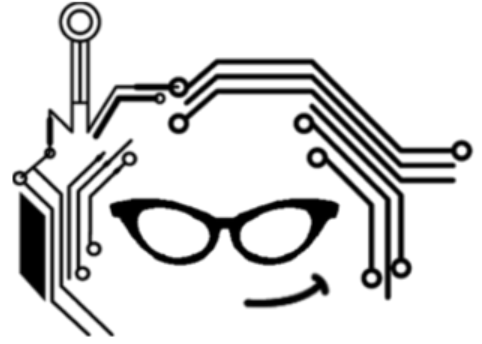


GIRLS GEEK OUT



Registration for Information Technology Summer Camp for rising 7th, 8th, and 9th grade girls

Student Name: _____ Date of Birth: _____

If you are a returning camper, indicate what year you attended: _____

School Name: _____ Current Grade: _____

Parent's/Guardian's Name: _____

Relationship to student: _____

(____) _____ (____) _____ (____) _____
Home Phone Work Phone Cell Phone

Address: _____

Email address: _____

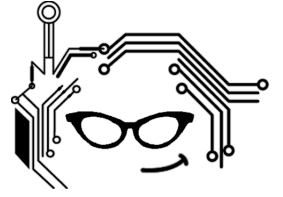
The Girls Geek Out Information Technology Summer Camp will take place from July 8 thru July 12, 2019 from 9 am - 4:30 pm daily. All participants must be picked up daily by 4:30 pm inside Constant Hall at Old Dominion University.

Who else is authorized to pick up your student at the end of the day?

T-Shirt Size: Youth: S M L or Adult: S M L XL

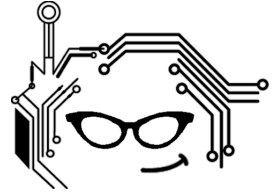
*** The summer camp will provide lunch. However, if your student has any food allergies, she will need to bring her own food.

Parent's/Guardian's Signature: _____ Date: _____



Student's Essay Portion:

Write a 1-2 paragraph short essay explaining why you are interested in computers, information technology, coding, and/or cybersecurity:



INFORMED CONSENT, WAIVER, AND AUTHORIZATION FORM

I, the undersigned _____, allow my child/student

_____ to participate in the activities of the Girls Geek Out Summer Camp, including on-campus events and off-campus events. I do hereby release and discharge OLD DOMINION UNIVERSITY and/or the Girls Geek Out staff/representatives from any and all damages on account of any injuries or illnesses sustained to my child/student while engaged in the Girls Geek Out Summer Program at OLD DOMINION UNIVERSITY and/or off campus, whether related or not to the activity enumerated above. I understand the risk of injury may be physical or emotional. I release and discharge OLD DOMINION UNIVERSITY and/or the Girls Geek Out representatives from any and all liability from any and all claims or damages from any accident or illness sustained to or by my child/student while engaged in the Girls Geek Out Program of OLD DOMINION UNIVERSITY. I agree to hold harmless and indemnify OLD DOMINION UNIVERSITY and/or the Girls Geek Out representatives against any loss, damages, or cost of whatsoever nature including expenditure of attorneys' fees which may be suffered as a result of any action, claim, or demand by me or my child/student or my heirs, by me, my heirs, successors, or assigns, or by any other person on his/her own behalf or for the benefit of me or my child/student. This agreement *shall* constitute a bar of any recovery by the undersigned individually or brought for an on behalf of the child/student, and said agreement may be urged and used by OLD DOMINION UNIVERSITY and/or the Girls Geek Out Program or its representatives as a bar to any recovery by the undersigned or by the child/student in any suit or claim instituted on account of any injury or illness sustained by the undersigned while engaged in the Girls Geek Out Summer Program at OLD DOMINION UNIVERSITY.

LOSS/DAMAGE ACKNOWLEDGEMENT

I, _____ the undersigned, will reimburse OLD DOMINION UNIVERSITY for any damage to the University's property or loss of University's property for which the above named participant is deemed responsible.

MEDICAL RELEASE AND INDEMNITY AGREEMENT

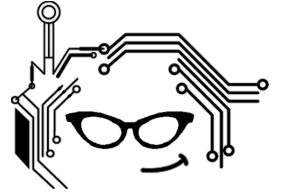
I, _____ hereby acknowledge that as a part of the Girls Geek Out Program, there is the possibility that my child/student may need to receive medical attention due to illness, injury or accident. I understand that OLD DOMINION UNIVERSITY, the staff of Girls Geek Out or their representatives will make a reasonable effort to contact me (parents/guardians) in the event of illness, injury or accident to my child/student based on the circumstances. In the event that OLD DOMINION UNIVERSITY, Girls Geek Out, or their representatives are not able to contact me (parent/guardian), or if the need for medical care appears to be immediate, then I instruct and authorize the Girls Geek Out representatives to consent to and authorize reasonable and necessary medical treatment for my child/student. I further agree to release OLD DOMINION UNIVERSITY, Girls Geek Out, and *their* representatives from any liability *for* their efforts to secure reasonable and necessary medical treatment for my child/student as stated above. I, the undersigned, shall assume full responsibility for all medical bills, including doctor and/or hospital bills incurred by my child/student. I further agree to reimburse OLD DOMINION UNIVERSITY, their representatives, and/or any other *agents*, employees, sponsors, or volunteers of OLD DOMINION UNIVERSITY who may incur such expenses in the treatment of the accident or illness of my child/student.

MEDIA AUTHORIZATION

I, _____ hereby give my consent to the staff of Girls Geek Out or their representatives to make photographs, video, and/or audio recordings of my child/student during the Girls Geek Out Summer Camp. My child/student's likeness may be used in any media, now or hereafter known at the discretion of the staff of Girls Geek Out Summer Camp and OLD DOMINION UNIVERSITY. Personal data will not be disclosed, except as required by law.

By signing below, I acknowledge that I have read and understand the Informed Consent, Waiver, and Authorization Form and do hereby agree to all its terms and conditions.

Parent's/Guardian's Signature: _____ Date: _____



Medical Information

Physician's Name: _____

Phone Number: _____

Insurance Company: _____

Policy Number: _____

List any physical, mental, or medical conditions your child/student has that could impact her participation in the Girls Geek Out IT Summer Camp:

Secondary Emergency Contact: _____

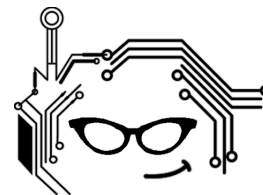
Relationship to student: _____

(____) _____
Home Phone

(____) _____
Work Phone

(____) _____
Cell Phone

Address: _____



PAYMENT

_____ \$350 payment enclosed for the cost of the camp program, payable to *Old Dominion University*.

Check here if you wish to apply for need-based financial aid: _____ Referring organization: _____

Do you qualify for free or reduced price school meals? Yes No

\$ _____ Donation enclosed to support the Girls Geek Out scholarship program. Enclose a separate check payable to *ODU Education Foundation*, with *Girls Geek Out* on the memo line. Donations are tax-deductible.

Enclose all five pages of this application and your check(s). Mail them to:

Girls Geek Out
2044 Constant Hall
Old Dominion University
Norfolk, VA 23529
Attn: Russell Haines

If you have any questions, please direct them to Dr. Russell Haines at rhaines@odu.edu.

Notifications of acceptance to the camp will be made no later than June 1, 2019.