

Are You Interested in Fun-filled Days of High-tech?

Sign Up Now for

TECHKNOW CAMP

Monday – Thursday, June 8 – 11, 2020

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 2020 with a minimum 2.0 unweighted GPA.

Participants will:

- Design, build, program and operate robots
- Jump into aerospace rocketry projects
- Learn Java coding
- Participate in engineering competitions
- Learn graphic design techniques & digital media skills
- Learn about and race drones
- Attend “explore IRSC” field trip



Breakfast and lunch are provided. Limited transportation is available.

Hurry! Space is limited. Apply online at www.clarkadvancedlearningcenter.org.
Students who have previously attended will be placed on a waiting list.

clarkadvanced
learningcenter

For more information

Call Clark Advanced Learning Center at
772-419-5767 or visit

www.clarkadvancedlearningcenter.org

IRSC is an EA/EO educational institution

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 sdecker@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:

PARENT/GUARDIAN INFORMATION

Name _____ Email _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

CURRENT SCHOOL

Name of School _____

Grade for 2020/2021 school year _____

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

Club/Class/Group: TechKnow Camp

Responsible Faculty/Staff Attendee: Chris McCrory

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

Meet Time: 8:30 a.m. End Time: 3:00 p.m.

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

Method of Transportation: ☒ MCSD Bus ☐ MCSD Van ☐ Charter Bus ☐ Parent/Student provided transportation
☐ Other (explain): _____

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