

# GEAR UP Summer Camp 2026

The GEAR UP Summer Camp application is finally here! This camp gives students the chance to experience college life, build confidence, and try new things alongside their peers.

Students will stay on campus at Seminole State College and take part in a mix of activities throughout the week, including college visits, museum trips, business and industry tours, hands-on learning, team activities, and evening events.

GEAR UP Summer Camp will be offered in two sessions:

- **Session 1:** July 5–8, 2026 — *8th Grade Students Only*
- **Session 2:** July 12–15, 2026 — *7th Grade Students Only*

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**Applications are due May 22, 2026.**

**Space is limited and applications will be accepted on a first-come, first-served basis.**  
Once decisions have been made, families will receive a welcome letter by mail and email no later than **June 12, 2026.**

## How to Submit Your Application

Applications may be submitted using one of the following methods:

### **Mail to:**

SSC GEAR UP  
P.O. Box 351  
Seminole, OK 74818

### **Drop Off:**

Dan and Andrea Boren Center  
2701 Boren Blvd  
Seminole, OK 74868

### **Email:**

Applications may be emailed to any GEAR UP staff member listed below.

**Jonathan Bennett** – Director

j.bennett@sscok.edu | (405) 382-9681

**Leah Martin** – Education Coordinator

l.martin@sscok.edu | (405) 382-9683

**Kate Sprague** – Education Coordinator

k.sprague@sscok.edu | (405) 382-9686

**Tierney Collins** – Education Coordinator

t.collins@sscok.edu | (405) 382-9687

**Zoe Blue** – Education Coordinator

z.blue@sscok.edu | (405) 382-9680

**Jackie Bush** – Education Coordinator

j.bush@sscok.edu | (405) 382-9685

**KEEP THIS PAGE FOR YOUR REFERENCE AND RETURN THE REST!**

## **PLEASE NOTE**

Per software security policies, only one person's e-signature can be accepted. Please review the Student Behavior Contract with your child. If accepted into camp, your child will sign the form at camp during registration.

If you have any issues using this form, please email Kate Sprague at [k.sprague@sscok.edu](mailto:k.sprague@sscok.edu) for assistance.

## Camper Information

Student Name: \_\_\_\_\_

Preferred Name (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Grade (2025–2026 School Year):  7th Grade  8th Grade

School: \_\_\_\_\_

Student Cell Phone Number: \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

Roommate Preference (*Optional — requests are not guaranteed*)

You may list up to four roommate preferences:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## Parent / Guardian Information

Parent/Guardian Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Secondary Parent / Guardian (Optional)

Secondary Parent/Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

### Emergency Contact Priority

In the event of an emergency, GEAR UP staff will attempt to contact individuals in the following order:

- 1. Primary Parent/Guardian listed above**
- 2. Secondary Parent/Guardian if listed above**

If neither parent/guardian can be reached, emergency medical care will proceed as authorized in the Emergency Medical Authorization form.

## Student Behavior Contract

Participation in GEAR UP Summer Camp is a privilege. Students are expected to always follow all rules and directions from GEAR UP staff, from departure to return.

Failure to follow these expectations may result in disciplinary action, including dismissal from camp. To ensure a safe and positive experience for all students, the following expectations are in place:

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### Student Expectations

#### I WILL:

- Follow instructions from GEAR UP staff
- Stay with my assigned group and be on time
- Treat others with respect
- Wear appropriate clothing and footwear
- Use electronics only when permitted
- Be rested and ready to participate

#### I WILL NOT:

- Use inappropriate or disrespectful language
- Engage in public displays of affection (PDA)
- Leave assigned areas without permission
- Steal, damage, or misuse property
- Possess or use weapons, alcohol, tobacco, vapes, or drugs
- Participate in unsafe or disruptive behavior

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### Student Acknowledgment

I have read and understand the expectations above and agree to follow all camp rules.

I understand that if my behavior threatens safety, violates camp rules, or disrupts the program, I will be dismissed from GEAR UP Summer Camp for the remainder of the program. If I am dismissed:

- My parent/guardian will be contacted immediately
- My parent/guardian is responsible for arranging transportation home

**Student Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Safety & Search Policy

I understand that, for safety reasons, GEAR UP staff may conduct reasonable searches of a student's belongings (including bags and luggage) or assigned rooms if there is a concern about safety or a violation of camp rules. Searches will be conducted respectfully and only when necessary. Possession of prohibited items (including weapons, alcohol, tobacco, vapes, or drugs) or refusal to comply may result in dismissal from camp at the parent/guardian's expense.

## Assumption of Risk & Liability Release

I understand that participation in GEAR UP Summer Camp may involve travel, physical activity, and other inherent risks. I voluntarily assume these risks and agree to release and hold harmless Seminole State College, the GEAR UP Program, and its employees and agents from any claims related to participation, except in cases of gross negligence or willful misconduct. I understand that I am responsible for any medical expenses incurred.

## Dismissal Policy

GEAR UP reserves the right to dismiss any student whose behavior threatens safety, violates camp rules, or disrupts the program. If dismissal occurs, the parent/guardian will be contacted immediately and must arrange transportation home.

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### Parent/Guardian Acknowledgment

By signing below, I acknowledge that my child must follow all camp rules and that failure to do so may result in dismissal. I understand that I am responsible for arranging transportation if my child is dismissed. I have read and agree to the Safety & Search Policy and Assumption of Risk & Liability Release as a condition of participation.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Emergency Medical Authorization and Medical History

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Secondary Parent/Guardian Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

### Emergency Contact *(If parent/guardian(s) cannot be reached)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Medical Insurance *(If Applicable)*

Insurance Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

This information is used to support your child’s health and safety during camp. It will be kept confidential and shared only with staff and medical professionals as necessary.

### Medical Information

#### 1. Allergies (food, medication, environmental)

Yes  No

If yes, list allergy and reaction(s):

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#### 2. Does your child have a history of any of the following? (Check all that apply)

- ADD/ADHD     Asthma     Diabetes     Seizures
- Anxiety/Depression     Heart condition     Hearing problems
- Frequent headaches     Motion sickness

If checked, please explain:

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**3. Physical Limitations or Conditions Affecting Participation**

Yes     No

If yes, please explain:

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**4. Is your child currently under a doctor's care or taking prescription medication?**

Yes     No

If yes, please explain (medication must also be listed on MAR form):

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**5. Does your child wear:**

Glasses     Contact Lenses     Neither

**6. Additional Medical Information (anything staff should be aware of):**

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**Over the Counter (OTC) Medication Consent**

I give permission for GEAR UP staff to administer over-the-counter medications (such as acetaminophen or ibuprofen) as needed and according to label directions.

Yes     No

If no, or if restrictions apply, please explain:

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**Emergency Medical Authorization**

I certify that I am the parent or legal guardian of the student named in this Emergency Medical Authorization and Medical History. In the event of an accident, illness, or medical emergency and I cannot be reached, I authorize GEAR UP staff and Seminole State College representatives to:

- Obtain emergency medical, dental, or surgical care for my child
- Transport my child by ambulance or other emergency transportation if necessary
- Release medical information as needed for emergency treatment

I understand that reasonable efforts will be made to contact me and that I am financially responsible for any medical expenses incurred.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Medication Administration Record (MAR)

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

This form must be completed for any and every medication to be dispensed by GEAR UP staff. Medications without a completed MAR will not be administered.

**Name of Medication:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_

**Time(s) to Be Administered:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_

**Special Instructions (take with food, inhaler use, etc.):**

\_\_\_\_\_

\_\_\_\_\_

### Medication Handling – Choose One Option:

- Medication must be administered by GEAR UP staff
- Student is allowed to self-carry and self-administer approved by parent/guardian and GEAR UP staff.

I authorize GEAR UP staff to store and administer the medication listed above as directed. I understand medications will be dispensed according to this form and that changes must be submitted in writing.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

## Staff Administration Log

(To be completed each time medication is dispensed in accordance with MAR form)

Date	Time	Dosage Given	Administered By (Initials)	Notes

**Storage Notes (Staff Use Only)**

- Medication stored securely
- Medication returned to parent/guardian at end of camp
- Medication fully used during camp