



# Oceanography Camp Especially for Girls

## Permission of Parent/Legal Guardian

**MIDDLE SCHOOL** \_\_\_\_\_

As the parent/legal guardian of, \_\_\_\_\_ I am aware of her application to the Oceanography Camp for Girls and grant my full permission for her to participate in the school interview process as part of the application process. I also grant my full permission for all necessary school records to be released to the Oceanography Camp for Girls program as part of the completed application.

_____	_____	_____
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date

### COST OF PROGRAM

Each year 30 girls are selected from over 100's of applications. The market cost for this unique experience is \$2,500 per camper however community sponsors and individuals pay for the program. **If my daughter is selected, I agree to be responsible for her attendance everyday of camp and her transportation to and from the program daily.**

_____	_____	_____
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date

### RELEASE of INFORMATION

As part of the long-term evaluation of the Oceanography Camp for Girls, we are interested in assessing our program's impact beyond the summer experience. We like to share in your daughter's progress and choices through high school and beyond. **For this reason we are requesting your permission to access your daughters school records (report cards/attendance/extracurricular activities), conduct follow-up interviews, and distribute surveys both during and after the summer camp.** We strive to continuously evaluate our program to make it the best summer experience for all participants. Our best feedback is from your daughters! They tell us the parts of the program that worked best, which to change, and keep us informed of the long-lasting impacts. We value their advice and future recommendations.

Portions of our evaluation may be reproduced for the purpose of publications, progress reports, and newsletters. Your daughter's responses both written and verbal may be incorporated as part of the evaluation process. All responses (written or verbal) and records will be reported anonymously for the purpose of grouping participants' progress and choices. Please respond below.

I ALLOW _____ 's name, likeness, written responses, or voice to be used in the manner described above.		
_____	_____	_____
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date

**Please submit this form to Teresa Greely (greely@usf.edu) and Makenzie Kerr (burrowsm@mail.usf.edu)**