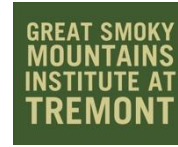


# Girls In Science Camp

## Camp Information and How to Apply



June 8-13, 2020

**Girls In Science Camp** is a six-day, five-night experience for 12–15 year old girls at Great Smoky Mountains Institute at Tremont, in Great Smoky Mountains National Park. Campers will explore habitats throughout the national park with naturalists and conduct their own field research projects. The goal is to foster interest in science among girls at the middle school level. (Transportation to Great Smoky Mountains Institute at Tremont is not provided.)

**To apply**, complete and send us the following in one envelope (do not staple). *If you fax or email your application, do not mail a hard copy. We will notify you if we can't read what you send.*

- Contact Information and Agreements Form
- Student Application (including your camper's answers to two short questions)
- Medical Information and Waiver Form



We will review the completed applications as they come in and let you know if you are accepted within 4-6 weeks. **There is no deadline**, but you are encouraged to apply as early as possible. To make this opportunity available to as many girls as possible, priority will be given to those who have not attended Girls in Science before.

For more information about Girls In Science Camp, as well as other experiences for kids, teens, adults and families, please visit Tremont's website at [www.gsmit.org](http://www.gsmit.org)

Questions about the camp?

Erin Canter  
[erin@gsmit.org](mailto:erin@gsmit.org)

Lauren Anderson  
[lauren@gsmit.org](mailto:lauren@gsmit.org)

Teacher/Naturalists and Girls in Science Camp Coordinators

Thank you for applying!

# Girls In Science Camp

## Contact Information and Agreements



Please fill in the lines neatly in **black ink** or type your answers on another sheet.

Camper's Name \_\_\_\_\_ Age (as of June 1<sup>st</sup>) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Is this a home, cell, or home/cell?  Sign me up for Tremont's bi-weekly e-newsletter

Race (*circle; optional*) Black/ African American Native American Asian/ Pacific Islander

White/ Caucasian

Hispanic/ Latino

Bi-racial

Other

### Camper Agreement:

- I understand that Girls In Science Camp is an outdoor experience that involves sleeping in a platform tent and hiking on mountain trails.
- I understand that Girls In Science Camp is a group experience that involves living, working, and getting along with others who may be very different from me.
- I understand that Girls In Science Camp is a scientific experience that involves studying living organisms in their habitats and respecting them all, even organisms that may not be my favorites, like insects and reptiles.

Signature: \_\_\_\_\_

### Parent/Guardian Agreement:

- I understand that my child is not registered until I am contacted by Tremont confirming that she is accepted and, following her acceptance, I send a payment check to Tremont (see payment information below).
- I understand that cancellation received up to 2 weeks prior to the camp start date will be refunded in full, minus a \$50 processing fee.
- I understand that transportation to and from camp is my responsibility.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent's email: \_\_\_\_\_

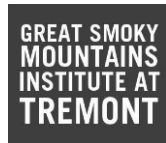
**Please note that you will be notified of acceptance at this email address, not by mail.**

Sign me up for Tremont's bi-weekly e-newsletter.

Parent's phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Is this home, cell, or home/cell?

# Girls In Science Camp

## Student Application



Please fill in the lines neatly in **black ink** or type your answers on another sheet.

1. Your name \_\_\_\_\_

2. Your current grade level (2019/2020 school year) \_\_\_\_\_

3. Your school's name \_\_\_\_\_

4. Have you participated in any Tremont programs before? If so, which?

\_\_\_\_\_

5. How did you hear about Girls in Science Camp? \_\_\_\_\_

*Short-answer questions **for the camper**: Please write or type the answers to the following questions. Use another sheet of paper if you need more space. There is no length requirement, but please be thorough. **This is how we get to know you!***

6. Why are you interested in attending Girls In Science Camp?

7. How do you think creating a scientific investigation will benefit you?



## 2020 Summer Camp Medical Information and Waiver

### STEPS for Parents/Guardians:

Fill and complete all pages of this form in BLACK ink. **You must sign and date page 2.** It is your responsibility to complete this form. Any missing information may delay your child's registration and potentially jeopardize the health of your child in case of an emergency. **Return all pages by the specified deadline.**

**Please Note:** Tremont is required to retain a copy of this form for our records. The information on this form will remain confidential. Names and addresses may be added to our mailing list but not released to any other organization.

Camper's Name \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ (for reporting only)

Parents / Guardians \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Please list parents' / guardians' additional information below:

\_\_\_\_\_'s Work Phone(\_\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_\_) \_\_\_\_\_  
(name)

\_\_\_\_\_'s Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_  
(name)

Best number for reaching parent or guardian while child is at Tremont (\_\_\_\_\_) \_\_\_\_\_

If the above are not available for an emergency, notify:

1st alternate: Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

2nd alternate: Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

### FOR EMERGENCIES

Is this child covered by medical/hospital insurance? \_\_\_\_\_ Your insurance carrier \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

What is your physician's name? \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Dentist/orthodontist \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

### LIST ALL MEDICATIONS YOU ARE SENDING WITH YOUR CHILD TO CAMP:

Medication	Dosage	Taken (Breakfast, lunch, supper, bedtime, other)

If necessary, do we have your permission to administer:

Acetaminophen? Yes \_\_\_ No \_\_\_ Ibuprofen? Yes \_\_\_ No \_\_\_ Benadryl? Yes \_\_\_ No \_\_\_

Does the camper have any dietary limitations? \_\_\_\_\_

**HEALTH HISTORY**

Tremont wants every child to be able to have a rewarding camping experience and participate in physically demanding activities. If your child has any **medical condition** which might limit your child's ability to enjoy all that Tremont has to offer, we urge you to let us know as soon as possible so that we can discuss whether there are reasonable ways in which we can modify our programs and activities to provide your child with a safe and enjoyable experience.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you authorize swimming while your child is at Tremont? Yes \_\_\_ No \_\_\_

For females: Do you need to communicate anything to us regarding whether your camper has menstruated?

\_\_\_\_\_

**IMMUNIZATION HISTORY**

VACCINES	CURRENT	DATE OF BASIC IMMUNIZATION	DATE OF BOOSTER
DPT (Diphtheria, Pertussis/Whooping Cough, Tetanus)	Yes ___ No ___		
Tetanus	Yes ___ No ___		
Oral Polio (Sabin) TOPV	Yes ___ No ___		
Injectable Polio (Salk)	Yes ___ No ___		
Measles (hard, red, Rubella)	Yes ___ No ___		
Mumps	Yes ___ No ___		
Rubella (German measles, 3-day)	Yes ___ No ___		
Other	Yes ___ No ___		
Tuberculin test	Yes ___ No ___		
Haemophilus influenza b (HIB)	Yes ___ No ___		
Hepatitis B	Yes ___ No ___		
Chicken Pox	Yes ___ No ___		

**ALL AREAS MUST BE ANSWERED AND COMPLETED IN ORDER FOR THE CAMPER TO BE REGISTERED AND ATTEND TREMONT ACTIVITIES AND PROGRAMS. IF AN AREA IS NOT APPLICABLE, PLEASE INDICATE N/A.**

PARENT'S AUTHORIZATION - As the parent or legal guardian, I have described all medical conditions which could limit my child from being able to fully enjoy and experience Tremont's activities. The person herein described has permission to engage in all prescribed camp activities except as noted by me.

I hereby give permission to the physician selected by the camp director to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.\* It is expressly understood and agreed that GSMIT shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the applicant or in connection with any activities or programs, unless such loss or injury results directly from the negligent or willful act of an employee of GSMIT acting within the scope of his/her employment. I grant permission to the Institute to use my child's image, likeness or quotes in publications for the purpose of advertising.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Return to: GREAT SMOKY MOUNTAINS INSTITUTE AT TREMONT  
 9275 Tremont Rd, Townsend TN 37882  
 ~ or ~ Fax: 865-448-9250 ~ or ~ [mail@gsmiit.org](mailto:mail@gsmiit.org)

**Internal Use Only:** Employee reviewed camper information: Initials: \_\_\_\_\_ Date: \_\_\_\_\_

# Girls In Science Camp

## Payment Information



- **Do NOT mail a check with this application.**
- **Once you are accepted, we will contact you about mailing a check with your payment.**

The full cost of this program is \$700 per girl for a week's food, lodging, transportation, and programming in the national park. However, we don't want money to be a barrier for any girl to attend. If you are able to pay the full amount (or more!) you make it possible for other girls to have this experience. If not, we offer other payment options. The amount you are willing to pay will not affect your selection. A minimum of \$100 will be required to complete your registration.

Please indicate your anticipated payment if your child is accepted:

Check one:  **\$100** (minimum)  **\$300**  **\$500**  **\$700**  **\$\_\_\_\_\_ other amount**

**CANCELLATIONS** received up to 2 weeks prior to the camp start date will be refunded in full, minus a \$50 processing fee.

### **Mail this completed application to:**

Great Smoky Mountains Institute at Tremont  
Attn: Girls in Science  
9275 Tremont Road  
Townsend, TN 37882

Or fax it to: (865) 448-9250