

### Safety and Health Information

Does your camper have any medical conditions, allergies or special needs? If yes, please explain.

Does your camper have any behavioral or emotional issues? If yes, please explain.

Is your camper taking any medications to treat these conditions? If yes, please explain.

**NOTE: Thomas Nelson camp staff is not qualified to dispense or store camper medications, and there is no medical staff on campus.**

### PART II:

**Each student applicant must submit a 400 – 500 word essay on why they want to attend the Thomas Nelson Summer Science Camp. This should be submitted as part of the application packet with the camper's name and school at the top**

### PART III:

#### Teacher Recommendation for Thomas Nelson Summer Science Camp

*(Letter of recommendation from a science or math teacher is required.)*

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

Dear Middle School Teacher,

To help insure that the Thomas Nelson Summer Science Camp experience will be both effective and enjoyable for all students, we ask that each camper choose a science or math teacher to recommend him/her. Please write a short statement about the qualities that make this student a good candidate for participation in our camp and how you feel that this experience will benefit the student. When completed, please return your statement to the student in a sealed envelope *signed across the back* to be included with his/her application packet. We are especially interested in the student's interest and attitude towards science and learning.

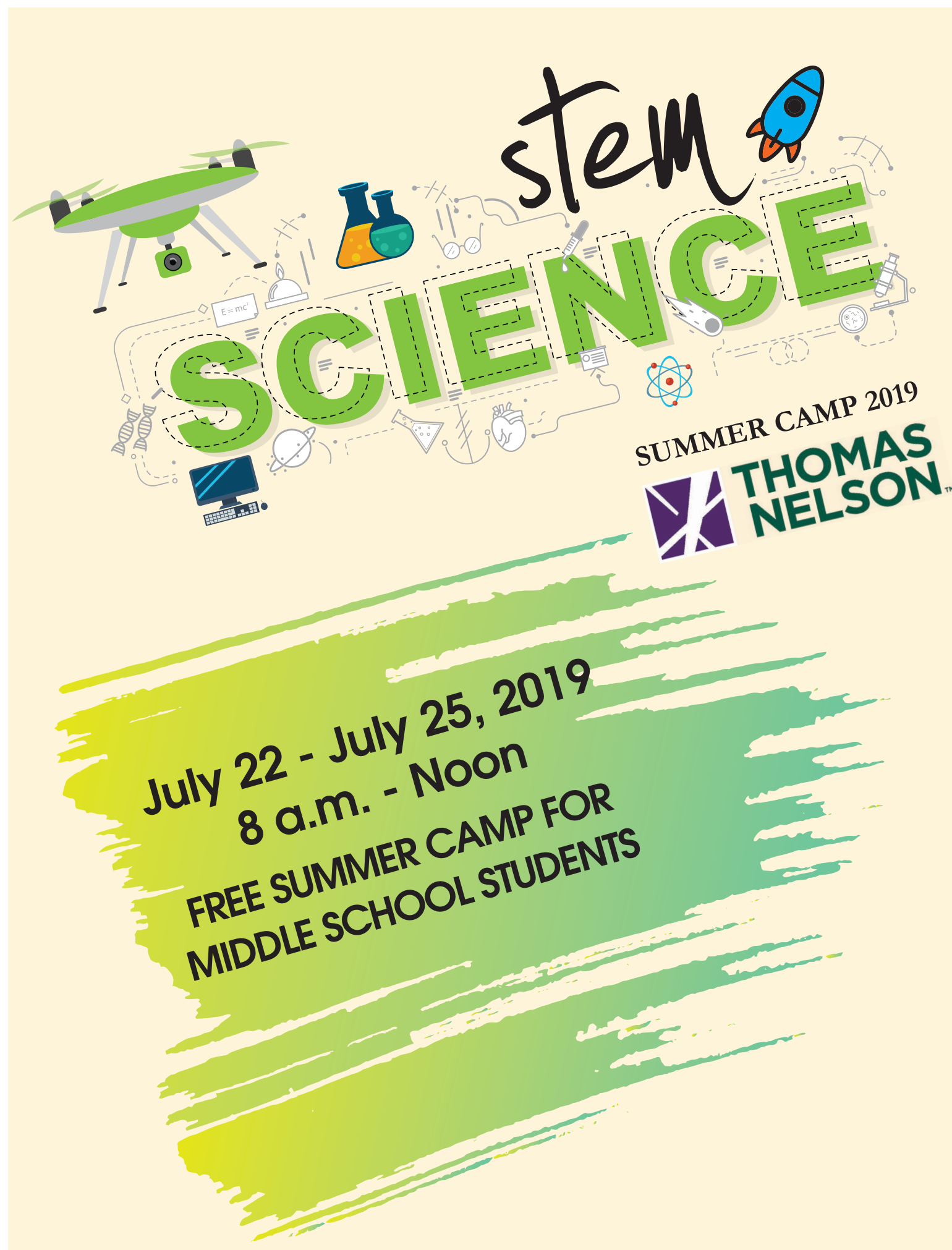
If you have any questions, please email the Camp Coordinator Lucinda Spryn at [sprynla@tncc.edu](mailto:sprynla@tncc.edu).

Teacher's Name: \_\_\_\_\_

Teacher's Email: \_\_\_\_\_ Subject Area: \_\_\_\_\_

School Name: \_\_\_\_\_ City: \_\_\_\_\_

**APPLICATIONS MUST BE POSTMARKED BY FRIDAY, JUNE 7, 2019**



Thomas Nelson Summer STEM Science Camp will stimulate the senses and unlock the imagination.



**TIME AND PLACE:**

**Monday, July 22 - Thursday, July 25  
8 a.m. - Noon  
Hampton Campus**

Campers will participate in two science labs each day and enjoy featured speakers and group activities. Light continental breakfast and snacks will be provided each day.

**HOW TO APPLY:**

Thomas Nelson's Summer Science Camp is open to middle school students in Hampton, Newport News, York and James City County. To apply, submit the completed application, student essay and teacher recommendation to:

Thomas Nelson SET Division  
ATTN: Lucinda Spryn, Summer Science Camp  
99 Thomas Nelson Drive  
Hampton, VA 23666.

Applications must be postmarked by Friday, June 7, 2019. Thomas Nelson Science Faculty will choose 48 applicants to participate in the summer camp. Campers will be notified by June 30, 2019.

FOR MORE INFORMATION CONTACT SUMMER SCIENCE CAMPCHAIR:  
Lucinda Spryn (sprynla@tncc.edu)



The Peninsula's Community College

**THOMAS NELSON PROPOSED SCIENCE LABS FOR SUMMER 2019 CAMP**

Rising middle school students can unlock their curiosity as they explore issues related to space during the Thomas Nelson Summer STEM Camp.

This exciting curriculum gives students hands-on science experiments and activities conducted in our science and computer labs. Investigation into space related topics in biology, chemistry, drones, computers and physics will be included in the four-day camp. From constructing and launching a rocket, to flying a drone, to computer game programming will just be a few of the activities planned for the camp.

Do not miss this exciting educational opportunity to unlock the scientist in you!

**ADDITIONAL CAMP OPPORTUNITIES ARE AVAILABLE AT THOMAS NELSON. ACCESS INFORMATION AND EXPLORE OTHER HANDS-ON SCIENCE & TECHNOLOGY CAMPS BY VISITING:**  
**tncc.edu/summer-camps**



**Camper Information**

Name \_\_\_\_\_ Middle School \_\_\_\_\_ City \_\_\_\_\_  
Grade Sept 2018 \_\_\_\_\_ Sex: M\_\_\_\_ F\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age when attending camp \_\_\_\_\_  
T-SHIRT SIZE **Youth Size :** \_\_\_\_\_ **Adult Size :** \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ XLarge  
Preferred Name on Camper Badge \_\_\_\_\_

**Parent or Guardian Information**

Parent/Guardian Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
Day Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Email \_\_\_\_\_  
Other Emergency Contact \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
Day Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Email \_\_\_\_\_

**Photo / Media Release**

I grant permission to Thomas Nelson Community College to use photographs of my child for promotional purposes, including all marketing and communication materials designed by the college.

Signed **X** \_\_\_\_\_ Date \_\_\_\_\_  
(Participant parent or legal guardian)

**Participant Release and Hold Harmless Agreement**

While at the Thomas Nelson Summer Science Camp, participants may be involved in various hands-on laboratory activities that might require the use of a variety of equipment and chemicals. All activities require the complete attention and responsibility of the participant (Name \_\_\_\_\_), either individually or as part of a group. Many of these activities involve possible risks including injury or property damage. By signing below, on behalf of the above named participant, I agree to waive, release and discharge any and all claims for damages that may happen as a result of camp participation. In the case of any emergency, the camp staff has my permission to transport the camper to the closest hospital for emergency treatment.

Signed **X** \_\_\_\_\_ Date \_\_\_\_\_  
(Participant parent or legal guardian)