## 2022 TACNY Summer STEM Trekker Program

## For Students Entering Grades 6 thru 9 Participant Application and Information Form

Mail to: TACNY Summer Trekkers.

trekkers@tacny.org Application Fee: \$0

PO Box 5531 Syracuse, NY 13220

Application Due Date: April 30, 2022



Dates of Program: Tuesday, July 26<sup>th</sup> and Wednesday, July 27<sup>th</sup> 8:30am to 4:30pm Venue of Program: Syracuse University, College of Engineering and Computer Sciences, 223 Link Hall Syracuse, NY 13244

Name of Participant				
Name of Parent/Guardian				
City, State, Zip				
Phone Number () day ()	_cell/home Date of Birth/			
Entering Grade: Please note this program is for students entering grades 6 thru 9.				
Parent E-mail				
Parent/GuardianCell Phone:				
Participant School/District of Record (if home se	schooled, please indicate here)			
Physician's Name				
Address				
Phone Number ()				
<b>Emergency Contact</b>				
Name	Relationship to Participant			
Address	City State			
Phone Number ()				
Health Insurance Information				
Name of Carrier				

If yes, please indicate your preference to offer support to your child throughout the program:

No

Yes

typical school day.

I can attend the program with my child for BOTH days and work with themI can provide a support aid on my behalf for BOTH days to support my child.		
lease describe below the abilities, limitations and/or needs of the participant in the followin ategories:	ıg	
eading/Writing		
peaking/Verbal Expression of Thoughts:		
motional/Social Needs		
hysical/Motor Needs		
<b>ledical History of Participant</b> lease circle <b>Y</b> (yes) or <b>N</b> (no) next to each of the statements to indicate whether you have had or currently experiencing the problems mentioned. Give specific details about <b>Y</b> answers at the bottor		
N Allergy to medicines, bee stings, insect <u>bites, foods, etc.</u>		
you checked 'Yes', please list any details below. Be specific (include dates, names of medications istory of condition, treatment, whether they know how to use an epi pen, etc.).	3,	
lease provide signatures on the following items on the next page.		

responsible for any misrepresentations of this information expulsion from this program. I also understand that my he before beginning this program.		
Parent/Guardian Signature	<u>D</u> ate	
By signing below, I acknowledge and give permission for my child to take a bus from Syracuse University to Ramboll Inc for a tour on Tuesday, July 27 <sup>th</sup> .		
Parent/Guardian Signature	_ <u>D</u> ate	
I give permission for pictures of my child to be used in future publications or press releases.		
Parent/Guardian Signature	<u>D</u> ate	
I hereby acknowledge that program availability is limited a into the TACNY Summer STEM Trekkers Program, they wo	•	

\_<u>D</u>ate \_\_\_\_\_

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

on July 26, 2022 AND July 27, 2022.

I hereby affirm that I have answered the above to the best of my knowledge. I understand that I am