SUNY POLY LIBERTY PARTNERSHIPS PROGRAM (SPI-LPP) PERMISSION SLIP & REGISTRATION FORM

Event: Summer Camps/Programming

Location: SUNY Polytechnic Institute's Utica Campus, 100 Seymour Road, Utica, NY 13502

Date: July 2023, summer camp dates vary. See registration form on back.   Time: 1:00-4:00p

Facilitated by: **SUNY Poly-Liberty Partnerships Program Staff & Volunteers**

Student Name: _____ Age: _____   DOB: _____

Student Address: _____

Parent/Guardian Name: _____

Phone Number: _____

☐ **I will pick up my child at the school after this event.**

☐ **My child will ride the school bus back after this event.**

Medical Information: Does student have medical insurance: Yes ☐ No ☐

If yes, name of Insurance Provider: _____

Policy/Group Number: _____ Primary Care Physician: _____

Please list any medical condition(s) you feel LPP should be aware of: _____

As a participant in the Liberty Partnerships Program, on behalf of myself, my heirs and my representatives, I do hereby release, indemnify, and hold harmless the College and its officers, agents and employees from any and all liability, damage or claim of any nature that may arise out of or be related to my participation activities, including but not limited to transportation in College vehicles in connection with participation activities. Notwithstanding the foregoing, the College shall remain liable for damages found to have arisen directly from the negligence of the College, its officers or employees acting within the scope of their employment, as provided by law.

I/We also acknowledge that the Liberty Partnerships Program at SUNY Polytechnic Institute is not liable for any items lost or stolen during the course of this event.

Parent/Guardian Signature: _____   Date: _____

If illness or injury should occur during my/our child's participation in any Liberty Partnerships Program event, I/we authorize emergency medical treatment for my/our child at an appropriate medical facility. Members of the Liberty Partnerships Program will make a reasonable attempt to contact me prior to such emergency medical treatment.

_____   _____
Signature of Parent/Guardian   Date

Additional Emergency Contact Person

_____ Telephone #: _____

As always, all participants are expected to act in an appropriate manner, using manners and respect toward themselves, each other, and staff. LPP is a drug-free program (this includes cigarettes). Remember you represent yourself, your family, your school, as well as, LPP.

Summer Camp/Programming Registration
All camp sessions are held on SUNY Poly's Utica Campus and run 1:00-4:00p

Student Name: _____

Email (confirmation will be sent to this address): _____

T-shirt size (circle one):　　　　S　　　M　　　L　　　XL

Check which camp(s) you want to attend:

<u>July 3 – 6, 2023 [no camps held on July 4]</u>

☐　**Build Your Own Self-Driving Car**

☐　**Science of Happiness**

<u>July 10 – 13, 2023</u>

☐　**Build Your Own Self-Driving Car**

☐　**Introduction to Nursing & Health Science Careers**

<u>July 17 – 20, 2023</u>

☐　**Arts & Sciences: Connections, Integration, and Imagination**

☐　**Introduction to Animal Behavior**

<u>July 24 – 27, 2023</u>

☐　**Assistive Technology for People with Physical Disability (Using Technology to Help People with Disabilities) [open to high school students only]**

☐　**Career Exploration through Personal Strengths**

☐　**Tabletop Board Game Design: From Concept to Prototype**

Student Signature: _____　　Date: _____

Parent/Guardian Signature: _____　　Date: _____