

**MARTIN TUCHMAN
 SCHOOL OF MANAGEMENT**

NEW JERSEY INSTITUTE OF TECHNOLOGY

Enrollment Package
PRE-COLLEGE FINANCIAL LITERACY CAMP

Please complete all 5 sections of this enrollment package.

Listed below are the mandatory requirements for a completed application. Please make sure that you check off (✓) all attached information. **Note: Your application will be returned to you if all sections are not complete.**

Completed Application Parent's Signature

Section 1: Camp Application

Please **Print** All Information in Blue or Black Ink Only!

Date: _____

Name of Student: _____
Last Name First Name Middle Initial

Date of Birth: ___/___/___ Age: ___ Gender: Male Female

Home Address: _____
Number Street Apt. # City State Zip

Race: Black Hispanic/Latino Asian White Other: _____

Parent Email Address: _____ Parent Cell Phone #: ____/____/____

Student Email Address: _____ Student Cell Phone #: ____/____/____

Grade Student is entering into: Sophomore Junior Senior

School District: _____

Current School: _____ Guidance Counselor's Name: _____

Cumulative GPA: _____ SAT Score (if taken): _____ ACT Score (if taken): _____

T-Shirt Size: X-Small Small Medium Large X-Large

Camp Details:

Dates: June 25, 2018 - July 19, 2018

***** Students are expected & required to attend everyday of camp*****

Class Times: Monday through Thursday, 8:30am-3:00pm

Location: NJIT Campus

Days off: Wednesday, July 4th

Parent Meeting: Thursday, May 3rd, 2018 at 6:00 PM

Winter Date: Sunday, December 1st, 2018

Field Trips:

Tuesday, June 26th - Leir Retreat Center (Ridgefield, CT)

Monday through Friday, July 9th to the 13th - Princeton Blairstown Center (Hardwick, NJ)

For more information, please visit:

<http://management.njit.edu> & click on *Financial Literacy Camp*

Section 2: Waiver of Liability/Photo Media Release (Required)

In consideration of being permitted to participate in any way in the NJIT Martin Tuchman School of Management Pre-College Financial Literacy Camp, hereinafter called "Activity", I, for myself, my heirs, personal representative or assigns, do hereby waive liability, release and forever discharge NJIT, its officers, agents, trustees, or employees from any and all demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damaged/lost property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with the Activity. Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Injuries could range from range from scratches, bruises, cuts, eye injury or loss of sight, joint or bodily injuries, catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I acknowledge, know, understand and appreciate these and other risks that are inherent in any Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

In addition, I hereby freely and irrevocably grant to NJIT and its authorized employees and agents, the absolute right and permission to copy, exhibit, copyright, use, take, distribute and/or publish my photographic likeness, name, voice, and/or image made in relation to my participation in the Activity in photographs, video and in any and all other media forms.

Print Student's Name: _____ Print Parent's Name: _____

Student's Signature: _____ Parent's Signature: _____

Section 3: Household Information (Required)

Do you live with: Both Parents Mother Only Father Only Guardian

If you live with a guardian, please state relationship & name (i.e., Aunt Jane Doe, etc.): _____

Parent Marital Status: Single Married Separated Divorced Widowed

Level of education of Mother: Elementary School High School College Grad School

Level of education of Father: Elementary School High School College Grad School

Number of people in household: _____ Family Yearly Income Average: _____

I agree that the above information is correct to the best of my knowledge.

Print Parent's Name: _____ Parent's Signature: _____

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-^oe^±^Y^ a^ - ; a^z^Y^oe^a^ ; a^š^«^š^ š^oe^a ; - š^a^Y^oe^ ; š^oe^Y^oe^ ; -^oe^±^Y^ a^ -^3 Y^ ; i^oe^š^ ; a^f^i^Y^ > «^oe^ .
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(n^m^oe^Y^Y^š^Y^oe^š^a^f^oe^f^oe^©^© ; a^oe^R^oe^š^a^m^m^±^a^f^-^oe^±^Y^ a^ -^3 m^ ; R^oe^m^ ; m^«^C^i^a^-š^m^ .
oe^š^oe^ ; i^- ; Y^a^oe^3 š^-oe^ ; i^-oe^Y^oe^ ; i^2^ ; R^oe^oe^C^i^R^oe^oe^ ; a^Y^f^oe^oe^Y^oe^©^-^oe^±^Y^ a^ - .oe^ ; «^R^ .
oe^a^oe^ ; a^oe^ ; i^2^ ; - ; Y^2^Y^f^oe^oe^oe^ ; m^oe^š^a^ ; i^oe^©^ ; š^f^«^Y^ ; š^Y^ ; R^oe^š^f^oe^±^-š^a^Y^
 ; oe^oe^ ; i^m^©^š^š^ ; š^Y^oe^-š^oe^ ; š^oe^-i^-R^f^oe^©^- ; - ; Y^ ; z^ ; «^-^oe^±^Y^ a^ - š^oe^oe^-š^a^oe^«^C^oe^ ; R^oe^oe^š^ .
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«^±^Y^«^R^ > ±^oe^Y^š^-oe^ ; š^oe^ ; -oe^Y^oe^a^oe^-«^a^Y^Y^Y^-š^a^Y^oe^3 oe^3 «^Ÿ^«^f^oe^ ; R^oe^š^oe^ ; š^oe^ .
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All students should arrive at the **Central Avenue Building (Martin Tuchman School of Management Building) University Heights Newark, NJ** no later than 8:00 am on Monday, July 9th. All students should arrange to be picked up from the **Central Avenue Building (Martin Tuchman School of Management Building) University Heights Newark, NJ** as early as 5:00 pm on Friday, July 13th.

Students should bring the following for their stay at *Princeton-Blairstown Center*:

- **Insect Repellent/Sunscreen** (this will not be provided and you will need it!)
- A Reusable Water Bottle
- Outdoor-Comfortable Clothing (sweatpants, shorts, sneakers, and t-shirts)
- Toiletries (toothpaste, soap, medication, other cosmetic necessities, and towels)
- **Sleeping Bag and/or Linens/Sheets, Pillow**, sleeping necessities and clothing, flip-flops/sandals for the showers!
- Sweatshirt or Jacket (it gets chilly at night/early in the morning)
- Rain Gear (poncho and/or windbreaker)

Please make sure to pack like you would a small carry-on for an airplane

Please note the if a student is being disorderly in any way during the week of the field trip, they will be sent home. Parents will be contacted and are **required** to pick their children up from the *Princeton-Blairstown Center*. If a parent is unable to pick their child up, the student will be sent to their desired destination via taxi; upon arrival the student will have to pay for the ride on their own (we will not be responsible for the cost of the taxi).

We are all looking forward to a week full of fun and life-changing experiences as we participate in the various activities provided by the program. Please do not hesitate to email me with any questions or clarifications regarding the program details.

For Parents: the emergency contact number for NJIT public safety is [\(973\)-596-3120](tel:973-596-3120). While at PBC, limited emergency-only contact is possible at [\(908\)-362-6765](tel:908-362-6765). In case of emergency and need for personal contact, I (Jordan Ireland) may be reached at [\(484\)-885-7238](tel:484-885-7238).

Sign below if you have read, understood, and agree to these terms and conditions of the field trip at the Princeton-Blairstown Center.

Print Student's Name: _____ Print Parent's Name: _____

Student's Signature: _____ Parent's Signature: _____

Date: _____

Section 5: Medical & Emergency Information (Required)

****Students are required to have medical insurance****

Physician Name: _____

Physician Telephone No.: _____

Health Insurance Company & Policy Number: _____

Does participant have any limiting, temporary or permanent injuries, illnesses, conditions or disabilities that may interfere with his/her participation in a physically active, outdoor adventure camp that may include warm-up games, initiatives, low and high ropes activities, swimming, canoeing and hiking? NO YES

If yes, please identify and explain: _____

Does participant have any food allergies or dietary restrictions that we should be aware of?

(i.e., allergies to nuts, vegetarian, gluten free, adverse reaction to any food): NO YES

If yes, please identify and explain: _____

Does participant have Asthma? NO YES Inhaler? NO YES

Please add any additional or pertinent information we should be aware of (i.e, nonfood allergies like bee stings, pollen, etc):

Emergency Contact Person: _____

Emergency Contact Number: _____

Relationship of Emergency Contact to Student: _____

I hereby give permission for her/him to participate in all activities organized by the NJIT Martin Tuchman School of Management. In case of an injury, I grant permission for her/him to receive medical attention deemed necessary, by qualified medical personnel, during the entire time that he/she (listed within) is participating in the NJIT Martin Tuchman School of Management Pre-College Financial Literacy Camp.

PARENT: Every reasonable precaution will be taken to provide for the safety and care of your son or daughter. Every effort will be made to notify you in the event of an accident or injury, which may require emergency care. If you cannot be contacted, permission is granted to the staff of the Camp to seek medical attention. All financial responsibility for hospitalization and medical care provided, in the case of an emergency, is to be assumed by the parent or guardian.

Signature of Student or Parent/Guardian (*If Student Is A Minor*) _____

Date _____

Mail and return completed enrollment package to office address below:

NJIT Martin Tuchman School of Management Pre-College

Financial Literacy Camp

Attn: Jordan Ireland

Central Ave Bldg Suite 3014

University Heights

Newark, New Jersey 07102-1982

If you have any questions,
please call (484)555-7238 or email
jai7@njit.edu

For more information visit, <http://management.njit.edu> & click on *Financial Literacy Camp*