



# Alice Computer Camp Application Form

Select a  July 13-17, 2009

Session:  July 20-24, 2009

***Student: (Please print clearly!)***

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Student's Name: \_\_\_\_\_

HS grade level: \_\_\_\_\_

Email (if available): \_\_\_\_\_

Grade level is:

during 2008-09

High School: \_\_\_\_\_

during 2009-10

***Parent or Legal Guardian: (Please print clearly!)***

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The student listed above has my permission to attend the Alice Workshop listed above.

Parent or Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: (e.g., street, \_\_\_\_\_

Email: \_\_\_\_\_

city, state, zip) \_\_\_\_\_

\_\_\_\_\_

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

**1. Parental Consent**

I have been informed and am confident that I understand that the Alice Computer Camp at Santa Clara University is a voluntary program. I also have been informed of, and am confident that I understand, the various aspects of the activities associated with the program, which include, but are not limited to, lecture presentations and computer laboratory experiences. I hereby give my consent for my son/daughter to participate in the full range of the program.

Initials: \_\_\_\_\_

**2. Release of Liability and Indemnification Statement**

In consideration of the acceptance of my son/daughters' application for entry into the NSF Alice Workshop program, I hereby agree, on my behalf and on behalf of my son/daughter, to waive, release and discharge any and all claims for damages, death, illness, personal injury or property damage which I or my son/daughter may have against Santa Clara University, its directors, officers, employees, students and agents as a result of my son or daughter's participation in the NSF Alice Workshop. I hereby agree that this Parental Consent shall be construed in accordance with the laws of the State of California.

I agree to defend, indemnify and hold harmless Santa Clara University, its Trustees, officers, employees, students and agents from any and all liability, as described above, that may occur as a result of my son/daughter's participation in the NSF Alice Workshop, but not to the extent that such liability is due to the sole negligence or willful misconduct of the University.

Initials: \_\_\_\_\_

**3. Photograph/Video Release**

I grant Santa Clara University permission to copyright, use, reuse, publish, and republish any photograph/video taken of my son/daughter by the University or those commissioned by the University. This right applies to any reproductions in any form, used alone, in a composite or with any printed matter or advertising copy, for any purposes of trade, advertising, publicity, promotion or education, without restrictions or limits. I release Santa Clara



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University and its agents from liability resulting from any distortion, blurring or alteration, optical illusion or placement in a composite, intentional or otherwise, which may occur in the taking, processing, reproduction, publication, or distribution of such photo(s). I waive the right to approve the photos or their usage.

Yes  No  Initials: \_\_\_\_\_

#### 4. Health Information

I certify that my son/daughter is adequately healthy to participate in this program and list below any medical problems (such as heart, epilepsy, allergies, asthma, prescription, etc.) of which the University should be aware.

No written response will be interpreted as "No Health Concerns" Initials: \_\_\_\_\_

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If you have a disability and require a reasonable accommodation, please call (408) 554-4449 (voice) and/or (800) 735-2929 (TTY California relay) at least one week prior to the event.

#### EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency, Santa Clara University and/or the NSF Alice Workshop staff is authorized to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that is deemed necessary for the safety and protection of my son/daughter.

Yes  No  Initials: \_\_\_\_\_

#### EMERGENCY CONTACT

Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number with Area Codes:

Day: \_\_\_\_\_ Night: \_\_\_\_\_

#### ADDITIONAL COMMENTS OR INFORMATION

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I HAVE READ THIS CONSENT FORM AND UNDERSTAND ITS TERMS. I EXECUTE THIS CONSENT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Printed Name of Parent/Guardian: \_\_\_\_\_

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

Signature of Parent/Guardian: \_\_\_\_\_



## **Alice Computer Camp Application Form**

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**Mail the completed form no later than June 1<sup>st</sup> to “2009 Alice Computer Camp”, Department of Computer Engineering, Santa Clara University, 500 El Camino Real, Santa Clara CA 95053.**