



Summer Academy June 25-27, 2018

PARENT ORIENTATION

Parent Orientation attendance is mandatory for students and parents/guardians.

DATE: _____

ORIENTATION: _____

LOCATION: _____

Deadline to return Thursday, March 1, 2018

Student Name: _____ T-Shirt Size (Circle): S M L XL XXL

School: _____ Grade: _____ Email: _

Home Phone: _____ Cell Phone: _____

PARENT(S)/GUARDIAN(S): _____

I would like to room with: (1st choice) _____

(2nd choice) _____

I would prefer NOT to room with: _____

YES, I will be attending the Parent Orientation with my student

Failure to attend Orientation will result in potential removal from the Summer STEM Academy list of participants as this is crucial for parents and students.



STEM Camp 2018 Student Contract

_____ I understand that I am responsible for reading and understanding the Summer Camp Schedule in its entirety. I understand that I am responsible for following all policies, procedures, rules, guidelines and expectations included at the GEAR UP STEM Camp and that failure to do so may result in a loss of privileges, dismissal from the Summer STEM Camp program, and/or dismissal from the GEAR UP program.

_____ I understand that I will be issued a key to my assigned residence hall room at check-in. I understand that I am responsible for maintaining possession of the key at all times. If I lose or damage a key, a Loss/Damage form will be completed by the Residence Hall staff and I will be walked to the Controller's Office to arrange for billing and payment. **I understand that I will be charged \$50 for each lost or damaged key. GEAR UP will NOT pay for keys lost or damaged by program participants.** I agree to accept responsibility for paying any lost key.

_____ **I understand that if I vandalize or damage Residence Hall property of any kind that I will be charged in full for replacement.** In addition, I understand that I will be subject to the consequences outlined in the Summer Camp Conduct & Discipline Policy and possible dismissal from Summer Camp and the GEAR UP Programs. I agree to accept responsibility for paying for any damages that I incur.

_____ I understand that I am required to participate full-time in the Summer GEAR UP program for the entire three days.

My signature below indicates I have read and understand the terms of this contract, and I agree to meet all conditions of this contract.

STUDENT PRINTED NAME: _____

DATE: _____

STUDENT SIGNATURE: _____

DATE: _____



STEM Camp 2018 Parent Contract

_____ I understand that I am responsible for reading and understanding the Summer Camp Schedule in its entirety. I understand that I am responsible for following all policies, procedures, rules, guidelines and expectations included at the GEAR UP STEM Camp and that failure to do so may result in a loss of privileges, dismissal from the Summer STEM Camp program, and/or dismissal from the GEAR UP program.

_ I understand that my student will be issued a key to his or her assigned residence hall room at check-in and that my student is responsible for maintaining possession of the key. If my student loses or damages his/her key, a Loss/Damage form will be completed by the Residence Hall staff and my student will be walked to the Controller's Office to arrange for billing and payment. **I understand that my student will be charged \$50 for each lost or damaged key. GEAR UP will NOT pay for keys lost or damaged by program participants.** I agree to accept responsibility for paying any lost key charges incurred by my student.

_____ **I understand that if my student vandalizes or damages Residence Hall property of any kind, then he/she will be charged in full for replacement.** In addition, I understand that my student will be subject to the consequences outlined in the Summer Camp Conduct and Discipline Policy and possible dismissal from Summer Camp and the GEAR UP Programs. I agree to accept responsibility for paying for any damages incurred by my student.

_____ I understand that students participating in the Summer Camp program are required to participate full-time _____ in the program for the entire three days.

_ I give permission for a GEAR UP staff member to seek medical treatment for my child in the event of a medical emergency.

My signature below indicates that I have read and understand the terms of this contract, and I agree to meet all conditions of this contract.

PARENT/GUARDIAN PRINTED NAME: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



STEM Camp June 25-27, 2018

MEDICATION CONSENT FORM

GEAR UP Event: 2018 GEAR UP Summer STEM Camp - June 25-27, 2018

Does your child take any prescription medications that will need to be continued during the GEAR UP Summer Camp?

YES. If yes, complete PART 1

NO. If no, complete PART II

PART I (For students taking prescription medications):

If your child takes prescription medications that will be needed during the program, please have your child's health care practitioner (prescribing doctor) complete PART I and sign.

THIS IS NOT A REQUEST FOR A PHYSICAL EXAM—simply ask your practitioner to fill out and sign. Parents should sign in the area noted below as well.

Health Care Practitioner (Doctor) Section only:

Prescription Medications: Name of Student: _____ use the following prescription medications:

Medications	Dosage	Purpose	

Over the counter medications available in program first aid kits (please Circle Yes or No for all medications okay to dispense):

- YES NO Tylenol
- YES NO Dramamine
- YES NO Ibuprofen
- YES NO Day-Quil
- YES NO Tums or Antacids
- YES NO Benadryl or other antihistamine tablets

Special Concerns (gluten-free, vegetarian, peanut allergy, food preference, etc...):

I, _____ (name of practitioner), have reviewed this patient's medications and certify that the information is correct and that the patient is physically and emotionally able to self-administer these medications without adult supervision during the 3-day summer residential program and summer field trips running June 25-27, 2018. In addition, I have reviewed the list of over-the-counter medications for potential interactions with the patient's prescription regimen and approve their use when administered by an adult chaperone according to package directions.

Signature of Practitioner _____ Practice address/phone _____ Date _____

FOR PARENTS:

I, _____ (print parent/guardian name) agree that my child can self-administer their own prescription medications as indicated above by the health care practitioner. However, all prescriptions, with the exceptions of inhalers and epi-pens, will be kept with resident assistant staff at all times. Students will have to report to staff to receive daily medications.

Parent/Guardian Signature _____ Date _____

**PART II: Over the Counter (first aid-type) medications
Section for students NOT taking prescription medications)**

Parents: Please review and circle YES or NO next to the listed over the counter medications that you want or do not want given to your child in case of minor illness or injury.

_____ has consent to use the following over the counter medications:

- (Student Name)
- | | | |
|-----|----|---|
| YES | NO | Tylenol |
| YES | NO | Dramamine |
| YES | NO | Ibuprofen |
| YES | NO | Day-Quil |
| YES | NO | Tums or Antacids |
| YES | NO | Benadryl or other antihistamine tablets |

I, _____ (print parent/guardian name) give Great Basin College GEAR UP Program staff permission to administer the items circled "YES" above while my child participates in the Great Basin College GEAR UP Summer Camp June 25-27, 2018.

Parent/Guardian Printed Name _____ Date _____

Parent/Guardian Signature _____ Date _____

Please list any concerns not included in this contract:



RISK LIABILITY RELEASE FORM AND PHOTO RELEASE

THIS FORM MUST BE COMPLETED BY PARENT OR GUARDIAN IF PARTICIPANT IS UNDER AGE OF 18

ACTIVITY and/or TRIP: GEAR UP Summer Camp June 25-27, 2018

I, _____, hereby acknowledge that I have voluntarily elected to participate in the GEAR UP Summer Camp at Great Basin College (GBC), a member institution of the Nevada System of Higher Education ("NSHE"). I understand and agree that the Activity involves certain risks which include, but are not limited to, the following:

1. Traveling to and from the Activity (transportation is not provided by GBC).
2. Manual labor, including lifting, reaching, stretching, and moving objects — individuals should be aware of own physical limitations.
3. Inclement weather that can impact safety (rain, cold, wind, heat).
4. Steep slopes, uneven terrain, loose rocks and gravel, slippery conditions.
5. Working with other volunteers from organizations outside of GBC.

Knowing this information and the risks related to this Activity, in consideration of my participation in the Activity, I **expressly** and **knowingly** agree as follows:

RULES AND REQUIREMENTS: I agree to conduct myself in accordance with GBC policies and procedures, including those listed in the GBC Student Code of Conduct. I further agree to abide by all the rules and requirements of the Activity. I acknowledge that GBC has the right to terminate my participation in the Activity if it is determined that my conduct is detrimental to the best interests of the group, my conduct violates any rule of the Activity, or for any other reason in GBC's discretion.

INFORMED CONSENT: I have been informed of and I understand the various aspects of the Activity, including the dangers, hazards, and risks inherent in the Activity, including but not limited to transportation to and from campus via private vehicle, participation in the rehearsals, recreational activities, and classroom activities, weather conditions, conditions of equipment, facility conditions, negligent first aid operations or procedures, and in any activities I undertake as an adjunct to the Activity. In addition, I understand that as a participant in the Activity, I will engage in activities, including swimming, diving, and floating during which I could sustain personal injuries, illness, and/or property damage. I understand that as a participant in the Activity I could sustain serious personal injuries, property damage, or even death as a consequence of not only GBC's actions or inactions, but also the actions, inactions, negligence or fault of others or myself, and that there may be other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any injury, property damage, disability or death that I may sustain by any means is my responsibility except for those occurrences due to GBC's negligence or intentional acts.

RELEASE AND WAIVER OF LIABILITY: To the extent authorized by law, I, individually, and on behalf of my heirs, executors, administrators, personal representatives, successors and assigns, hereby release, forever discharge and agree not to sue NSHE and GBC and their officers, employees, agents, volunteers and representatives, from any and all liability, loss, claims, demands, causes of actions (known or unknown), suits, judgments, cost, expense or attorneys' fees, including, but not limited to, those arising from injury, loss or damage to my person or property, which arise out of, occur during, or are in any way the result of or connected with my participation in the Activity, **REGARDLESS OF WHETHER THE INJURY, LOSS OR DAMAGE IS CAUSED BY NSHE OR GBC, UNLESS THE INJURY, LOSS OR DAMAGE IS CAUSED BY NSHE OR UNR'S NEGLIGENCE OR INTENTIONAL ACTS, AND REGARDLESS OF WHETHER THE INJURY, LOSS OR DAMAGE OCCURS WHILE**

IN, ON, UPON, OR IN TRANSIT TO OR FROM THE PREMISES WHERE THE ACTIVITY OCCURS OR IS BEING CONDUCTED. I further agree that NSHE and GBC are not in any way responsible for any injury or damage that I sustain as a result of my own acts.

ASSUMPTION OF RISK: I understand that there are potential dangers incidental to my participation in the Activity, some of which may be dangerous and which may expose me to the risk of personal injuries, property damage, or even death. I understand that there are potential risks as a consequence of my participation in the Activity which include, but are not limited to the following: travel to and from college property via private vehicles, weather conditions, facility conditions, equipment conditions, first aid operations or procedures, and other risks that are unknown at this time. **I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF NSHE OR UNR, UNLESS THEY ARISE FROM NSHE OR UNR'S NEGLIGENT OR INTENTIONAL ACT,** and I assume full responsibility for my participation in the Activity.

INDEMNITY: I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend, and hold harmless NSHE and GBC and their employees, agents, and representatives, from any and all liability whatsoever for any and all damages, losses, or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, expenses and costs, including attorneys' fees, which arise out of, result from, occur during, or are connected in any manner with my participation in the Activity.

PERSONAL MEDICAL INSURANCE: I understand that neither the NSHE nor GBC will provide health insurance coverage to me during any aspect of my participation in the Activity. I further acknowledge that I am responsible for the cost of any and all medical and health services my student may require as a result of participating in the Activity.

CONTROLLING LAW: To the extent that I, individually, or my heirs, successors, assigns, or personal representatives bring a claim of any kind whatsoever against NSHE and/or GBC and/or their employees, agents, and representatives, I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Nevada, including the provisions of Nevada Revised Statutes Chapter 41.

SEVERABILITY: If any term or provision of this Agreement shall be held invalid, illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions of the Agreement shall continue in full legal force and effect.

I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Participant's Name: _____

Participant's Signature: _____

Dated: _____

If participant is a minor:

I am the parent or legal guardian of the Participant. I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights that I or the Participant might otherwise have, and that I have signed it knowingly and voluntarily. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Guardian's Name: _____

Guardian's Signature: _____

Dated: _____

PHOTO MEDIA RELEASE:

I, _____, being the legal guardian of _____ grant the GEAR UP
Parent Name Participant Name

Program and persons acting on their behalf or through them the right to use, reproduce, assign and or distribute photos, films, video and sound recordings of above listed minor for use in materials they may create.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ Date: _____



Tentative Activities

- 1. Arduino Activity**
- 2. Movie Night**
- 3. Writing Workshop**
- 4. Pool Day**
- 5. Motivational Speaker – American Ninja Warrior, Hoan Do**
- 6. Lamoille Canyon Hike and Geological Presentation**
- 7. Multiple Stem Activities – Science, Technology, Engineering, and Mathematics**



Career Interest Survey

Please read through each questions and mark yes if you like doing the activity described or do, if you do not. Do you like to...	Yes	No	Don't know
Write a report describing findings, recommendations, or decisions.			
Test machinery or equipment to see how it is working.			
Create rules for how a business should operate.			
Read about science.			
Construct buildings that people will live and work in.			
Teach math or science.			
Install new equipment or systems in homes and businesses.			
Monitor a machine to make sure it is working properly.			
Assemble a car, a computer, or some other complex machine.			
Drive a large construction vehicle.			
Perform tune-ups and other routine maintenance on equipment.			
Draw diagrams or plans.			
Set up work schedules for employees.			
Develop plans for a new product.			
Come up with better way of doing something.			
Use computers to help solve problems			
Learn how different equipment work			
Talk to people who are sick or upset.			
Guide people on how to live healthy lives.			
Prepare plans that help people change their lives for the better.			
Work with people to help them overcome personal or health problems.			
Diagnose and treat health or personal problems.			
Provide products or services that help people.			



SUMMER CAMP

JUNE 25-27, 2018

Checklist of things to Bring:



Sleeping Bag/blankets



Pillow



Tennis shoes &



Flip flops



Toothpaste & Toothbrush



Shampoo & conditioner



Soap



Towel



Deodorant



Sunscreen/lip balm



Water bottle



Jacket/sweatshirt



Hat



Swim Suit/shorts



Great, positive attitude! 😊

Conduct and Discipline Policy

GBC GEAR UP Summer Camp

It is our intention to provide a fun, safe and secure environment. In order to ensure the quality of this program and safety of the campers, each participant must follow program rules.

Every parent/guardian is required to read the following information to his/her camper and sign and return the conduct Discipline Policy Form to camp. (This must be on file prior to the start of camp).

Great Basin College's GEAR UP Summer Camp has a **no strike policy**. When disciplinary situations occur that require intervention, camp staff will provide the student with clear explanations as to why specific behavior is inappropriate and will place a phone call to guardians. Guardians are then required to pick up their student from the camp. These guidelines revolve around concerns for the *safety of all members in camp*.

Examples of inappropriate/unsatisfactory behavior include, but are not limited to: fighting, name calling, foul language, arguing, unsportsmanlike conduct, lying, reckless endangerment, disrespectful motions or attitude, display, stealing, spitting and disobeying Camp rules or authority.

Summer Camp Program Community Agreement

Campers shall agree to:

1. Follow instructions and rules by camp staff promptly to ensure safety.
2. Student must arrive with SPIF and school's preferred method of transportation unless prearranged with GEAR UP Camp Director
3. Show respect to all campers, staff, equipment and property. No put downs, insults, or teasing is allowed.
4. Counselor must know where you are at all times
5. "STOP" means "STOP" - If a camper or counselor says, "STOP", you must stop what you were doing
6. Clean up after yourself
7. Keep hands, feet, head and other body parts to yourself unless part of an activity led by camp staff. Fighting, hitting, theft, destruction of camp property, etc. **WILL NOT BE TOLERATED.**
8. Students may not leave camp without checking out with GEAR UP Camp Director.
9. Students will be up and ready for the day at 7am and in their rooms ready for bed at 10pm. *Students will stay in a GBC (double occupancy) dorm. Dorm rooms include a half bath but students will shower in either the male/female shower room (multiple stalls).*

Staff Discipline Response

1. When staff experiences inappropriate/unsatisfactory behavior from any enrolled child, that child will be given ample warning (verbally) of their improper actions and instructions to correct it. If the camper's behavior is not corrected properly and promptly, GBC's staff (not the child) will telephone the parent(s) and will REQUIRE the parent(s) to make arrangements immediately (in one hour or less) to pick-up their child for the rest of the day. The expelled child may not return without the Camp's permission.

Immediate Dismissal

Physical Violence is not tolerated at GBC GEAR UP Camp. Our staff reserves the right to dismiss a participant, whose behavior endangers the safety of themselves or others, thereby bypassing some of the disciplinary steps outlined above.

Immediate Dismissal Examples:

1. Any child who brings a weapon to camp (butterfly knife, blade, bb/airsoft gun, explosive device, any firearm or item that discharged a projectile, etc) will be immediately removed from the program
2. Any child who makes a credible threat to hurt himself or others will be removed
3. Any child who *seriously* harms himself or another will be removed (physical and/or verbal abuse).
4. Any child who verbally or physically abuses staff will be removed.
5. Any child who brings or is in possession of illegal drugs or alcohol.

Incident Reports

For any incident that occurs at camp, an incident report will be immediately completed by camp staff, and submitted and reviewed by the Camp Director.

Incident Reports will contain the following:

- Date, time, place of incident
- Names of parties involved, camp staff present
- A full and detailed description of incident
- Details of incident investigation: speak to parties involved, witnesses, etc

Parent Conduct and Process of Dispute

As the program staff seeks to treat the children and their families with respect, parents and guardians are also expected to display professionalism in all inquiries and disputes about discipline decisions and incident response.

All program and/or staff issues, comments or concerns should be directed to the Director, not the camp counselors (leaders). .

*I have discussed the rules and consequences of the **Conduct & Discipline Policy** with my child and they understand what is expected from them at camp.*

Camper's Name (Print) Camper's Signature

Parent/guardian Signature Date