

# 2024 | MASH Camp

Medical Academy of Science and Health

## What is MASH Camp 2024?

MASH Camp 2024 is a program that provides students with the opportunity to explore a variety of careers in health care. Through interactive presentations and hands-on activities, students strengthen their understanding of the health care industry and how they can enter it. There will be four 1-day sessions held at different locations across our region.

## Who Should Apply?

High school students who:

- Will be entering 9<sup>th</sup> through 12<sup>th</sup> grade for the 2024-2025 school year;
- Are considering a career in health care and;
- Want to learn more about what it takes to pursue a health care education.

## MASH Camp 2024 Dates Times and Locations *(please be sure to select which location best fits you on the application)*

### Albany College of Pharmacy and Health Sciences

Date: Tuesday, July 16, 2024 from 8:00am - 3:30pm

Address 106 New Scotland Ave, Albany, NY 12208

### Fulton Montgomery Community College:

Date: Tuesday, July 23, 2024 from 8:00am - 3:30pm

Address: 2805 State Highway 67, Johnstown, NY 12095

### Glens Falls Hospital

Date: Friday, July 19, 2024 from 8:00am - 3:30pm

Address 100 Park St., Glens Falls, NY 12801

### North Country Community College:

Date: Thursday, July 25, 2024 from 8:00am - 3:30pm

Address: 11 Hawkeye Trail, Ticonderoga, NY 12883

## No Cost

Each one-day camp includes all activities and lunch. Students attending MASH Camp are responsible for their own transportation to and from the camp.

## COVID-19 Policies

Students are required to follow all COVID-19 guidelines issued by state and local authorities, as well as the venues. Guidelines are subject to change as updated guidance from NYS and CDC is released. Information will be posted on our website as needed.

## Application Process

Applications are due no later than **Friday, July 5, 2024**, and must be fully complete to be considered.

Complete application packages will include:

- Applicant Information Form (with consent)
- Mash Camp Questions Completed
- Code of Conduct Form
- Parental and Media Consent Form
- Medical Information Form

The application can also be found on the Hudson Mohawk AHEC website at [www.hmahec.org](http://www.hmahec.org). Each MASH Camp has limited space and applications will be used to determine entry into the program. Late applications will not be accepted. Once the review process has been completed, students will be notified via e-mail advising them of the status of their application. Students may be placed on a waitlist if necessary.

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## Medical Academy of Science and Health MASH Camp Application

Must be printed legibly in ink or typed. All information is required.

### Applicant Information

Name: \_\_\_\_\_  
*Last Name* *First Name* *Middle Initial*

Street Address: \_\_\_\_\_

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

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

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

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Prefer Not to Answer \_\_\_\_\_

Name of High School: \_\_\_\_\_

Grade for upcoming school year (2024-2025):	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>
	<i>(Please circle one)</i>			

### Shirt Size

Please put a Checkmark ( ✓ ) next to the correct size

Extra Small (XS)	Large(L)
Small (S)	Extra Large (XL)
Medium (M)	Double Extra Large (2XL)

How did you hear about MASH Camp? \_\_\_\_\_

Have you participated in other Hudson Mohawk AHEC programs? Yes \_\_\_ No \_\_\_

If so, what program was it? \_\_\_\_\_

Which MASH Camp are you interested in applying for? *Please circle the camp you intend to attend.*

<b>Tuesday July 16<sup>th</sup></b> at Albany College of Pharmacy & Health Sciences <b>Albany</b>	<b>Friday July 19<sup>th</sup></b> at Glens Falls Hospital <b>Glens Falls</b>	<b>Tuesday July 23<sup>rd</sup></b> at Fulton Montgomery Community College <b>Johnstown</b>	<b>Thursday July 25<sup>th</sup></b> at North Country Community College <b>Ticonderoga Campus</b>
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### Student Consent (TO BE COMPLETED BY APPLICANT):

I certify that the information given in this application is true and correct. I understand that in order for my application to be considered it must be complete, including: **one MASH Camp Application Form, one signed Parental and Media Consent Form, Medical Information Form and one signed Student Conduct Form.** I also agree to adhere to COVID-19 protocols in place at the time of the camp.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



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## CODE OF CONDUCT

### As a participant in the 2024 MASH Camp, I will:

- be courteous, respectful, and use appropriate behavior and language at all times;
- act in a responsible and professional manner;
- be attentive in each session and participate in all activities to my highest ability;
- not use any electronic devices during the camp;
- not be disruptive of presenters or my fellow campers;
- not leave the assigned program at any time without parental consent;
- dress in an appropriate manner;
- clean up after myself in the classroom;
- come to MASH Camp willing to learn and have fun!

By signing this form, I understand and acknowledge that if I do not follow the rules and conduct expectations of MASH Camp, I will be at risk of expulsion from the program.

Participant Name (please print)	Participant Signature
Parent Name	Parent Signature

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## PARENTAL CONSENT

To be completed by parent or guardian:

I give permission for \_\_\_\_\_ to attend MASH Camp 2024.  
NAME OF STUDENT

I agree to and understand the following:

\_\_\_ Participants are responsible for their own transportation to the program.

\_\_\_ Participants will adhere to COVID-19 protocols that may be in place at the time of the program.

\_\_\_ Notification of the accepted students into the camp will be done via e-mail.

\_\_\_ If your child is under the age of 17, a member of the HM AHEC staff will be assuming supervision during the entire event.

Parent/Guardian Name: \_\_\_\_\_  
Last Name First Name Middle initial

Parent/Guardian Phone Number: \_\_\_\_\_ Alternate Number \_\_\_\_\_

Parent/Guardian Primary E-mail: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDIA CONSENT AND AUTHORIZATION

I, \_\_\_\_\_ (*print name*), grant Hudson Mohawk Area Health Education Center (Hudson Mohawk AHEC) permission to include and identify me or my image in any publication, photograph, or audio or visual recordings of any kind and in whatever medium it may use for educational, publicity, and/or fundraising purposes. If I was interviewed by staff from Hudson Mohawk AHEC or any affiliate programs, I also give permission to use my name, my story, and any of my direct quotes for education, publicity, and/or fundraising purposes in any medium. I understand and agree that Hudson Mohawk AHEC retains all rights to the photographs, moving images, sound recordings, and other media, and that I will not be compensated for any Hudson Mohawk AHEC use of same. I hereby waive any right I may have to inspect or approve media that contains my name, image, sound recordings, story, and/or biographical data.

I understand and acknowledge that Hudson Mohawk AHEC and its affiliate programs will rely on this Release and Authorization Form, and I hereby agree not to assert any claim of any nature against Hudson Mohawk AHEC, its employees and agents, and/or affiliate programs relating to the exercise of the permissions granted by this Release and Authorization. I understand and agree the materials developed during this period may be utilized indefinitely. I am signing this Release and Authorization voluntarily and understand that provision of services to me by Hudson Mohawk AHEC and/or its affiliate programs is not conditioned on whether or not I sign it. I also understand that I may revoke this Release and Authorization at any time, in writing, but that a revocation will not impact any use or disclosure made prior to the date the revocation is received.

\_\_\_\_\_  
Student Signature (Date)

\_\_\_\_\_  
Signature of Legal Guardian (Date)  
(if participant is under 18 years of age)



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## MEDICAL INFORMATION

IN CASE OF EMERGENCY, PLEASE NOTIFY:

<b>Name:</b> _____
<b>Relationship:</b> _____
<b>Telephone: Primary #:</b> _____ <b>Secondary #:</b> _____

**Describe any allergies, health problems, or chronic conditions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Routine medications being taken and dosage:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Participant name** *(please print)*

\_\_\_\_\_  
**Parent/Guardian Name** *(please print)*

\_\_\_\_\_  
**Participant Signature**

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