

# TECHKNOW CAMP

SIGN UP  
NOW

Monday – Thursday,  
June 10-13, 2024

8:30 a.m. — 3:00 p.m.

2400 S.E. Salerno Road ▪ Stuart, Florida.

TECHKNOW CAMP IS FREE AND DESIGNED FOR MARTIN COUNTY STUDENTS WHO HAVE COMPLETED GRADES 6TH THROUGH 8TH BY JUNE 2024 WITH A MINIMUM 2.0 UNWEIGHTED GPA.

## ARE YOU INTERESTED IN FUN-FILLED DAYS OF HIGH-TECH?

Breakfast and lunch are provided.  
Limited transportation is available.

### **PARTICIPANTS WILL:**

- Jump into aerospace rocketry projects
- Participate in engineering competitions
- Explore Robotics
- Explore Alternative Energy Sources
- Attend “explore IRSC” field trip

### **HURRY!**

Space is limited. Apply online at [www.clarkadvancedlearningcenter.org](http://www.clarkadvancedlearningcenter.org). Students who have previously attended will be placed on a waiting list.

## FOR MORE INFORMATION



772-419-5767



2400 S.E. Salerno Rd  
Stuart, Florida

# TECHKNOW Camp Application

**Hurry! Space is limited.** Eligible students will be accepted based on the date applications are received.  
**Submit completed application by email to [swhelpley@irsc.edu](mailto:swhelpley@irsc.edu) or mail to:**

Clark Advanced Learning Center  
2400 S.E. Salerno Road ▪ Stuart, FL 34997

Date:

Have you attended TechKnow Camp before?  Yes  No

## STUDENT INFORMATION

Legal Name

(LAST)

(FIRST)

(MI)

MCSD Student ID Number

Age

Date of Birth

Medical condition / allergy alerts, please provide details:

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## PARENT/GUARDIAN INFORMATION

Name

Email

Home Address

City

State

Zip

Cell Phone

## CURRENT SCHOOL

Name of School

2024-2025 grade level

*Campers must be Martin County residents and have completed grades 6, 7, or 8 with a minimum 2.0 unweighted GPA.*

## RELEASE INFORMATION

I, \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_ understand that at TechKnow Camp, all accepted methods of instruction and safety will be observed. I agree to waive ALL liability for Clark Advanced Learning Center, including all instructors, in case of injury or damage. In the event of emergency or medical need, I give my permission for my child to receive medical treatment. I further verify that my camper has adequate accident insurance coverage with:

Ins. Policy/Number

Name of Insurance Company

I have read and understand Clark's admission requirements above. Permission is granted for Clark staff to review school records for verification.

- Check One:**  I **do** give my permission for Clark Advanced Learning Center and Indian River State College to use my child's image(s)/photo(s)/video(s) for promotional purposes and to reproduce materials that he/she may create at camp. I hold both harmless from any liability associated with their use.
- I **do not** give my permission to use my child's image(s)/photo(s)/video(s) and to reproduce materials that he/she may create at camp.

Student Signature

Date

Parent Signature

Date

**Student Field Trip Permission**

Student Name: \_\_\_\_\_

Cost to Student: None

Other (explain):

Club/Class/Group: TechKnow Camp

Responsible Faculty/Staff Attendee: Charles Watson

Field Trip Destination, City, State: **IRSC Massey Campus 3209 Virginia Avenue, Fort Pierce, FL. 34981**

Meet Time: 8:30 a.m. End Time: 2:30 p.m.

Other information: TechKnow Camp tour of IRSC main campus with Enrollment Management

Method of Transportation:  MCDSD Bus  MCDSD Van  Charter Bus  Parent/Student provided transportation

In the event of emergency or medical need, I give permission for medical treatment. I release the following information about my child:

- Physical problems or limitations: \_\_\_\_\_
- Current Medication \_\_\_\_\_
- Drugs or other allergies \_\_\_\_\_
- Name and phone # of physician \_\_\_\_\_
- Student medical/liability insurance \_\_\_\_\_
- Name and phone # where parent may be reached \_\_\_\_\_
- Student cell phone number \_\_\_\_\_

I understand I am only permitted to participate in TechKnow Camp approved activities that occur during camp hours and have satisfactory attendance. I will abide by all of the TechKnow Camp rules and policies.

This event requires students to have received **NO DISCIPLINE INCIDENTS PRIOR TO THE FIELD TRIP**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

The above-named student has my permission to participate in this field trip activity.

1. As the parent or legal guardian of the above-named student, I am authorized to sign this permission form.
2. I agree to release the Clark Advanced Learning Center and its representatives from any claim for personal injury or damages resulting from my student's participation in TechKnow Camp field trip activities.
3. I understand that in the event of an emergency or medical need, I give my permission to have my child receive medical treatment by the best means available.
4. I agree that my child will abide by all of the rules and policies stated in the Martin County Schools Student Code of Conduct during this event/trip.
5. I understand the activity, understand this permission form, and give my permission for my child's participation.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Email**