clark advanced learning center
powered by IRSC

TECHKNOW CAMP

SIGN UP NOW

Monday – Thursday,
June 8-11, 2026
8:30 a.m. — 3:00 p.m.

2400 S.E. Salerno Road ▪ Stuart, Florida.

ARE YOU INTERESTED IN FUN-FILLED DAYS OF HIGH-TECH?

TECHKNOW CAMP IS FREE AND DESIGNED FOR MARTIN COUNTY STUDENTS WHO HAVE COMPLETED GRADES 6TH THROUGH 8TH BY JUNE 2026 WITH A MINIMUM 2.0 UNWEIGHTED GPA.

- Breakfast and lunch are provided. Limited transportation is available.

- **PARTICIPANTS WILL:**
  - Jump into aerospace rocketry projects
  - Participate in engineering competitions
  - Explore Robotics
  - Explore Alternative Energy Sources
  - Attend "explore IRSC" field trip

- **HURRY!**
  Space is limited. Apply online at www.clarkadvancedlearningcenter.org. Students who have previously attended will be placed on a waiting list.

FOR MORE INFORMATION

772-419-5767

2400 S.E. Salerno Rd
Stuart, Florida

IRSC IS AN EA/EO EDUCATIONAL INSTITUTION

www.clarkadvancedlearningcenter.org

TECHKNOW Camp
Application

Hurry! Space is limited. Eligible students will be accepted based on the date applications are received.

Submit completed application by email to swhelpley@irsc.edu or mail to:

Clark Advanced Learning Center
2400 S.E. Salerno Road ▪ Stuart, FL 34997

Date:

Have you attended TechKnow Camp before? ◯ Yes ◯ No

STUDENT INFORMATION

Legal Name
(LAST) (FIRST) (MI)

MCSD Student ID Number Age Date of Birth

Medical condition / allergy alerts, please provide details:

PARENT/GUARDIAN INFORMATION

Name Email

Home Address

City State Zip

Cell Phone

CURRENT SCHOOL

Name of School

2025-2026 grade level

Campers must be Martin County residents and have completed grades 6,7, or 8 with a minimum 2.0 unweighted GPA.

RELEASE INFORMATION

I, (parent/guardian) of
understand that at TechKnow Camp, all accepted methods of instruction and safety will be observed. I agree to waive ALL liability for Clark Advanced Learning Center, including all instructors, in case of injury or damage. In the event of emergency or medical need, I give my permission for my child to receive medical treatment. I further verify that my camper has adequate accident insurance coverage with:

Ins. Policy/Number

Name of Insurance Company

I have read and understand Clark's admission requirements above. Permission is granted for Clark staff to review school records for verification.

Check One:

☐ I **do** give my permission for Clark Advanced Learning Center and Indian River State College to use my child's image(s)/photo(s)/video(s) for promotional purposes and to reproduce materials that he/she may create at camp. I hold both harmless from any liability associated with their use.

☐ I **do not** give my permission to use my child's image(s)/photo(s)/video(s) and to reproduce materials that he/she may create at camp.

Student Signature Date

Parent Signature Date

Student Field Trip Permission Student Name: _____

Cost to Student: None Other (explain):

Club/Class/Group: TechKnow Camp Responsible Faculty/Staff Attendee: Charles Watson

Field Trip Destination, City, State: **IRSC Massey Campus 3209 Virginia Avenue, Fort Pierce, FL. 34981**

Meet Time: 8:30 a.m. End Time: 2:30 p.m. Date: June 11, 2026

Other information: TechKnow Camp tour of IRSC main campus with Enrollment Management

Method of Transportation: ☑ MCSD Bus ☐ MCSD Van ☐ Charter Bus ☐ Parent/Student provided transportation ☐ Other

In the event of emergency or medical need, I give permission for medical treatment. I release the following information about my child:

- ❑ Physical problems or limitations: _____
- ❑ Current Medication _____
- ❑ Drugs or other allergies _____
- ❑ Name and phone # of physician _____
- ❑ Student medical/liability insurance _____
- ❑ Name and phone # where parent may be reached _____
- ❑ Student cell phone number _____

I understand I am only permitted to participate in TechKnow Camp approved activities that occur during camp hours and have satisfactory attendance. I will abide by all of the TechKnow Camp rules and policies.

This event requires students to have received ***NO DISCIPLINE INCIDENTS PRIOR TO THE FIELD TRIP***

_____ _____

Student Signature **Date**

The above-named student has my permission to participate in this field trip activity.

1. As the parent or legal guardian of the above-named student, I am authorized to sign this permission form.
2. I agree to release the Clark Advanced Learning Center and its representatives from any claim for personal injury or damages resulting from my student's participation in TechKnow Camp field trip activities.
3. I understand that in the event of an emergency or medical need, I give my permission to have my child receive medical treatment by the best means available.
4. I agree that my child will abide by all of the rules and policies stated in the Martin County Schools Student Code of Conduct during this event/trip.
5. I understand the activity, understand this permission form, and give my permission for my child's participation.

_____ _____

Parent Signature **Date**

_____

Parent Email