



2014 Gears & Gadgets 2

June 23-17 9am-Noon

Application Deadline: May 1, 2014

**Please send completed application and most recent report card to:
 BCoE Summer Academies, Mailstop 9544, Mississippi State, MS 39762
 Application fee (\$25) must be paid online by May 1, 2014**

PARTICIPANT INFORMATION:

Name:				Preferred Name:				
E-mail:					Home Phone:			
Address:								
	City		State		Zip Code			
Age:		Date of Birth:		Race/Ethnicity:		Male	Female	
School Grade for 2014/2015		T-Shirt Size:		Y S	Y M	Y L	A S	A M

PARENT / GUARDIAN INFORMATION:

Father:				Mother:			
Occupation:				Occupation:			
Employer:				Employer:			
Work Phone:				Work Phone:			
Emergency Contact:					Phone Number:		

SCHOOL INFORMATION:

School Name:							
School Address:							
	City:		State:		Zip Code:		
Counselor's Name:				Principal's Name:			

Mississippi State University is an Equal Opportunity and Equal Access Institution.

Section II – All About You!

What hobbies do you have?

What is your favorite class in school?

What do you think you want to do when you get older?

Who do you think is a hero to you?

What else should we know about you? What makes you unique?

Section III: This section is to be completed by the *parent/guardian*. Please type or print legibly.

Note: ALL PARTICIPANTS MUST HAVE HEALTH INSURANCE COVERAGE.

In accordance with the Rules of the Bagley College of Engineering at Mississippi State University, I hereby give my consent for _____(applicant) to participate in the academic and recreational activities that are part of this program. The undersigned applicant and parent / guardian understands that the applicant will be engaging in some physical activity during the program which contains an inherent risk of physical injury and the undersigned assumes the risk, indemnifies, and releases Mississippi State University, its officers, directors, agents, and employees from any and all liability for personal injury and property damage arising out of the applicant's participation in the Bagley College of Engineering program. If at any time it is necessary for the applicant to receive outside or professional medical attention, I hereby give my consent to the Bagley College of Engineering Program Staff to select and secure such medical services as are deemed necessary. I understand that while attending the Bagley College of Engineering Program, the applicant is eligible to use the MSU Health Center on campus at student rates. I also understand that doctors and nurses at the Health Center will not charge campers a visiting fee, and that medicines, x-rays, and lab tests will carry a reduced rate fee, which is to be paid at the time of service. At any time when the MSU Health Center is closed, participants will be taken to Oktibbeha County Hospital. Insurance claims will be filed by the Health Center or the Oktibbeha County Hospital for any services rendered. Our insurance company, address, policy, and health information of the applicant are provided below in case of an accident and I have signed verifying that the applicant has insurance coverage.

Health Information:

Medications the applicant is currently taking:			
Allergies (drug, food, etc.):			
Does the applicant have any health problems that may need continuous attention?			
Yes	No	If yes, please explain:	
Date of last tetanus shot:			
Please list an additional Emergency Contact Number:			
Name:		Relationship to Applicant:	
Home Phone:		Business Phone:	
Insurance Information:			
Insurance Company:		Phone Number:	
Address:		City, State, Zip:	
Type of Coverage:		Policy #:	Group #:
Insured's Name:		Relationship to Applicant:	

