

STEM Rocket Camp at SVT

3rd - 8th Graders

Saturday, October 1st, 2022



Spokane Valley Tech Rocket Camp will engage students (3rd - 8th grade) in the application of the design process by building and launching rockets. Prizes will be awarded for teams that design and build the most innovative rockets.

The cost of camp is **\$40.00 per student**. All funds raised will support the Spokane Valley Tech 10th and 12th class councils which plan grade level activities and senior year prom. Enrollment forms may be mailed or dropped off (7:30 AM-3:00 PM) at SVT. Please plan to pay with cash or a check by Thursday, September 29th. Checks should be made to SVT ASB. *Limited spaces available.*

Camp will run for 2 sessions **9-11:15 and 12:00-2:15**, please choose one.

Please **CIRCLE** the AM or PM session: **9-11:15 AM** **12:00-2:15 PM**

Parent Email: Please print clearly. This will be the primary means of communication.	
Student Last Name:	
Student First Name:	
Child's School:	Grade:
Parent Name:	Parent Phone:
Parent Name:	Parent Phone:
Emergency Contact:	Emergency Contact Phone:
Please list any of the following: Allergies or Medical Alerts	

Participants may be recognized through school and district newsletters, the news media (newspaper, television, radio) and on the Internet (school/district websites and school/district Facebook). Please check the box below only if you want to **exclude** your student's name and photo from publication.

I do **NOT** want my student included in district and news media publications.

Please complete and return this form to SVT at 115 S. University Road, Suite B, Spokane Valley, WA 99206. Attach \$40.00; cash or check only. Checks to SVT ASB. No refunds.



SVT STEM Camp Permission Form

I, the undersigned parent or guardian, give my permission for my student to participate in the SVT STEM Camp.

Location: Spokane Valley Tech, 115 S. University Road, Suite B, Spokane Valley, WA 99206

Emergency Medical Information and Authorization:

Student's Name: _____ Home Phone: _____

Permission to treat if necessary: Yes No

Permission to transport to nearest medical facility if unable to reach parent/guardian/custodian:

Yes No

To: Emergency Medical Personnel:

I, the undersigned parent/guardian/custodian of _____
Student Name

A minor, authorize accompanying school personnel to consent in any emergency situation to any x-ray examination, laboratory test, anesthetic, medical or surgical procedure or hospital care required on the above minor while in their custody, and for which I am unable to be reached to provide consent. Such care must be recommended by and performed under the supervision of a physician licensed to practice medicine in the United States. I understand that if transportation by ambulance is necessary, I must assume the financial responsibility. My student may be released to accompanying school personnel following completion of treatment and in my absence.

Please list any allergies your student may have, any medications being taken, special health problems we should know to assist in your student's safety. (ie Heart condition, hemophilia, diabetes, asthma, other)

Allergies: _____

Medications: _____

Other Considerations: _____

Current physician and parent permission forms for Administration of Medication at School must be obtained if medication is not routinely being given at school. I understand the District does not provide medical insurance for my student for purposes of this camp, and I am solely responsible for providing insurance and for payment of any medical treatment expenses for my student that are not covered by insurance. I have read the foregoing information, verify its accuracy, and agree to the statements made above

Parent/Guardian Signature

Date Signed