

2023 TACNY Summer STEM Trekker Program

Participant Application and Information Form



Mail to: TACNY Summer Trekkers,
PO Box 5531 Syracuse, NY 13220
trekkers@tacny.org
Application Fee: \$0

Application Due Date: April 15, 2023

Dates of Program:

Session 1: Tuesday, July 25th and Wednesday, July 26th 8:30am to 4:30pm

Session 2: Thursday, July 27th and Friday, July 28th 8:30am to 4:30pm

*Drop up and pick up for **both** sessions: Link Hall, Syracuse University.*

Session Overview:

Session 1: Environmental Engineering in the Community

Tues, July 25th: Water filtration, testing, and recycling; designing a model of a city and mitigating environmental pollutants with water mitigation technologies w/Sue Sobon; speaker, Monica Matt, presentation from Upstate Freshwater Institute (UFI)

Wed, July 26th: Tour Onondaga Lake Visitation Center, scavenger hunt with Parsons Engineering Corp, tour of OCWA Water Treatment Plant in Otisco

Session 2: Robotics in the Community

Thurs, July 27th: Build, code and program Pevoit Bittle robots at Syracuse University with Dr. Gan and his team

Fri, July 28th: Challenges with robots in the morning, tour of Ramboll Inc in the afternoon with coordinator Tim Monaco (drones, manufacturing, robots, VR)

Check the sessions you wish to attend:

- Session 1: Environmental Engineering: Onondaga Lake CleanUp and Water Filtration with Urban Development
- Session 2: Robotics: Build, Programming, and Coding with Challenge

NOTE: A participant can choose both or one session. Choosing only one session will not automatically discount them in the other; however, there is a 40 student cap for each session. Those who choose both sessions will be priority.

_____ **Please check here if your child did the Trekker 2022 Robotics camp last summer.**

Name of Participant _____

Name of Parent/Guardian _____

Street Address _____

City, State, Zip _____

Phone Number () day () cell/home

Date of Birth / /

Entering Grade: _____

Parent E-mail _____

Parent/Guardian Cell Phone: _____

Participant School/District of Record (if home schooled, please indicate here)

Physician's Name _____

Address _____

Phone Number () _____

Emergency Contact

Name _____ Relationship to Participant _____

Address _____ City _____ State _____

Phone Number () - _____

Health Insurance Information

Name of Policy Holder _____

Name of Carrier _____

Policy Number _____

Special Needs Consideration: My child has support services, such as a 1:1 or 2:1 aide, during a typical school day.

Yes

No

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

_____ I can attend the program with my child for BOTH days and work with them.

_____ I can provide a support aid on my behalf for BOTH days to support my child.

Please describe below the abilities, limitations and/or needs of the participant in the following categories:

Reading/Writing _____

Speaking/Verbal Expression of Thoughts: _____

Emotional/Social Needs _____

Physical/Motor Needs _____

Medical History of Participant

Please circle **Y** (yes) or **N** (no) next to each of the statements to indicate whether you have had or are currently experiencing the problems mentioned. Give specific details about **Y** answers at the bottom.

Y or N Allergy to medicines, bee stings, insect bites, foods, etc.

If you checked 'Yes', please list any details below. Be specific (include dates, names of medications, history of condition, treatment, whether they know how to administer medication independently)

Please check the t-shirt size for your child below (all t shirts are unisex):

- ___ youth small
- ___ youth medium
- ___ youth large
- ___ adult small
- ___ adult medium
- ___ adult large
- ___ adult XL

Please provide all signatures below.

I hereby affirm that I have answered the above to the best of my knowledge. I understand that I am responsible for any misrepresentations of this information that may lead to injury and illness and/or expulsion from this program. I also understand that my health insurance must be current and valid before beginning this program.

Parent/Guardian Signature _____ Date _____

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 27th.

Parent/Guardian Signature _____ Date _____

I give permission for pictures of my child to be used in future publications or press releases.

Parent/Guardian Signature _____ Date _____

I hereby acknowledge that program availability is limited and that, if my child were to be accepted into the TACNY Summer STEM Trekkers Program, they would need to be present for both full days on July 26, 2022 AND July 27, 2022.

Parent/Guardian Signature _____ Date _____