



62 Chestnut Street, Oneonta, NY 13820 607.432.1980

Girl CODE Camp Application 2017

Dear Parents/Guardians,

Our goal is to teach Coding skills to **girls ages 11 to 14** and to get these girls interested in coding and related STEAM subjects. We will offer hands-on learning activities that include board games, outdoor play, Spheros, Legos, computers, Makey Makeys and more! All participants will receive a t-shirt. Snacks will be provided.

Date:

Monday, August 7th – Friday, August 11th, 2017 (one week M-F)

Time:

1:00 to 5:00pm (pick up between 5:00-5:30pm)

Age:

Girls ages 11 to 14

Applications can be brought to the library **starting June 12**. Space is limited. ***Deadline to register is June 30th***. A submitted application is not a guarantee for placement in Code Camp. Applicants will be notified by July 7th regarding their application status.

For additional information about the camp please contact:

Sarah Livingston, Adult Services Librarian at 607.432.1980 or on.sarah@4cls.org

Application:

Child's Name: _____ Date of Birth: _____ Age _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

School District: _____

Please describe your interest in attending Girl Code Camp; why is this camp for you?

Please describe any prior experience with Coding at school or at home.

Parent/Legal Guardian Information:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

T-Shirt Size: ___S___ M ___L___ (these are Youth Sizes)

Pick-Up Permission Form:

Code Camp ends at 5:00pm and participants can get picked up between 5:00 and 5:30pm by the people listed below.

I give permission to the Huntington Memorial Library to release _____ to the following people:

Name	Phone	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Signature _____ Date _____

Photo Release Form:

Permission to Videotape and/or Photograph

I _____ am 18 years or older.
(Name, please print)

I _____ am the parent or legal guardian of _____.
(Name, please print) (Name, age)

I understand that the Huntington Memorial Library may photograph or videotape the events or activity in which I am (or my child is) participating. I give my permission for the Library to use photographs or videotape of me (or my child) for the purpose of promoting Huntington Memorial Library and its services and programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.

Permission is not required to take part in Huntington Memorial Library events.

Signature: _____ Date: _____

Address: _____

City, Zip: _____

Phone: _____

Medical Information/Emergency Contacts:

We must have a contact number at all times. If there is an emergency, it is important that we be able to reach you. In an emergency, I/we authorize the staff of Huntington Memorial Library to seek medical assistance for the student if I/we cannot be reached

Doctor's Name _____ Doctor's phone (____)____-_____

Hospital _____

If you cannot be reached in an emergency who should we contact to get your child home or under medical care (list three)

Name _____ Phone (____)____-_____ Relationship _____

Name _____ Phone (____)____-_____ Relationship _____

Name _____ Phone (____)____-_____ Relationship _____

If there is anything "medical related" about your child we should know about (such as asthma, allergies, bee sting reactions, medication for seizures or hyperactivity, heart conditions, physical limitations, etc) please list them here:

