

Last, First Name: _____

CDC/Emory Disease Detective Camp
Summer 2007 Application

Fax or mail completed application to Trudi Ellerman at:

Fax: 404-639-0834 Mail: CDC

1600 Clifton Road, NE, MS A-14
Atlanta, GA 30333

Applicant Information

Camp Session Applying for:

Session 1 June 11-15 _____

Session 2 July 16-20 _____

Note: Students applying to both sessions will not be
able to indicate a preference for either session.

Name _____

Date of Birth _____

Current Grade Attending _____

(note: only students who will be juniors and seniors in the
2007-2008 school year may apply)

Home Mailing Address _____

Home Phone _____

Cell phone _____

Email (print clearly) _____

School Attending _____

School Town & State _____

T-shirt size _____

Getting to Know You Questions

On a separate sheet, please type your responses to the four questions listed below. Include your name on your answer sheet and attach it to this application.

1. Tell us why you would like to attend the CDC/Emory *Disease Detective Camp*.
(250 words or less)
2. Tell us something interesting about yourself that you think we should know. (150 words or less)
3. What has been your favorite learning experience? This does not have to be limited to a school experience. (no word limit)
4. Right now I think I want to be a _____ when I finish school. Please tell us why. (150 words or less)

CDC/Emory Disease Detective Camp Conditions. Please initial indicating that you have read and agree to each statement.

_____The *CDC/Emory Disease Detective Camp* is a voluntary attendance camp; campers should arrive eager to participate in the scheduled activities. Campers are expected to arrive in a timely manner.

_____I have read the Frequently Asked Questions at <http://www.cdc.gov/gcc/exhibit/campFaq.htm>

_____Campers must show picture ID each day of the camp and are required to wear a CDC issued ID badge. This is for the safety of each camper.

Signature of Applicant

Date

Parent/Guardian Information

Name of Parent/Guardian (printed) _____

Daytime Phone Number _____

Evening Phone Number _____

Emergency Contact Information

Please list an additional daytime emergency contacts **other** than parent/guardian above.

Name _____

Daytime Phone _____

Relationship _____

Waver and Release – Initial indicating that you have read and agree to each statement.

____ I grant permission for CDC or Emory staff to take pictures of my child to be used for marketing purposes without compensation or time limitation.

____ I understand there is no tuition cost associated with the *CDC/Emory Disease Detective Camp*, but campers are responsible for either buying or bringing their lunches each day.

____ I will ensure my child will have transportation to and from the CDC Roybal Campus on Clifton Road in Atlanta, Georgia each day. Lodging and transportation will not be provided by CDC or Emory.

____ I have read and understand the rules of the *CDC/Emory Disease Detective Camp* listed on page 1 of this application.

Signature of Guardian/Parent

Date

CDC/Emory Disease Detective Camp Recommendation Form

Camp Applicant: Have a teacher or guidance counselor complete this recommendation form. The completed form must be submitted with your application. **Applications must be postmarked by April 6, 2007.**

Camp Applicant: _____

To be completed by Recommender:

Name & Position: _____

How long have you know this student and in what context?

How would you rate this student on the following characteristics?

| | Below Average | Average | Above Average | Excellent | No Basis for an Opinion |
|--|------------------|---------|------------------|-----------|-------------------------------|
| Academic Achievement | | | | | |
| Maturity | | | | | |
| Motivation | | | | | |
| Ability to work in teams | | | | | |
| Intellectual Curiosity | | | | | |
| Ability to adapt to new situations | | | | | |

How does this student differ from other students in your class?

Signature: _____ Date: _____