

Young Advanced Technology Academy

Applications are now being accepted for Pinal County students entering Grades 7th-10th in the Fall of 2023.

The Academy will take place at the Signal Peak Campus 8470 N. Overfield Rd., Coolidge.

Space is limited.
(Please note that transportation is not provided.)

June 5 - 8 for 7th and 8th Grades

June 12 - 15 for 9th and 10th Grades

9 a.m. - 4 p.m., Monday - Thursday

LUNCH PROVIDED DAILY

The theme of this year's Academy is Career Exploration. Students will learn about the different career paths available at Central Arizona College. They will gain experience with Drones, Renewable Energy, AIT, Robotics, 3-D Printing, Fire Science, & More.

Students will also gain experience in:

Teamwork Communication Problem-solving

Time Management

For More Information contact Tiffany McQueen at tiffany.mcqueen@centralaz.edu
520-494-5314







Registration Form

Student Information

| Student Na | ame: | | | | | | | | | |
|-------------------------------------|-------------|---------|----------|---------------|------------------------|-----------|------------|---|----|---------------------------------------|
| Student Er | mail Addres | ss: | | | | | | | | |
| Age: | Grade | in Fall | 23: | Scho | ool in Fall 23 | : | | | | |
| | | | | T-shirt Si | i ze: (check oı | nly one) | | | | |
| | | | Adult | | | | | | | |
| | S | М | L | XL | | S | M | L | XL | |
| | | | | Parent/Gu | ıardian Info | rmation | | | | |
| Name: | | | | | | | -1 2 3 1 1 | | | |
| | | | | | | | | | | |
| Email Address: Contact Numbers: (1) | | | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| Mailing Ad | dress: | | | | | | -1 2 3 1 1 | | | |
| Alternate C | Contact (in | case o | f eme | rgency): | | | | | | |
| Name: | | | | F | Phone #: | | | | | |
| List any m | nedical co | nditior | ns, alle | ergies, or ot | ther pertine | nt inform | nation | : | | |
| | | | | | | | | | | |







Young Advanced Technology Academy

| Transportation: | |
|---|--|
| YES, I would like to share my contact | ct information for carpooling purposes with other attendees. |
| medical treatment necessary in the e site, and that I accept responsibility | College to obtain emergency transportation and event of injury or illness while at the educational for any emergency transportation and medical at medical bills that may be incurred. |
| Student Name: | |
| Parent Name: | |
| Parent Signature: | Date: |
| | |







Young Advanced Technology Academy

| Student Name: |
|---|
| Student Essay (Please provide a short essay of approximately 1 paragraph) Why do you want to attend the Young Advanced Technology Academy at Central Arizona College? |
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| What is your career goal? |







Talent Release Form (v2)

I agree to allow Central Arizona College and its agents to photograph, videotape, and/or record me (and/or my children) and to use such content containing my likeness (and/or the likeness of my children) in college marketing materials including (but not limited to) the following mediums for transmission throughout the universe, as deemed necessary by the Central Arizona College Public Information & Marketing Office, or its agents:

- college publications
- promotions
- public newspapers
- magazines
- advertisements
- billboards
- websites
- radio
- and/or any other publicity mediums that currently exist, or that may be invented in the future.

It is expressly understood that Central Arizona College retains exclusive ownership of the intellectual property and duplication rights to the content that contains my likeness, (and/or the likeness of my children).

I agree to grant exclusive royalty-free rights to Central Arizona College and its agents to use the aforementioned materials containing my likeness (and/or the likeness of my children) with no limitation and no expectation of remuneration.

I agree that I am 18 years of age, or older, or that my parent or guardian has granted permission to use my likeness in college promotions.

| Printed Name of Recorded Person: | | | | | | |
|---|----------------|--|--|--|--|--|
| | | | | | | |
| Signature of Parent or Guardian (if Recorded Person is under 18): | | | | | | |
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| Phono Numbor | | | | | | |
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| F-mail Address: | | | | | | |