OLC MATH CAMP SUMMER 2010 Session Application, August 2-6, 2010 at Pejuta Haka College Center

Send completed application to: Oglala Lakota College, Math & Science Department, PO Box 490, Kyle, SD 57752 or **FAX Completed Application to Tawa Ducheneaux 605-455-2603**

STUDENT INFORMATION		
Student last name:	First name:	Middle initial:
Permanent home address:		
City:	State:	ZIP code:
Date of birth_____ Month/Date/Year (e.g., 11/23/1985)	Gender: ❑ Female ❑ Male Name of school_____	
Academic level as of Fall 2010 ❑6th ❑7th ❑8th ❑9th ❑10th ❑11th ❑12th	College Math Level 098 099 103 134	
Did the student attended MATH Camp last year? ❑ Yes ❑ No		

PARENT INFORMATION (for minor students)		
Parent/guardian last name:	Parent/guardian first name:	
Telephone no.: ( )	Alternate telephone no.: ( )	
Permanent e-mail address (optional):	Alternate e-mail address (optional):	
Emergency contact (other than parent) Last name:	First name:	
Best time to call:	Telephone no.: ( )	Alternate telephone no.: ( )
Relationship to student:		

SPECIAL NEEDS or ACCOMMODATIONS
Please list any physical, academic, or other accommodations that the student may require in the classroom or lab.
Please list any known health problems (allergies, diabetes, asthma, epilepsy, heart trouble, etc.) the student has.
Please list any dietary needs or restrictions for the student.
How did you hear about OLC's MATH Camp? (check all that apply) ❑ OLC Course ❑ Flyer ❑ Newspaper ❑ Radio ❑ Student's school ❑ Word of mouth ❑ Other (please specify): Why are you applying to attend the 2010 MATH Camp? Please share your reason along with what you would like to learn/gain from MATH Camp:_____

I, _____ (Self or Parent/Guardian), do hereby release and discharge Oglala Lakota College, its staff and faculty from any and all claims, present and future, known and unknown, due to, or arising in any manner from, my child's participation in the project or related activities sponsored by OLC. I willingly agree and give my consent to let OLC enter data about my child and me into its computer information system. I hereby grant to Oglala Lakota College and others acting on its behalf, the right to record my child and his/her voice using audio, photographic, video, or other such techniques; to include my child's name, likeness, voice and biographical material in connection with these recordings; to use, reproduce, distribute, and exhibit such recordings in any and all media throughout the world without limitation; and to authorize others to do so, for any purpose which OLC and those acting pursuant to its authority, deem appropriate.

I hereby waive all rights of any nature in such recording(s) and the exhibition thereof. In case of an emergency, consent is granted to the staff of OLC to provide medical services through the appropriate medical facilities and/or medical service providers to my child,_____

Parent/guardian name (print): _____ Signature/Date _____