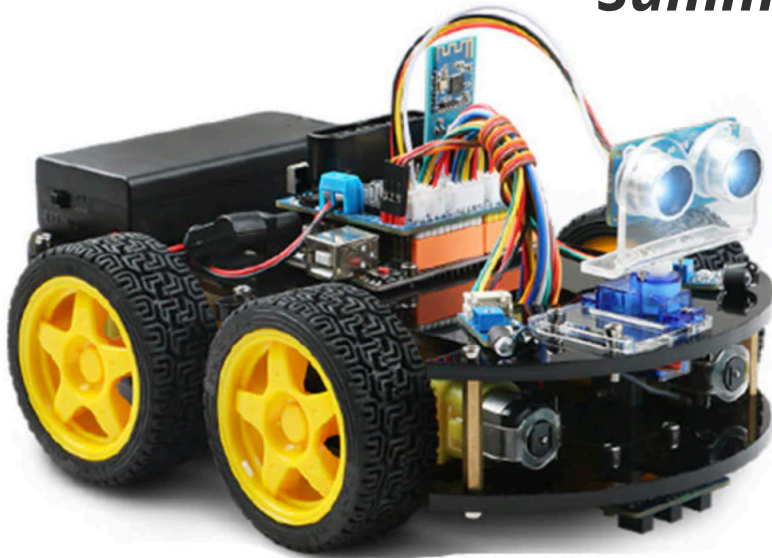


SMART Car Camp

*Summer Micro-Automotive
Robotics Team*



FSCJ Florida State College
at Jacksonville

DETAILS

- 📅 June 28–July 1 ⌚ 9 a.m.–1 p.m.
- 💰 \$100 (e-pay link sent after registration received)
- 👥 To maintain CDC guidelines and for the safety of campers and instructors, registration is limited to 40 spots.
- 📍 FSCJ Advanced Technology Center
401 West State Street, Jacksonville, FL 32202



FSCJ Florida State College
at Jacksonville

FSCJ'S AUTOMOTIVE DEPARTMENT, IN CONJUNCTION WITH A GRANT FROM THE NATIONAL SCIENCE FOUNDATION, is excited to host our first-ever SMART (Summer Micro-Automotive Robotics Team) Car Camp. SMART Car Camp will introduce rising 8th, 9th and 10th grade students to the advanced technology in the automotive industry.

FOR MORE INFORMATION

✉ adjovi.kague@fscj.edu

Grant Disclaimer: In conjunction with the National Science Foundation project #18-571

Please fill and submit application. Registration will be fulfilled upon e-pay.

Florida State College at Jacksonville
Advanced Technology Center T-130G
SMART Cars Camp

401 W State Street , Jacksonville, FL 32202

Email Questions . Program Facilitator to Ms. Adjovi.kague@fscj.edu 904-598-5608

<input checked="" type="checkbox"/>	
1. <input type="checkbox"/>	Participant Application
2. <input type="checkbox"/>	Photography/Video Release
3. <input type="checkbox"/>	Participant Essay
4. <input type="checkbox"/>	E-Link to send after registration papers Participant Supply Fee of \$100.00

Participant Application

STUDENT PARTICIPANT DETAILS			
Last Name:	First Name:	MI:	
Enrolled School Name:	Rising Grade (select one): <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____			
Issued IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student TShirt Size: <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large		
PARTICIPANT MEDICAL DETAILS			
Please list any food allergies or dietary restrictions:			
*Any necessary food accommodations if any (for consideration):			
Please list any medications your child is taking or any other information that we should be aware of:			
Please list physical injuries or chronic health problems that we should be aware of, e.g. asthma, epilepsy, knee injury, etc.:			
<p>If a medical emergency occurs which involves the need to take your child to the hospital emergency room, and we cannot reach you, we must have your written permission for us to seek medical attention or the doctor will not see the child. All efforts will be made to contact you or the emergency contact persons listed below.</p> <p>Statement for Medical Release: <i>My child has permission to take part in all FSCJ SMART CARS SUMMER CAMP activities. I understand that every attempt will be made to contact me in case of an emergency. In the event I cannot be reached, I give consent to emergency transportation, x-rays, medical treatment(s), surgery, or dental care for my child. I agree to assume responsibility for all charges incurred.</i></p>			
GUARDIAN SIGNATURE: _____		DATE: _____	
PARENT/GUARDIAN DETAILS			
Guardian Last Name:	Guardian First Name:		
Primary Phone:	Secondary Phone:		
Primary Street Address:		Email:	
City:	State:	Zip:	
Persons to be contacted in case of illness, accident, emergency, and authorized to remove the child from the facility in the absence of a parent or guardian.			
Name: _____ relation: _____ phone: _____			
Name: _____ relation: _____ phone: _____			

Florida State College at Jacksonville

SMART CARS SUMMER CAMP PARTICIPANT SIGN-IN and PHOTO RELEASE

Florida State College at Jacksonville (FSCJ) is dedicated to providing an informative and entertaining experience for the student during SMART CARS SUMMER CAMP activities. SMART CARS SUMMER CAMP faculty and staff maintain constant supervision for all activities.

Student's name _____

By enrollment in this program, I _____ (parent/legal guardian) grant FSCJ permission to:

- Take photographs, and/or make a video or audio recordings of me/my child, and use them in individual headshots and group photos related to the promotion of the program.

I agree that neither the ADAS SUMMER CAMP Faculty and Staff, FSCJ Foundation Inc., Florida State College at Jacksonville, nor any of its employees, independent contractors, directors, and/or officers will be held liable for an injury which may occur to me/my child while attending the SMART CARS SUMMER CAMP. This includes, but is not limited to, any activities in which I or he/she may participate and/or meals. Furthermore, I hereby release, waive, discharge, and covenant not to sue and agree to hold harmless the SMART CARS SUMMER CAMP Faculty and Staff, FSCJ Foundation Inc., Florida State College at Jacksonville and their respective employees, independent contractors, directors, and/or officers ("Releasees") from any liabilities, claims, demands or injury that may be sustained by me/my child while participating at the SMART CARS Summer Camp or while on the premises owned or leased by Releasees or other location used for SMART CARS SUMMER CAMP or while traveling to or returning from the activity where ADAS SUMMER CAMP takes place.

Participant, Parent or Legal Guardian (Print Name) _____ Date

Participant, Parent, or Legal Guardian (Signature) _____ Date

Summer Camp Requirement- (attachment acceptable)

In your own words, write 250 words essay on how "SMART CARS" fits in the world of STEM.