2027 Natural Resources Careers Camp (NRCC)

Sunday, July 18 through Saturday, July 24, 2027
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 2027:

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) _____

2027 NATURAL RESOURCES CAREERS CAMP (NRCC)

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.

2027 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*

2027 NATURAL RESOURCES CAREERS CAMP
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 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.