



Thompson Rivers University Summer Camp in Science and Health Sciences for Aboriginal High School Students

APPLICATION REQUIREMENTS

1. Applicants must be in Grade 8 to 10, be residents of British Columbia. Preference will be given to students of Indigenous ancestry (including status, non-status, First Nations, Métis and Inuit) and students who have NOT attended this camp in previous years.
2. Applications must be RECEIVED by JULY 7th 2017 in order to be considered. Please send the complete application package to:

Attention: Vernie Clement
Tel: (250) 852-7838

Fax: (250) 377-6077
Email: aboriginalsciencecamp@tru.ca

Mail:
Vernie Clement
Cplul'kw'ten
Services for Aboriginal Students
Thompson Rivers University
805 TRU Way
Kamloops, BC V2C 0C8



Please note that spaces are limited, so apply early! Spaces for each geographical region may be allocated to ensure a diverse representation of students.

SUMMER CAMP FEE \$175

Once you have been accepted, students **must** provide a Camp Fee of \$175.00. Payment information will be in Welcome Package*. Students are encouraged to apply for funding from their band or a sponsoring agency. The registration fee includes accommodation at the TRU Residence and Conference Centre (www.tru.ca/cac/accommodations.html), and all meals. Students are responsible for their travel to and from TRU. Unfortunately, we can only provide a refund if you cancel at least one week prior to the camp start date.

A COMPLETE APPLICATION PACKAGE INCLUDES (CHECK OFF WHEN COMPLETE)

- A completed *Application Form (Page 2-4)*
- A signed *Legal Guardian Consent Form* from the camper's legal guardian (Page 5)
- A completed *Rules and Regulations Form (Page 6)*

*Accepted students will be notified by JULY 12th 2017. A Welcome Package including all camp details will be emailed to you at that time.

Thompson Rivers University Summer Camp in Science and Health
Sciences for Aboriginal High School Students 2017

APPLICATION FORM

STUDENT INFORMATION

First Name: _____ Last Name: _____ Middle Initial: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone number: _____ Email: _____

Gender:

Female Male

Birth date: _____

I am: Status Non-status Métis Inuit Other

SCHOOL INFORMATION

Name of school: _____ Current grade: _____

School phone: _____

EMERGENCY CONTACT INFORMATION

Contact name(s): _____

Relationship to student: _____

Daytime phone number: () Evening phone number: ()

Email: _____

Is this the main contact person? YES NO If no, name of main contact: _____

Contact number: _____

Email: _____

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HEALTH INFORMATION

Doctor's name:

Doctor's phone number: ()

Medical issues and special considerations (eg. injuries, diet, allergies and medication):

In the event of minor medical emergency or illness, the Counselors have my permission to administer the following Over-The-Counter medications (check appropriate ones)

- Tylenol (Acetaminophen)
- Benadryl
- Cepacol Lozenges
- Gravol
- After-bite

CAMP INFORMATION

On-campus housing and roommate selection

All participants will stay in on-campus housing. All students will stay in a 4 room suite with roommates. If there is someone of the same gender whom you would like your child to share a room with, please mark that person's name here and we will do our best to accommodate you.

Name of preferred roommate: _____

T-SHIRTS

In order to assist TRU Science and Health Sciences Summer Camp please provide your child/children's correct t-shirt sizes, please check one of the following sizes:

- SMALL MEDIUM LARGE EX-LARGE

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STATEMENT OF INTEREST

Please write a few sentences in the space provided below explaining what interests you about this science camp. Are there any topics in science and health sciences that you are particularly interested in?

STUDENT APPLICANT'S SIGNATURE

Please sign below to acknowledge that the information on this application is true to the best of your knowledge and that you understand the following:

- Attendance at activities is mandatory. Unless you are sick, you are expected to be at the Camp every day. If you are not participating, you are subject to being sent home at the expense of your parent(s)/guardian(s).
- The Thompson Rivers University Science and Health Science Summer Camp reserve the right to refuse further participation to any student for any inappropriate behavior and/or failure to respect Camp rules and regulations.
- Throughout the week of the Camp, all students must be supervised by a TRU chaperone and/or their community chaperone.

Applicant's printed name:

Applicant's signature:

Date: _____

Thank you for applying!

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LEGAL GUARDIAN CONSENT FORM

Parent/guardian—I hereby grant this student permission to participate in the Thompson Rivers University Science and Health Science Summer Camp program from July 31st – August 4th 2017.

- I am aware that participation in recreation and athletic activity involves the risk of personal injury. Any use of equipment facilities and programs of the Thompson Rivers University, and my or this student's participation in such activities shall constitute acceptance of the risk regardless of the nature of the injury. I, therefore, consent to and assume all risks and hazards of and incidental to the participation of this student in the activities of the Thompson Rivers University Science and Health Science Summer Camp.
- I am aware that someone might be negligent during the Activity and that it could affect me and/or my child, and specifically I waive my right and my child's right to sue even if the University is negligent.
- If I cannot be readily contacted, I authorize the Thompson Rivers University to provide or cause to be provided such medical services as the university or medical personnel consider appropriate.
- The Thompson Rivers University Science and Health Science Summer Camp program reserves the right to refuse further participation to any participant for any inappropriate behavior and/or failure to respect the rules and regulations. Should my or this student fail to abide by the program rules and regulations, I authorize Thompson Rivers University to have my or this student returned home at my expense.
- I consent to reproduction or use of photographs/videos of me/my child, without with ← **Choose 1** my/my child's name, and agree that the University may seek copyright of the photographs/videos in its name. In giving this consent, I release the University from liability for any violation of any right I have in connection with any sale, reproduction or use of the photographs or information.
- I understand and agree I am solely responsible for my Child's behavior and that my Child will obey all the rules associated with the Activity. I understand that Thompson Rivers University and its employees, officers, directors, governors or chancellors (individually and collectively called herein the "University") are not responsible for any injury, loss or damage of any kind sustained by my Child or other participants.
- I consent to the collection of personal information (such as name, age, birthdate, allergies and other Health information) about me and/or my child by the University for the purposes of administering the Activity.
- The information in this application is correct and I am the legal parent or guardian of:

Name of Student: _____

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT

Printed name of parent/guardian: _____

Signature of parent/guardian: X _____ Date: _____

Printed name of witness (19years of age or older): _____

Signature of witness: X _____ Date: _____

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RULES AND REGULATION FORM

NOTE: Many of these rules and regulations are non-negotiable and are set for the best interest of students, staff, chaperones and volunteers.

1. All information on application documents must be completed in order for the student to be considered for participation in the summer camp.
2. Participation in all activities is expected and required unless arrangements have been made through the participant's parent/guardian and program leaders before the start of the summer camp.
3. If a student is unable to participate in a particular activity, please indicate the type of activity and the reason(s) the student is unable to participate below.

Student name: _____

Activity: _____

Reason(s) for not participating:

Parent/guardian signature: ^x_____

4. Any requested non-scheduled activities on- or off -campus must be pre-arranged and pre-approved by the camp staff and the student's parent/guardian before the start of the camp.
5. Safety is the utmost concern for all participants—there will be no tolerance for inappropriate behavior (as deemed inappropriate by program leaders).
6. Students must be on time for all activities.
7. Students must remain in the rooms that they are assigned.
8. Students must be in their assigned room by 11:00 p.m. unless otherwise indicated by the program staff.
9. TRU chaperones will be fully responsible for their groups of students and must be consulted first and foremost with requests and/or questions regarding activities, schedule and regulations.
10. Students must have arrangements to be dropped off and picked up at the time indicated on the schedule (students will receive the final schedule upon acceptance to the camp once payment of registration fees is received).
11. Respect for all camp participants and program regulations are imperative.

Pick up/Drop Off information

Please indicate who will be dropping off and picking up this student:

Drop-off:

Contact Phone/Email:

Pick-up:

Contact Phone/Email: