The 2019 Burnaby Math Camp starts at 9:00 on Monday, June 24th in the “Trottier Studio For Innovative Science Education” (C9051), at the SFU Burnaby campus.

Camp Times: Activities run every day from 9:00 until 15:00.

Trottier Studio Location: Room SC C9051. This room is located in the Chemistry Wing. Locate the Academic Quadrangle Building (large square building on stilts), on the AQ 3000 level you’ll find the hallway entrance to the Chemistry Wing which connects to the C9000 level of the Chemistry Building.

Materials: If you have a compass and a straightedge, please bring it with you to the camp. A calculator and a pen will be useful as well.

Meals: Lunches and snacks are provided. In consideration for the environment, please bring your water bottle with you to the camp.

Clothing: Please be prepared for BC weather - we will have a tour of the SFU Burnaby campus on Tuesday!

Buses: For those travelling by bus, remain on the bus until the final bus loop (near Cornerstone building). This is the closest stop to the Science building where the Trottier Studio is located.

Parking: Short term (paid) parking is available in front of the Cornerstone Building. For those looking for just a place to quickly drop-off and pick-up participants, there is space at the western edge of the East Parking lot (one level down from Cornerstone parking).

Note: The SFU-CMS-PIMS Burnaby Math Camp is a day camp, and students are responsible for their transportation to and from the camp each day.
Registration Payment

If the student’s school is NOT paying the registration fee, please see the payment options below. If the student’s school IS paying the registration fee, please skip this section.

**Burnaby Camp**

**Dates:** Monday, 24 June - Friday, 28 June  
**Fee:** $60/student

To Pay By Cheque:

1. Cheques should be made out to: **Simon Fraser University**.
2. In the Memo section, please write the **Students First & Last Name** that you are paying for.
3. Please mail cheques to:
   
   CASEY BELL  
   DEPT OF MATH, SFU  
   8888 UNIVERSITY DRIVE  
   BURNABY, BC V5A 1S6

To Pay By Credit Card Or Paypal: (Preferred Payment Method)

To pay by Credit Card or Paypal, please go to [http://www.sfu.ca/math/k-12/sfu-k-12-student-math-camp/paper-camp-thankyou---payment.html](http://www.sfu.ca/math/k-12/sfu-k-12-student-math-camp/paper-camp-thankyou---payment.html). If you are paying for more than one student, you will be able to change the quantity of registrations at that time. You will also be asked to list the student(s) name(s) that you are paying for.

Please note - you do NOT require a Paypal account to use this service.

*To Pay By Cheque:*

1. Cheques should be made out to: **Simon Fraser University**.
2. In the Memo section, please write the **Students First & Last Name** that you are paying for.
3. Please mail cheques to:

   CASEY BELL  
   DEPT OF MATH, SFU  
   8888 UNIVERSITY DRIVE  
   BURNABY, BC V5A 1S6
Student Information

Student Name: ____________________________  First   Initial(s)    Last

Home Address: ____________________________

Home Telephone: ____________________________  Student E-mail: ____________________________

Shirt Size  (Please Circle One)  Adult S  Adult M  Adult L  Adult XL

*Please note that we will do our best to match up the requested size for students, but we can not guarantee their size will be available*

Please indicate if students e-mail address can be shared with camp participants.  Share  Do Not Share

STUDENT HEALTH RECORD

(Check correct reply)  YES  NO

1. Has any allergies (including allergies to medication):  ____  ____

2. Has had recent injuries or accidents requiring medical attention:  ____  ____

3. Has had sickness lasting longer than one week within past 12 months:  ____  ____

4. Takes medication on a regular basis:  ____  ____

5. Has a condition presently under a physician’s or dentist’s care:  ____  ____

6. Any reason why this student should not take part in any sporting activities?  ____  ____

7. Are there any food allergies or special needs that we should be aware of?  ____  ____

*If you answered “YES” to any of these questions, please explain here (with names and dates):*

______________________________________________________________________________

7. Has completed poliomyelitis immunization by injections (Salk) or vaccine by mouth (Sabin):  ____  ____

8. Has had tetanus toxoid and booster inoculation within past ten years (Date: _________________):  ____  ____

9. Is in general good health with no serious physical impairments  ____  ____

*If you answered “NO” to any of these questions, please explain here:*

______________________________________________________________________________

PLEASE FAX TO 778-782-4947 NO LATER THAN JUNE 14TH
## Parent/Guardian & Emergency Contact info

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<th>Parent/Guardian</th>
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## RELEASE & INDEMNITY AGREEMENT

I/We, ___________________________ and ___________________________, hereby consent to the participation of the said Student in the 2019 SFU-CMS-PIMS Burnaby Summer Math Camp (June 24 - 28, 2019) and agree to release, indemnify, and hold harmless the Department of Mathematics, the Faculty of Science, the Simon Fraser University and its employees and agents, from all claims of every kind (including costs, expenses, and legal fees) for damages and all suits instituted for damages arising out of the said Student’s participation in the said camp, including specifically, but not limited to, those resulting from injuries occurring to said Student and caused by the negligence or malfeasance of the said Student or the negligence or the malfeasance of the said Department of Mathematics, the Faculty of Science, the Simon Fraser University and its employees and agents.

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## Photography Release

I give the Canadian Mathematical Society and Simon Fraser University permission to reproduce photograph(s) taken at the 2019 SFU-CMS-PIMS Burnaby Summer Math Camp on June 24-28, 2019, and I agree that the Canadian Mathematical Society and Simon Fraser University are entitled to use the photograph(s) described above in promotional materials.

[ ] I am eighteen years of age or over (or)

[ ] I am the parent/guardian of the student whose name appears below and I consent to these conditions.

Student’s name (printed): _____________________________________________

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