



Science Proficiency State Boot Camp

Registration Form, Saturday, March 5, 2011

1:00 pm to 5:00 pm, Charleston Campus CSN, Library Building I, Room 108

Date: _____ Grade Level: 10th _____ 11th _____ 12th _____

Student Last Name: _____ First Name: _____

Fathers Name: _____ Mothers Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Student Cell Phone: _____

Student E-mail: _____

Mother or Fathers E-mail: _____

Student Age: _____ Birth Date: _____ Male _____ Female _____ Ethnicity: _____

School Attending: _____ Grade Level: _____ Counselor: _____

Have you taken the Nevada State Proficiency test before: Yes ___ No ___ If yes when _____ How many times _____

Have you decided on a college after high school: Yes _____ No _____ If yes indicate _____

What is your strongest school subject: _____

Please list any special needs you require: Wheelchair, Etc _____

Student Likeness Release Agreement

As the parent/legal guardian of _____ I grant my permission to Strengthening America's Communities, Clark County School District (CCSD), College of Southern Nevada, Mr. Sherman Rutledge Jr., Sherman Rutledge Consulting, The University of Nevada Las Vegas (UNLV), Goshen Community Development Coalition, its directors, agents, coordinators, sponsoring agents and assigned parties permission to use, adapt, modify, reproduce, distribute, publicly display, in any form of video and audio reproduction and distribution to support the efforts of the STEM Student Ambassadors Program and supporting professionals facilitating the Science Proficiency State Boot Camp and the fore mentioned agencies, directors, sponsors, and partners. I further understand the STEM Student Ambassadors Program is a visual program that highlights the achievements and interest of participating students for other students to view and hear through constant campaigns, events and programs to enhance majors and careers in Science, Technology, Engineering and Mathematics.

The likeness release as specified releases my son/daughter likeness throughout the world, by incorporating them into one of more works and/or promotional and or advertisement materials relating thereto for the expressed benefits of the above mentioned parties as they may so deem necessary through videography, photography and voice recording to promote the efforts and future of the STEM Student Ambassadors Program its associated projects and events.

Further I understand that the STEM Student Ambassadors Program is a high visibility program in which students entering must expect to be seen by students and the community at-large locally, state wide and nationally to instill a peer to peer acceptance through all media outlets to promote the value of Science, Technology, Engineering and Mathematics with the expressed interest of promoting college admission in one of the STEM Disciplines. My signature is my understanding and agreement for my child to participate in the STEM Student Ambassadors Program under the likeness release agreement as identified herein without reservations with my full consent and agreement.

Parent Signature: _____ Date: _____

Student Name: _____ Signature: _____ Date: _____

Please fax this form to the listed fax number below; there are 100 seats available send your form in ASAP:
Please Make Extra Copies as Needed

Please Fax Back To: (800) 386-1039