



## Spring 2018 Academic Adventures Program Application

### Program Basics

- Open to current fourth, fifth, and sixth grade participants in the Duke TIP 4th–6th Grade Talent Search.
- Students may apply for multiple courses, but they can only attend one.
- Duke University: February 24, 2018, and March 10, 2018
- Rollins College: March 17, 2018
- Queens University: March 24, 2018
- Time: 10 a.m. to 4 p.m. (check in from 9:20 to 10 a.m.)
- Cost: \$150 (includes lunch)

### Admissions

- To apply, please print and fill out this application and participation agreement and mail it along with your nonrefundable \$10 application fee\* to:  
Duke TIP Academic Adventures Admissions  
300 Fuller Street  
Durham, NC 27701
- Program applications must be mailed. They cannot be faxed, emailed, or uploaded.
- You must pay a nonrefundable \$10 application fee. This is not applied toward the course fee.
- Applications are processed in daily batches, and students are placed into the highest-ranked open course available. Placement is not guaranteed. Academic Adventure courses are popular and fill quickly, so apply early. Applicants who cannot be placed in any course choices will be put on a waiting list.
- **Full payment is due within one week of placement** or the student's course slot may be offered to another student. Duke TIP must be notified immediately if the student is unable to attend.
- All participants must complete a CampDoc health profile and be covered by health insurance.
- **\*Note: Checks should be made payable to "Duke University".** Please write your TIP ID number on the check. Paying by check authorizes Duke University to make a one-time electronic fund transfer from your account. If we do, funds may be withdrawn from your account as soon as the date of receipt and your cancelled check will be destroyed. Returned checks will result in a \$25 processing charge.

### Financial Aid

To apply for financial aid, submit your program application and include the financial aid application with the required documentation in the same envelope. Upon notification of placement, you must send payment for any balance owed within one week or your financial aid and program slot may be offered to another student. **Each student may receive financial aid for only one Academic Adventure course during the academic year.**

### Refund Policy

Students who withdraw from the program more than two weeks prior to the course will receive a full refund of the program fees. No refunds will be given after that point, unless the student withdraws due to the hospitalization or death of a parent, guardian, or sibling.



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## Application–Student/Parent Information

Name \_\_\_\_\_ TIP ID# \_\_\_\_\_

Preferred Name \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County (not country) you live in \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Sex  Male  Female

Ethnicity and Race (optional) Are you Hispanic or Latino?  Yes  No

(Mark all that apply)  Black/African-American  White  American Indian/Alaskan Native  Asian  Native Hawaiian/Pacific Islander  Other

What is your current grade in school?  4th  5th  6th Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you applying for financial aid?  Yes  No

(If yes, please include the completed financial aid application with the required documentation in the same envelope.)

Primary Contact  Mother  Father  Guardian  Stepmother  Stepfather

Name  Dr.  Mr.  Mrs.  Ms. \_\_\_\_\_ Does this parent/guardian have custody of the student?  Yes  No

Daytime Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Please print clearly and be sure to list a current email address. This email address will be used for important messages regarding application status and enrollment.

Secondary Contact  Mother  Father  Guardian  Stepmother  Stepfather

Name  Dr.  Mr.  Mrs.  Ms. \_\_\_\_\_ Does this parent/guardian have custody of the student?  Yes  No

Daytime Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

## Application–Course Information

You may rank courses from different sessions and at different sites. Rank the courses in order of preference (1 being your first choice). You will be placed in your highest ranked course that has space available. **Please rank only the courses you are willing to take.** Courses are popular and fill quickly; if all choices are full, you will be placed on the waiting list.

### February 24 (Duke University)

- Computers: Inside and Out
- Crime Scene Investigations
- DNA: Discovering the Double Helix
- Gravity, Buoyancy, Rainbows, and Sound: Explorations in Physics
- Puzzles and Problem Solving
- Rollercoaster Mania
- Social Psychology: Heroes vs. Villains
- Virus Chasers: Introduction to Virology & Epidemiology

### March 10 (Duke University)

- Behavior Detectives!
- Megastructures: Bridging Challenges in Engineering
- Mysterious Math
- Secrets of the Brain
- Science Fiction
- Shakespeareance
- Stop-Motion Animation
- You Can't Fit into My Genes: Introduction to Genetics

### March 17 (Rollins College)

- Detective for a Day: CSI
- DNA: Discovering the Double Helix
- Natural Disaster!
- Politics and Debate
- Puzzles and Problem Solving
- Rollercoaster Mania
- Telling a Tale: How to Write a Story
- Through the Looking Glass

### March 24 (Queens University)

- Codebreaking: Mathematics of Espionage
- DNA: Discovering the Double Helix
- Doctor for a Day
- Environmental Explorations: Climate Change
- Hacking the System: Computers and Security
- Money and Me: Agents of Change
- Monsters, Magic, and Myth
- The Business of Biotechnology

For office use only:  
Date Received: \_\_\_\_\_ CK/M/V: \_\_\_\_\_ Amt: \_\_\_\_\_ App ID: \_\_\_\_\_ Program: \_\_\_\_\_



Participation Agreement

PLEASE READ THIS AGREEMENT CAREFULLY. IT IS A LEGAL CONTRACT AND AFFECTS ANY RIGHTS YOU OR YOUR CHILD/ WARD MAY HAVE IF HE/SHE IS INJURED OR OTHERWISE SUFFERS DAMAGES WHILE PARTICIPATING IN THE DUKE UNIVERSITY TALENT IDENTIFICATION PROGRAM'S ACADEMIC ADVENTURE ("DUKE TIP PROGRAM" or "PROGRAM").

Be aware that by registering your child/ward (Participant) and having him/her participate in this Program, you, \_\_\_\_\_, and the Participant, \_\_\_\_\_, will be waiving all claims for injuries the Participant might sustain arising out of his/her participation in this Program.

In consideration of the Participant being permitted to participate in the Duke TIP Program, we confirm by our signatures below that we understand and agree to the following:

1. Assumption of Risks of Program Participation. I/We understand that participation in the Duke TIP Program is entirely voluntary. I/We have elected to participate in the Duke TIP Program. As reflected by our signatures below, I/we are aware of, have discussed, and accept the risks associated with and inherent in the Duke TIP Program.

2. Behavior Expectations of the Participant. I/We understand that the Participant has the responsibility to contribute to the success of the Duke TIP Program by conducting himself/herself in a manner that reflects favorably on Duke University, Duke TIP, and all participants in the Duke TIP Program. The Participant agrees to abide by the specific rules and policies that govern participation in the Duke TIP Program as stipulated on the Duke TIP website, http://www.tip.duke.edu/node/1036, which is incorporated and made a part of the Participation Agreement. I/We certify that we have read, understand, and agree to be bound by these rules and policies. I/We further certify that I/we have completed all preparation activities as mandated by the Duke TIP Program and will complete all follow-up activities as may be required by the Duke TIP Program. I/We further understand that Duke TIP reserves the right to decline to approve the Participant's application to participate in the Duke TIP Program or to decline to provide continuing support for his/her participation in the Duke TIP Program at any time should the Participant's actions impede the operation of the Duke TIP Program or the rights or welfare of any person. Should the Participant be dismissed for disciplinary or social reasons, no fees will be returned. Further, if the Participant is dismissed for academic reasons resulting from a lack of effort or attitude toward the academic environment, or from academic dishonesty, no fees will be returned. In the event of such a dismissal, the Participant must depart the Duke TIP Program within 24 hours of dismissal.

It is further agreed that should the Participant leave the Duke TIP Program for any reason other than a death in the immediate family (mother, father, guardian, or sibling only) or an illness, which requires hospitalization, after the fee deadline set by Duke TIP has passed, there will be no refund of any fees. Should the Participant leave the Duke TIP Program as the result of death in the immediate family or an illness that requires hospitalization, Duke TIP will provide a prorated refund not to exceed 50 percent of Program fees.

I/We further agree that Duke TIP reserves the right to make cancellations, changes, and substitutions in case of emergency or changed conditions, or if such are in the best interests of the group affected. Should Duke TIP cancel a Duke TIP Program before that Program begins, a full refund of the Program fees will be made. Should Duke TIP cancel a Duke TIP Program after that Program has begun, a prorated refund of Program fees will be given. In addition, I/we agree that the cost of travel to, from, or during the Duke TIP Program is not included in any fees that may be refunded.

3. Participant Obligations Relating to Medical Needs and Insurance. By signing this Participation Agreement I/we agree:

- A. To furnish Duke TIP with requested medical information.
- B. To bear all financial responsibility for any medical treatment arising from the Participant's participation in the Duke TIP Program, and specifically to obtain and maintain throughout the Duke TIP Program coverage under a policy of comprehensive health and accident insurance. Such policy shall provide coverage for injuries and illnesses the Participant sustains or experiences while participating in the Duke TIP Program. Neither Duke University nor Duke TIP shall provide medical insurance for, or assume financial responsibility for, any injury or illness the Participant incurs while participating in the Duke TIP Program.
- C. To obtain such other insurance coverage as may be relevant to Participant's participation in the Duke TIP Program. We also are aware that Duke TIP recommends that participants insure their property against loss or theft.
- D. To accept full financial responsibility for loss of or damages to Duke TIP or host campus property caused by the participant.

4. Release and Waiver of Liability. In return for Duke University permitting the Participant to register and participate in the Program and having read and understood this Participation Agreement, I/we hereby voluntarily agree to the following:

- A. I/We acknowledge, agree, promise, and covenant with Duke University and its trustees, officers, employees, agents, and all other persons or entities involved in the Program (Releasees), and do hereby release, hold harmless and discharge Releasees



Participation Agreement

from any and all liability for any injury, death, illness, disease, and damage to Participant or his/her property that Participant might sustain while participating in the Duke TIP Program, including but not limited to residential living and travel incidental to the Duke TIP Program, and I/we execute this release on behalf of and with the specific intent to legally bind us, our heirs, assigns, personal representative(s), and estate.

B. I/We further acknowledge and understand that pictures or videos taken of participants, or products created and produced by participants, may be used in Duke TIP products, publications, websites and/or on social media channels (e.g. Facebook, YouTube), or by organizations approved by Duke TIP.

C. In signing this Release and Waiver, I/we acknowledge and represent that I/we have informed ourselves fully of the contents of this Release and Waiver of Liability and hold harmless agreement by reading it before we sign it, and that I/we have reviewed it and understand what it means and that I/we sign this document freely. I/we further state that there are no health-related reasons or problems which preclude or restrict the Participant’s participation in this Duke TIP Program.

Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I am the parent or guardian of the above-named Participant. I have reviewed this Participation Agreement and the description of the Duke TIP Program, have discussed it with the Participant, and concur with the Participant’s participation in the Duke TIP Program under the terms of this Participation Agreement. By agreeing to the Participant’s participation in the TIP Program, I certify that I have obtained the permission of any other parent/guardian who would otherwise have custody of the Participant during the dates of the TIP Program.

Parent/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Policies

- Duke TIP reserves the right to cancel any event due to circumstances beyond our control.
- Under the Federal Campus Security Act (20 U.S.C. 1092f), prospective students may obtain a copy of the university’s annual security report through the Duke University Police Department at 502 Oregon Street, Durham, North Carolina or by calling (919) 684-4602. This report includes campus crime statistics and the university’s safety and security policies.
- Duke University does not discriminate on the basis of race, color, national or ethnic origin, handicap, sexual orientation or preference, gender, or age in the administration of educational policies, admissions policies, financial aid, employment, or any other university program or activity. It admits qualified students to all the rights, privileges, programs, and activities generally accorded or made available to students. For further information, contact the Office of the Vice President for Institutional Equity.



Spring 2018 Academic Adventures Credit Card Payment Form

**Important: Complete this form only if you wish to pay the nonrefundable Academic Adventures program fee by credit card.**

**Student Information**

Duke TIP ID # \_\_\_\_\_

Student's Name \_\_\_\_\_  
(First) (MI) (Last)

**Payment Information**

A nonrefundable application fee of \$10 will be charged at the time of application.

**Cardholder's Name** (as it appears on card) \_\_\_\_\_  
(please print)

**Cardholder's Billing Address** \_\_\_\_\_  
(please include ZIP code) \_\_\_\_\_

**Cardholder's Telephone Number** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I declare that the information on this form is correct and complete. I authorize a payment of \$10 to be charged to my credit card.

**Cardholder's Signature** \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Credit Card** (Check one):  Visa  Master Card  
**Credit Card Account Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**Expiration Date** (MM/YY) \_\_\_\_ / \_\_\_\_ **CVV#** (3 digit code on back of card) \_\_\_\_  
**Charge Amount:** \$10