To be signed by the Parent/Guardian: Your signature below indicates that you voluntarily acknowledge that you are the parent or guardian of the child whose name is listed on this form; you are at least 18 years old at the signing of this form; and you approve of your child's participation in this camp.

Emergency Procedures: Your signature below indicates that you understand and agree that in case of a medical emergency, an ambulance or University Laboratory High School staff member will take my child to the nearest hospital or trauma center. You will assume the responsibility of all medical fees. The University Laboratory High School staff has your permission to act on your behalf in the case of a medical emergency. In the event that your child receives medical treatment while he/she is attending the University Laboratory High School Program, you request that medical records regarding treatment be released to the University laboratory High School Office, 1212 West Springfield Ave., Urbana Illinois 61801. You understand that every effort will be made to apprise you of any emergency situation.

Comments/Important Medical Information: _____

Field Trips: Your signature below indicates that you understand and give permission for your child to go on walking field trips to locations in close proximity to Uni High as part of the Summer Enrichment program.

Photo Release: Your signature below authorizes the University Laboratory High School and the University of Illinois to include photos and video footage of your child in our publicity materials and on our website.

PARENT / GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

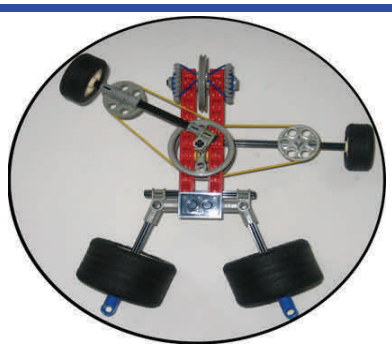
Address: _____ City: _____ Zip Code: _____

Telephone (Home): _____ (Cell): _____ (Work): _____

REMEMBER: Our SPACE IS LIMITED. First-come, First served!
Please send this completed registration form with your check *payable* to the University of Illinois for the total number of sessions you would like to attend.
If your registration does not arrive before the camp is filled we will return your check and place your student on a waiting list.

***Send* or *deliver* registration to: Student Services, University Laboratory High School, 1212 W. Springfield Ave, Urbana, IL 61801**

UNI Camp



If you'll be in 5th or 6th grade next year...
and you're *C*reative, *E*nergetic, *S*ociable and *Curious*...

You're PERFECT for
Uni High School
SUMMER ENRICHMENT CAMP 2013!

To sign up, just fill out the registration form on the back of this brochure.
REGISTRATION BEGINS MAY 1st. SPACE IS LIMITED!

ALL SESSIONS MEET AT UNI HIGH SCHOOL, 1212 WEST SPRINGFIELD, URBANA

▶ Imagine, Create, Build, Discover!

9:00 AM - 3:00 PM

June 3-June 7: 1-week cost: $150.00

Please select a 1st and 2nd choice for both sessions

Morning Session:	Afternoon Session:
_____ Robotics*	_____ Robotics*
_____ At the Reader's Request	_____ Narrative Writing
_____ Sports and Fitness	_____ Photography
_____ Engineering and Science	_____ Entrepreneurship and Investments

***Requires signing up for morning and afternoon**

June 10-June 14: 1-week cost: $150.00

Please select a 1st and 2nd choice for both sessions

Morning Session:	Afternoon Session:
_____ Public Speaking	_____ Creative Dramatics
_____ Architectural Drawing	_____ Narrative Illustrations
_____ Historical Role Playing	_____ Civil Rights
_____ Engineering and Science	_____ Words at Play

The Uni High Summer Enrichment Camp is open to all students who are going into 5th or 6th grade.
We support diversity and welcome students from all backgrounds and ethnicities,
including those from populations that are typically underrepresented at the university/college level. ***Scholarships are based upon need.***

I am interested in participating in the following sessions of the Uni High Summer Enrichment Camp: (Check boxe(s))

1
June 3 - 7
9 am—3 pm
@
UNI HIGH

$150 ☐

2
June 10 - 14
9 am—3 pm
@
UNI HIGH

$150 ☐

To learn about fee waivers and scholarships, please contact Dr. Karl Radnitzer:

333-5867 radnitze@illinois.edu

Student's Name: _____ Birth date (M, D, Y): _____

Address: _____ City:_____ Zip Code: _____

Telephone: _____ Parent's E-Mail: _____

Name of School (current year) _____ Grade level (in the fall): _____

Ethnicity: _____African Amer. _____Hispanic _____Caucasian _____Asian _____Native Amer. _____Other

Gender: _____Male _____Female **Total Enclosed:** _____

Scholarship students: Camp Free if on Free Lunch Program _____ **or Reduced Lunch: 1/2 Price**_____
Other Scholarship Needs: Contact Dr. Radnitzer

To be signed by the Student Applicant: I understand that as a participant in the University Laboratory High School Summer Enrichment Camp, I must attend all classes unless I am sick or have another acceptable excuse and comply with class rules.

STUDENT SIGNATURE: _____ DATE: _____