

2024 NATURAL RESOURCES CAREERS CAMP (NRCC)
Sunday, July 21 through Saturday, July 27, 2024
Hickory Environmental Education Center in Garrett County, MD

Student Application – For review purposes only. You must apply online.

Student Applicant: _____
Last *First* *Middle*

_____ *What name do you go by?*

Address: _____
Street

_____ *City* *State* *Zip code*

Maryland County of Residence or Baltimore City _____
(Leave blank if out-of-state)

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Date of Birth: _____ Sex: M _____ F _____ Non-binary (pronouns _____)

Your T-shirt size (adult sizes): Small _____ Medium _____ Large _____ X-Large _____

Entering Year in School in September 2024:

Freshman _____ Sophomore _____ Junior _____ Senior _____

Name of High School (or College): _____

Address: _____
Street

_____ *City* *State* *Zip code*

School Phone Number: _____ Principal: _____

Are you planning to attend college? Yes _____ No _____

In which Natural Resources area of study are you most interested?

Please let us know how you originally found out about NRCC (check all that apply):

- Teacher (please request source) _____
- Parent (please request source) _____
- Newspaper _____
- Online (please specify) _____
- Other (please specify) _____

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Describe (in up to 150 words) why you are interested in attending NRCC.

List your outside activities (Clubs, volunteer work, scouts, etc.).

List awards or special recognitions you have received.

**2024 NATURAL RESOURCES CAREERS CAMP (NRCC)
Emergency Contact**

Student Applicant: _____
Last First Middle

Emergency Contact Information:

Mother/Guardian Name Day Phone Evening Phone

Address City State Zip Code

Email

Father/Guardian Name Day Phone Evening Phone

Address City State Zip Code

Email

Emergency Contact (other than parent/guardian) Day Phone Evening Phone

Address City State Zip Code

Medical Insurance and History*

Is your child covered by medical insurance? Yes ___ No ___

Insurance Company _____

Policy # _____ Policy Holder _____

Prescription Insurance Company _____

Policy # _____ Policy Holder _____

Is your child on any prescription medication? Yes ___ No ___

If yes, please specify: _____

Do you know of any health factors that make it advisable for your child to follow a limited program of physical activity while participating in the Natural Resources Careers Camp (NRCC)?

Yes ___ No ___

If yes, please describe: _____

Does your child require a special diet? Yes ___ No ___

Is your child a vegetarian? Yes ___ No ___

Is your child a vegan? Yes ___ No ___

Does your child have allergies? Yes ___ No ___

If yes, tell us what type of allergy (food, asthma, hay fever, poison ivy, bee stings, other allergies) and provide details: _____

Has your child had a tetanus shot? Yes ___ No ___ If yes, most recent shot date _____

- Note: All medical information is sent in a separate pdf to the Camp Director to be used in case a medical visit is required. The information is treated as confidential and will be kept in a secure location.