



## Discovery Camp

### OVERVIEW

The Georgia Youth Science & Technology Centers, Inc. STEM Discovery Camp is an exciting four-day learning experience for bright, forward-thinking elementary school (grades 3-5) students who will evolve into our next generation of science innovators, engineers, health and IT professionals. Early exposure to these fields can set today's kids on a path to success by equipping them with the tools they will need to make wise and informed decisions about their future.

Students will have the opportunity to meet new friends while engaging in challenging activities, workshops and simulations in a collegiate environment. During this unique four-day camp, students will take part in the following Discovery Tracks: *Engineering & Technology, Medicine & Technology, Environmental Science, and Planning for Success*. GYSTC STEM Discovery Camp is the perfect opportunity for young and curious minds to explore the frontiers of 21st century science and technology.

Cost: \$100.00

Date: June 18-21, 2018

Time: 8:00am-11:30pm

Location: Whigham School

Ages: Upcoming 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> graders

Contact: Katina Stewart

(229)-307-1714 or [k.stewart@grady.k12.ga.us](mailto:k.stewart@grady.k12.ga.us)

Camp is limited to 25 participants.



## ***“STEM Discovery Camp” Registration***

Name of student \_\_\_\_\_ GradeLevel \_\_\_\_\_  
Address \_\_\_\_\_

Name of Parent/ Guardian \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### **Waiver**

I give permission for \_\_\_\_\_ to participate in the “STEM Discovery Camp” June 18-21, provided by Southwest GYSTC at Whigham School. I understand that all activities will be planned and that all safety precautions will be taken during activities. In the event that an accident does occur, I will not hold GYSTC, Whigham School, Grady County Board of Education or any employees/volunteers responsible for any accidental injuries.

If emergency treatment or advice is considered necessary, I understand that the listed physician and parent/guardian will be notified. If you cannot be reached, you authorize arrangements for whatever emergency treatment is considered necessary.

Physician’s Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies, physical limitation, and medications:

---

---

---

\_\_\_\_ My child may be photographed during the “STEM Discovery Camp”. These photos may be used in future GYSTC or Whigham School publications, local newspaper, or our website.

\_\_\_\_ My child **may not** be photographed during the “STEM Discovery Camp”.

**Signature of**  
**Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_