

## USNA STEM CENTER CONSENT FORM

**Privacy Act Statement:**

**AUTHORITY:** 10 U.S.C 2192, Improvement of education in technical fields: general authority regarding education in science, mathematics, and engineering; and SECNAVINTST 3900.45.

**PRINCIPLE PURPOSE:** To collect necessary information for attendance of U.S. Naval Academy Science, Technology, Engineering, and Math (STEM) programs from parents, guardians, teachers and other STEM participants.

**ROUTINE USES:** Used by the United States Naval Academy (USNA) Science, Technology, Engineering, and Math (STEM) Center. All the information collected is used to register students for summer STEM programs.

**DISCLOSURE:** Voluntary; however, failure to provide all of the requested information may preclude the potential participant from the program.

**SECTION 1: PARTICIPANT INFORMATION**

1. LAST NAME:	2. FIRST NAME:	3. MIDDLE NAME:
4. SCHOOL		5. PROGRAM
6. PHONE NUMBER:		7. TYPE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
8. Do you, the participant, have any type of dietary restriction, including but not limited to: vegetarian, vegan, gluten intolerance? (If yes, please describe them in box 11.) <input type="checkbox"/> YES: <input type="checkbox"/> NO:	9. Do you, the participant, have any known allergies? (If yes, please describe them in box 11.) <input type="checkbox"/> YES: <input type="checkbox"/> NO:	10. Do you, the participant, have any prescription medications? (If yes, please describe them in box 11.) <input type="checkbox"/> YES: <input type="checkbox"/> NO:
11. IF YOU HAVE ANY TYPE OF HEALTH CONCERN, PLEASE DESCRIBE IT HERE:		

**SECTION 2: PARENT/GUARDIAN INFORMATION (REQUIRED IF PARTICIPANT IS A MINOR)**

12. LAST NAME:	13. FIRST NAME:	14. MIDDLE NAME:
15. PHONE NUMBER:		16. TYPE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK

**SECTION 3: EMERGENCY CONTACT (IF DIFFERENT THAN PARENT/GUARDIAN OR IF UNAVAILABLE)**

17. LAST NAME:	18. FIRST NAME:	19. MIDDLE NAME:
20. PHONE NUMBER:		21. TYPE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK

**SECTION 4: AUTHORIZATIONS**

22.  I consent for the above named participant to take part in all academic and physical activities that may be arranged for program participants while at USNA, and I further certify that he/she is in good health and is capable of fully participating in all activities. I acknowledge that persons who may use the facilities of the United States Naval Academy do so at their own risk and that employees and agencies of the U.S. Government and/or the U.S. Naval Academy are not responsible for the loss of personal property, injury, or loss of life.

23.  In emergencies requiring immediate medical attention, the participant will be taken to the nearest hospital emergency room. Your signature authorizes a responsible staff member to have the participant transported to the hospital and to authorize any immediate treatment required.

24.  I understand that throughout the program, pictures and/or video may be taken and may be used to promote the USNA STEM Center and these photos will become USNA property. If you do not wish the participant to be photographed please inform the program director.

25. PARTICIPANT SIGNATURE (MINOR, PARENT/GUARDIAN):	26. PARTICIPANT NAME (MINOR, PARENT/GAURDIAN):	27. DATE:
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**Agency Disclosure Notice**

The public reporting burden for this collection of information, 0703-XXXX, is estimated to average 0.25 hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.