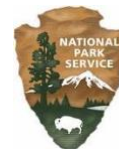


Girls In Science Camp

Camp Information and Application



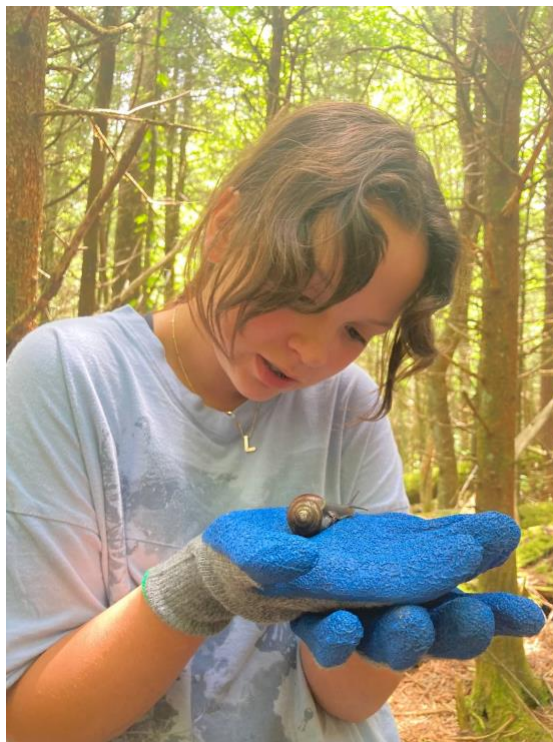
June 10-15, 2024

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:

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

Please email your completed application to science@gsmitt.org. We will notify you if we can't read what you send.



We will review the completed applications as they come in and let you know if you are accepted within 4-6 weeks. **Applications must be emailed by May 31, 2024**, though *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.gsmitt.org.

Questions about the camp? Don't hesitate to reach out!

Erin Canter
science@gsmitt.org
Manager of Science and Research

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 1st) _____

Address _____

City _____ State _____ Zip Code _____

County _____

Phone (_____) _____ - _____ Home phone Cell phone

E-mail _____ Sign me up for Tremont's monthly e-newsletter
Please note that you will be notified of acceptance at this email address, not by mail.

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:

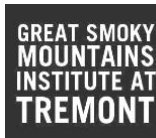
- I understand that my child is not registered until I am contacted by Tremont confirming that she is accepted and, following her acceptance, I send a payment check to Tremont (see payment information below).
- I understand that cancellations received up to 2 weeks prior to the camp start date will be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

Print name: _____

Signature: _____

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 (2023/2024 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?

2024 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 the second page of the Medical Waiver**. 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	When (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? _____

Camper's Name: _____ DOB ____ / ____ / ____

page 2

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: _____

Internal Use Only: Employee reviewed camper information: *Initials:* _____ *Date:* _____

Rev. 8/20



Girls In Science Camp

Payment Information

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

The full cost of this program is \$912 per camper 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, so we offer this program registration on a sliding scale.

If you are able to cover the full cost of camp for your child, please do, so that we can provide financial assistance to girls who otherwise may not have access to this kind of experience. You may choose to pay more than the cost of the program to support registration costs for other campers.

If you cannot cover the full cost of the program, please select a cost that is reasonable for your family. We ask that all campers contribute a minimum of \$100; if this cost is a barrier, please contact us at science@gsmi.org. *The amount you are willing to pay will not affect your selection.*

Please indicate your anticipated payment if your child is accepted: *(check one)*

\$100 (minimum) \$350 \$550 \$912 Other amount: \$_____

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

Email this completed application to: science@gsmi.org