

ATEC Summer Camps
Intern Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

School name: _____ Birth date: _____

Intern email address: _____

Parent email address: _____

Phone: _____

Have you served as a volunteer for one of our camps before? ____ Y ____ N

If so, what camp(s)? _____

Have you ever attended an ATEC camp? ____ Y ____ N

If so, what camp(s)? _____

Please read the "Useful Information for Parents" section of the ATEC camp application for information about our camps. Interns may be required to arrive up to 15 minutes before camp check-in begins. A phone interview is required in order to be selected as an intern. Service hours will be documented for interns upon completion of their time.

Please indicate your choice of camp(s) below:

Engineering Technology: ____ June 13 – 16

Robotics: ____ June 22 – June 25 ____ June 27 – 30

Student Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____

By signing my name above, I give my consent for my child's participation, agree to all terms and conditions stated, and certify that all of the information provided is accurate.

Please rate your experience level with the items in the table below.

	Never Used	Limited Knowledge	Intermediate	Know Very Well
Excel spreadsheets				
Bridge design				
Construction with popsicle sticks				
West Point bridge software				
Catapult design				
Lego Mindstorm				
Roborobo robotics system				
Other robotics systems				

Please list any other information about yourself such as club/honor society memberships, GPA, or knowledge/experience that you believe would be helpful as a camp intern.

Please include a brief letter of recommendation with your application and mail to:

Wake Technical Community College
 Attention: ATEC
 9101 Fayetteville Road
 Raleigh, NC 27603

Emergency Information

Wake Technical Community College needs emergency contact information from the participants in case of medical emergency. Thank you for your cooperation in providing this information. (*Please print responses*).

Emergency Contacts (Please provide 3 beginning with a parent/guardian.)

Name	Relationship	Cell/Home/Work
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Name	Relationship	Cell/Home/Work
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Name	Relationship	Cell/Home/Work
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Allergies: _____

Current Medications: _____

Signature of Parent/Guardian _____ Date _____

By signing my name above, I give my consent for my child's participation, agree to all terms and conditions stated, and certify that all of the information provided is accurate.

WAIVER EXCLUSION CLAUSE

I, the undersigned parent or guardian, in enrolling my child in Applied Technologies Exploration Camp, understands that she/he is participating in the program and using the facilities at her/his own risk. The Trustees of Wake Technical Community College and the employees and agents of the college shall not be liable for any damages whatsoever arising from any personal injury or property loss sustained by the participant and her/his family in or about any programs on or off the premises. The child and her/his parents assume full responsibility for all injuries and damages that may occur in or about any premises with the Applied Technologies Exploration Camp and she/he does hereby fully and forever release, discharge and hold harmless the Trustees of Wake Technical Community College, all associated facilities, and the employees and agents of the college from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any programs or use of its facilities. I understand that Applied Technologies Exploration Camp does not provide health, accident, or any other insurance for my child while enrolled in Applied Technologies Exploration Camp.

As part of this approval, I acknowledge I may have the opportunity to review the premises and equipment to be used in conducting the activity. I also have the opportunity to discuss with program organizers potential hazards and risks that may be associated with the activities and take responsibility for doing so. Failure to exercise this option indicates my approval and acceptance. I understand Applied Technologies Exploration Camp does not provide transportation to or from activities.

Signature of Parent/Guardian _____ Date _____

Publicity Release Form

Instructions: Please use ink to complete this release form.

Please print your complete name in the blank on the first line of the statement, sign your complete name on the signature line at the bottom and note the correct date.

If you have not reached your 18th birthday, your parent/guardian must also sign the form as indicated below.

I, _____, hereby authorize Wake Technical Community College to record,
(Print student name)
tape, film, photograph, digitize or otherwise preserve in permanent form my name, likeness, image, biographical material, voice, video, and/or statements.

I agree that any such recordings may be used and reused in whole or in part for publication, broadcast, cablecast, multimedia production, Internet distribution, closed circuit exhibition, illustration, promotional purposes and/or educational distribution as deemed fit by Wake Technical Community College, in perpetuity, throughout the world.

I also release Wake Technical Community College and its officers, agents, designees, faculty, and employees from any and all claims based on the use of such recordings and agree to hold Wake Technical Community College harmless from any and all claims by third parties, including any claim based on allegation of copyright infringement from my statements.

Student Signature

Date

Signature of Parent/Guardian

Date