

Are You a 7th or 8th Grade Student Interested in:

Exploring Health Careers

Creating a Tiny World of Atoms

Making Your Own Slime

Building Graduated Gears

& Having Fun, Fun, Fun??



Become A "Mad Scientist" During the

2009 SPRING BREAK CAMP

Sponsored by the

Lowcountry Coalition for Health Careers in association with Mad Science of Columbia

WHEN: April 7 - 9, 2009

WHERE: Lowcountry AHEC

302 Medical Park Drive, Suite 110
Walterboro, SC 29488

COST: \$10.00 application fee

***SPACE IS LIMITED – Application Deadline is March 20, 2009
See Your School Career Specialist for an Application Today!***

For Additional Information Contact
Lowcountry AHEC at 843-782-5052



Lowcountry Coalition

**FOR HEALTH CAREERS
PROMOTING DIVERSITY IN HEALTHCARE**



Lowcountry Coalition
FOR HEALTH CAREERS
PROMOTING DIVERSITY IN HEALTHCARE

STUDENT APPLICATION
Lowcountry Coalition Spring Health Careers Camp

NAME _____
(last) (first) (middle)

ADDRESS _____
(street address)

(city) (state) (zip)

PHONE _____ E-MAIL ADDRESS _____

LAST 4 DIGITS OF SOCIAL SECURITY # _____ BIRTH DATE _____

SCHOOL _____ GRADE _____

****Participants are responsible for their transportation to and from the Lowcountry Coalition's Spring Health Careers Camp. Will you be able to arrange transportation to and from the camp?**
YES _____ NO _____

Student Signature Date Parent/Guardian Signature Date

DEADLINE IS MARCH 20, 2009

Instructions for Applying: Space for the 2009 Lowcountry Coalition Spring Camp is limited and applicants will be accepted on a first-come basis. To reserve a space please include your \$10.00 application fee (make check payable to Lowcountry AHEC) and return with this application to your Career Development Facilitator at your school.

****Please Complete Both Sides****



LOWCOUNTRY COALITION SPRING HEALTH CAREERS CAMP

MEDIA AND LIABILITY RELEASE FORM

MEDIA

By signing below I give my explicit permission for the Lowcountry Coalition to use my child's image. Uses include, but are not limited to: photography, videotape, organizational web site, or print media.

I ACCEPT THESE TERMS. INITIALS* _____

DATE: _____

LIABILITY

I do hereby release, forever discharge, and agree to hold harmless the Lowcountry Coalition, its staff, faculty, chaperones, and volunteers thereof from any and all liability, claims or demands for personal injury or sickness, of any nature whatsoever which may be incurred while participating in the Lowcountry Coalition Spring Health Careers Camp. I assume all risk and expense as a result of participation by my child. I understand by my signature that this form is both a binding medical and liability release.

I have read and understand this form. I certify that the below named student is my child (or under my legal guardianship) and resides with me. I give my consent for him/her to attend and participate in activities and functions sponsored by the Lowcountry Coalition. I assume all transportation costs, should it be necessary for my child to return home due to medical or other reasons.

PARTICIPANT SIGNATURE: _____

PRINT NAME: _____ DATE: _____

PARENT/LEGAL GUARDIAN SIGNATURE*: _____

PRINT NAME: _____ DATE: _____

** ASTERISKS INDICATE PARENT/LEGAL GUARDIAN'S SIGNATURE/INITIALS REQUIRED FOR PARTICIPATING APPLICANTS*

****Please Complete Both Sides****