensics
STUDENT APPLICATION

Name: ___________________________ SSN ____________

Address: ________________________________________

City: _____________________________________________ State: ______ Zip Code: __________

Phone: ______________ E-mail: ___________________________ Male _____ Female ____

Country of Citizenship: ______________________ Parent/Guardian’s Name: ______________________

High School Name: ________________________________

High School Address, City, State: ______________________

High School Graduation month/year: __________

Grade Point Average: _______ Point Scale: _______ Class Rank: ______ of ________ students.

T-shirt size: _______ Food preference (vegetarian, allergies, etc.) __________________________

How do you plan to travel? Car _____ Bus _____ Airplane _____ Arrival Time ______

RECOMMENDATION OF SCIENCE TEACHER, COUNSELOR, OR PRINCIPAL:

Understanding the nature and objectives of this Nuclear Engineering Summer program and the financial obligations being underwritten by the Nuclear Engineering Department of the Missouri University of Science & Technology, I recommend this candidate for your consideration.

Name, Title & Phone (please print): __________________________________________

Signature & Date: __________________________________________

PERMISSION OF PARENT/GUARDIAN: (for students under 18)

I hereby give my permission for my son/daughter to attend the Nuclear Engineering Camp and to participate in the scholastic activities and field trips that are planned.

Name (please print): __________________________

Signature & Date: __________________________________________

Application checklist

Please provide:

___ Copy of high school transcript
___ Copy of health insurance card
___ 1x1 photograph (for identification purposes)
___ Health Form
___ Release of Liability Form
___ General Permission Form
___ $600 registration fee (includes room and board)

Make check payable to S&T NE Summer Camp

Camp refunded if student is not accepted.

How Do I Apply?

Please remove and complete the attached application and mail it to:

Nuclear Engineering Camp 2014
Missouri University of Science & Technology
222 Fulton Hall
301 W. 14th St.
Rolla, MO 65409-0170

A registration fee of $600 will also be required (refundable only to students not accepted to the camp). This fee covers room & board, and materials.

Application deadline is June 6th. Each camper must provide his/her own transportation to and from Rolla on the first and last day of camp.

Registration is at 4:00-6:00 p.m. on June 15

For more information, please contact us at:

Phone: 573-341-4720
Fax: 573-341-6309
Email: nuclear@mst.edu
Website: http://nuclear.mst.edu

An equal opportunity institution
Missouri University of Science and Technology Summer Enrichment Programs

YOUTH HEALTH STATEMENT FORM

Event ________________________________________________

Dates of Event ______________________________________

Student Name __________________________________________________________________________

Age ___ M ___ F ___ Birth Date _________________________

Ethnicity: ______ African American ______ Asian ______ Bi-Racial ______ Caucasian ______ Hispanic ______ Native American ______ Pacific Islander ______ Other

Parent/Guardian Name   __________________________________________

Phone: Day # (      )__________________________

Evening # (      )___________________________

Home Address _______________________________

City _______________________ State ______ Zip __________

Home # (       ) _____________________________

Health Insurance Company Name ____________________________________________________________

Group/Policy Number ____________________________________________

If parent/guardian cannot be reached, list emergency contact:

Name ___________________________________________

Relationship ___________________

Home # (     ) __________________ Work # (     ) _________________________

PARENT/GUARDIAN-PLEASE COMPLETE

1. Will your child be bringing any type of medicine to this event? ______Yes ______ No

If yes, give type and instructions

____________________________________________________________________________________

2. Does your child have any allergies?  ______Yes ______No

If yes, explain

____________________________________________________________________________________

3. Describe any special needs (medical, physical or mental challenges) officials should be aware of in making this program safe and accessible for your child.

Explain

____________________________________________________________________________________

4. Does your child have any special dietary needs?

Explain

____________________________________________________________________________________

5. Does your child have any other restrictions or needs, not described above?

____________________________________________________________________________________

6. Last tetanus immunization ___________ Family doctor_________________________________

Phone (     ) _______________________________________________

7. May your child be given pain relievers (such as Tylenol, Motrin, etc.)? ________Yes _______No

If necessary, I do approve of officials taking my child __________________________________________

to the nearest doctor or hospital. I further understand that should a health problem arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel, would be rendered.

Both youth and parent (guardian) must sign this form.

____________________________________________________

Youth’s Signature    Date

____________________________________________________

Parent/Guardian’s Signature               Date

Missouri University of Science and Technology is an Equal Opportunity Institution. For concerns about access or opportunity, contact Disability Support Services 573-341-4211. The Missouri University of Science & Technology complies with the guidelines set forth in the Americans with Disabilities Act of 1990. If you have special needs as addressed by the Americans with Disabilities Act and need assistance with this or any portion of the enrollment process, notify us at 573-341-4211. Reasonable efforts will be made to accommodate your special needs.
Missouri University of Science and Technology
Summer Program/Camps
General Permission Form

Student’s Name: _________________________________________________________________(Please Print)

Last      First                   Middle

ACTIVITY/EVENT ACCEPTANCE

Educational events and activities are coordinated by the Missouri University of Science and Technology. All participants (adult and youth) must observe the following guidelines for conduct.

1. Participate fully in all sessions.
2. Show respect for property and facilities used during the activity and assume financial responsibility for any damage they cause.
3. Observe the established schedule, including being in their own rooms at the announced curfew.
4. Appropriate and courteous behavior is expected. Swearing and obscene gestures are not permitted. All other participants, guests, chaperones and visitors should be treated with respect and common courtesy. Participants are expected to dress appropriately. Clothing with alcohol or tobacco advertisements or sexual connotations etc. is prohibited.
5. Alcohol, stimulants, non-prescription drugs or tobacco products will NOT be allowed.

We understand and accept the responsibility for following the above guidelines, and understand that failure to do so may result in dismissal from the event or activity. Further, we accept financial responsibility for damages to property and, travel costs, and/or program costs which might result from violation of this agreement. I understand and agree that in consideration of the acceptance of my child in these activities, I release the Curators of the University of Missouri, their respective officers, agents, and/or employees from all liability and loss (including court costs and attorney fees) resulting from any property damage, personal injury and bodily injury, including death to me or my child which is caused or claimed to be caused, in whole or part, by the negligent acts or omissions of the Curators of the University of Missouri, their respective officers, agents, and/or employees. I will be bound by all rules and regulations while participating in said events.

Missouri S&T strives to provide its guests with a safe and secure atmosphere that is conducive to the conference or camp; however some activities have an element of risk involved. Missouri S&T does not assume financial responsibility for injuries involved while participating.

Parent’s Signature   Legal Guardian Signature

Student’s Signature   Date

PHOTO POLICY

Public Relations are an important part of the Missouri S&T programs. Photographs and video segments are used in various prints and electronic media to recognize members for their work and to let others know what is happening at Missouri S&T. Because a large number of youths are involved in the University’s programs, we cannot assure you that your child will not be photographed. We will ask the photographers to honor individual requests not to be photographed. Please visit with your children about your wishes and encourage them to let photographers know that they request not to be photographed.
Missouri University of Science and Technology
Summer Program/Camps
Agreement and Release of Liability

This is a legally binding Agreement and Release made by the undersigned student and the student’s parent, guardian or custodian, with Missouri University of Science & Technology for overnight stays and participation in the pre-college summer camp programs.

I. Overnight Stays

As a participant in the pre-college summer camp at Missouri S&T, the student desires to participate in overnight stays in the University residence hall and participate in classes held on the campus facilities.

This activity may include, but is not limited to, staying in the residence hall, attending classes and functions, participating in all University activities and programs, eating in assigned dining halls and other restaurants as scheduled.

II. Rules and Regulations – By participating in the University pre-college summer camps, the student and the student’s parent, guardian or custodian expressly acknowledge and agree that:

1. The student is responsible for his or her own actions and behavior.
2. The student is responsible for following all Missouri S&T policies. If the student breaks or violates a policy, his or her parent/guardian will be contacted and the student will have to vacate the residence hall/campus facilities. It is the student’s responsibility to inquire if the student is unsure about a policy. In this regard, the student expressly acknowledges that such policies have been provided and explained to the student.
3. The student is responsible for making arrangements to get his or her personal property out of the residence hall and classrooms prior to departure at the end of the summer camps.
4. The student acknowledges that he or she may only spend the night in the residence hall room designated by Missouri S&T. For the purposes of this policy, this means the student must be in his or her assigned room between the hours of 11 p.m. and 6 a.m. except for emergencies, to use the bathroom facilities or with the permission of the summer camp staff.
5. The student will be respectful of the dorm and classrooms and his or her roommate’s and other classmates’ property.
6. Guests cannot visit floors/wings of the opposite sex.
7. The University does not tolerate the possession, use or distribution of alcohol or drugs which are illegal under state or federal law, or any other controlled substance for which the student does not possess a valid prescription from a licensed physician.
8. Campers and visiting students under 18 years of age are not allowed to buy, possess, distribute or use any kind of tobacco product.
9. Each student must follow curfew times as well as policies for checking in and out of the building.
10. Loud television or stereos, yelling, slamming doors, running or any other activity that is not conducive to studying is prohibited in the residence halls and classroom facilities. In this regard, Missouri S&T reserves the sole discretion to determine what conduct or activity is not conducive to the summer camp and associated activities.
11. It is understood that if the student violates any of the above rules while visiting Missouri S&T and is asked to leave, the student may be denied the opportunity to attend future University programs or functions.
12. The student and the student’s parent, guardian or custodian has read and signed this document. The student and the student’s parent, guardian or custodian understands that if this document is not signed and submitted, the student will not be permitted to participate in Missouri S&T summer camps.

III. Indemnification and Hold Harmless

The student and the student’s parent, guardian or custodian recognizes that Missouri S&T is not the insurer of the student’s health or safety, and has no duty to control third parties. The student and the student’s parent, guardian or custodian fully accept and understand that there are potential dangers and risks to which the student may be exposed by participating in the Missouri S&T summer programs.

The student and the student’s parent, guardian or custodian therefore agree to assume all of the potential risks and dangers, whether or not foreseeable, in any way associated with the student’s participation in this Missouri S&T summer camp (including without limitation any and all medical expenses incurred resulting from any illness or injury to the participating student) and associated activities. In consideration of, and in return for the services, facilities, and other assistance provided to the student by Missouri S&T summer camp and related activities, the student and the student’s parent, guardian or custodian hereby release and agree to hold harmless Missouri S&T (and its board of trustees, officers, employees, servants and agents) from any and all liabilities, claims, and actions that may arise from injury or harm to the student or to any third-party, from the students death or that of any third party proximately caused by the student, or from damage to the student’s or any third-party’s property in connection with this Missouri S&T summer camp or associated activities. The student and the student’s parent, guardian or custodian understand that this Agreement and Release covers liability, claims and actions caused entirely or in part by any acts or failure to act of Missouri S&T (or its board of trustees, officers, employees, or agents), including but not limited to the alleged or actual negligence, mistake or failure to supervise by Missouri S&T.

The student and the student’s parent, guardian or custodian agree and understand that this Agreement and Release means I am giving up, among other things, the right to sue Missouri S&T, its board of trustees, officers, employees, servants or agents for
injuries, damages or losses that the student or the student’s parent, guardian or custodian may incur. The student and the student’s parent, guardian or custodian also understand that this Agreement and Release binds the student and the student’s parent, guardian or custodian, any non-custodial parent, heirs, executors, administrators and assigns.

The student and the student’s parent, guardian or custodian acknowledge that they have read this entire Agreement and Release, that they fully understand it, and that they agree to be legally bound by it. They also agree that this represents the entire agreement and that there are no other oral or written promises or representations which in any way modify its terms.

THIS IS AN AGREEMENT AND RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

____________________________________________
___________________
(Student signature)
(Date)

____________________________________________
___________________
(Parent/guardian/custodian signature)
(Date)