





# STEM Academy Registration Form

To register for the HCC STEM Academy, please complete and return to your school counselor or teacher. If you need assistance completing this packet, please contact [XXXXX] at [method of contact].

**PLEASE PRINT LEGIBLY**

**Academy Scholar Information:**

Scholar's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

School Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female

Ethnicity:  Black  Hispanic  White  Asian  Other \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street#/Name Apt. # City Zip Code

**Parent/Guardian Information:**

Father/Guardian's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mother/Guardian's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Questionnaire:**

Have you attended HCC STEM Academy before?  Yes  No

If yes, how many years? \_\_\_\_\_

Year(s) attended HCC STEM Academy?  2015  2016  2017  2018

Have you taken Algebra?  Yes  No

If yes, what level of Algebra have you taken? *(If not applicable reply N/A)*

**How did you hear about the HCC Summer STEM Academy? (Check one below)**

School  Friend  Flyer  HCC Website  Other: *(Please specify)* \_\_\_\_\_

**Check Shirt Size: (Adult Size Polo Shirt)**

X-Small  Small  Medium  Large  X-Large  XX-Large

**Check One:**

Car Rider Only  Bus Rider Only  Car and Bus Rider  Alief YMCA After School

**A Parent, Guardian, or Authorized Adult must sign for each child IN/OUT of the Academy every MORNING and AFTERNOON.** The only people that your child will be released to are those listed on your **AUTHORIZATION FORM.** **Note:** All persons authorized to pick up STEM Scholars must be at least **16 years of age.** If someone other than the parent will pick up your child, **please provide prior written notice with your Driver's License COPIED onto the letter.** IN case of an emergency and no one on your list can pick up your child, the Primary Parent/Guardian must **Email or Fax a letter with a Copy of your Drivers Licenses on the letter** to allow another adult to pick up the child. Everyone authorized to sign-out a child must present a valid **U. S. Drivers Licenses or Other Official Photo Identification. No Exceptions.**



## Authorization Form

**\*Important for Car Riders, Bus Riders, and YMCA After STEM Academy\***

Parents you must list all adults allowed to pick up your child along with their phone numbers on the authorization form. **Please Note:** On the day you would like to have one of your authorized adult members pick up your STEM Scholar, please provide a **LETTER** with your **Driver's License or Photo Identification COPIED onto the letter**. Your child will **not** be released to any adult if we do not have the correct documentation.

Scholar's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Parent Name: _____	Phone Number: _____
Authorized Adult: _____	Phone Number: _____
Authorized Adult: _____	Phone Number: _____
Authorized Adult: _____	Phone Number: _____
Authorized Adult: _____	Phone Number: _____

Special Instructions:

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By affixing my name to this form, I hereby waive any claims or causes of action which I may now or hereafter have against HCC STEM ACADEMY, the Houston Community College System, its employees, officers, directors, and agents arising out of my child's participation. I will INDEMNIFY AND HOLD HARMLESS against any and all claims resulting from such participation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



HOUSTON COMMUNITY COLLEGE  
**Minority Male Initiative**

I, the parent of (child's name) \_\_\_\_\_ scholar/model, hereby grant Houston Community College (HCC) permission to make still photographs, video tapes, audio recordings and/or use of verbal quotes from my child. I also give HCC permission to use these completed audiovisual and print products for Houston Community College promotional purposes without compensation or remuneration to me or my child in any manner; in like and related regard, HCC will not charge or assess me any fees or service charges for my voluntary participation in this audiovisual production.

Further, on behalf of myself and my child I relinquish and give to the Houston Community College all rights, title and interest, if any, I may have in the completed video tapes, still photographs or audio recordings, negative, prints, reproductions and copies of the masters, negatives, recordings, duplicates, prints and verbal quotes for print. By signing below, I certify that I have reviewed the above statements and have authority to sign on behalf of both myself and my child.

\_\_\_\_\_  
 Printed name of Student

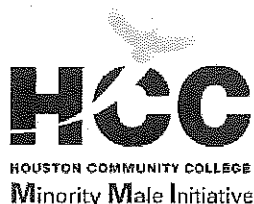
\_\_\_\_\_  
 Signature (Scholar/Model)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Signature of Parent/Guardian if Minor

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Date



## Medical Information

Every effort will be made to contact the parents in the event of illness or injury, so it is important that you keep your information up to date and accurate.

I, (name of parent) \_\_\_\_\_, understand that in the event my child, (name of child) \_\_\_\_\_ should sustain injuries or illness while involved in the HCC STEM ACADEMY, by signing below, I hereby authorize such aid or other treatment as may be necessary under the circumstances, to include treatment by a physician or hospital.

Further, by signing below I waive any claims or causes of action related to injuries, illness, or medical treatment, which I may now or hereafter have against HCC STEM ACADEMY arising out of my child's participation. I will INDEMNIFY AND HOLD HARMLESS against any and all claims resulting from such participation.

Scholars Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. I. \_\_\_\_\_

**Medication Form on File:** Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

**All Scholars Must Complete: Insurance/Medicaid Information:**

Carrier: \_\_\_\_\_ Policy: \_\_\_\_\_ Group/Member#: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

Special Instructions, Allergies, Diet or Circumstances:

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Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_