An engaging 3-night, 4-day residential experience

**OVER THE COURSE OF A 3 NIGHT, 4 DAY RESIDENTIAL EXPERIENCE, STUDENTS WILL:**

- Experience living on a college campus.
- Be introduced to engaging activities in science, technology, engineering, mathematics, and college preparation.
- Participate in team building and leadership skills development through our nationally acclaimed adventure education program.
- Experience living on a college campus.

**DATES:**
Monday, June 29th - Thursday, July 2nd 2015

**COST:**
$50 per child. Limited number of partial scholarships available.

**GRADES:**
6th – 8th

**APPLY NOW!**

www.mnsu.edu/cultdiv/id-stem

**SUMMER INSTITUTE**

**GRADES 6TH – 8TH**
Future Multicultural Leaders in Science, Technology, Engineering, Mathematics

**S.T.E.M.**

MINNESOTA STATE UNIVERSITY MARSHALL
APPLICATION CHECKLIST

1. Visit www.mnsu.edu/cultdiv/id_stem to submit your registration for the summer institute. Each child requires a separate registration form.

2. Once your registration has been received, you will receive a confirmation letter by mail.

3. Using the self-addressed envelope, please return the registration confirmation form along with the appropriate registration fee. Payment may be submitted by check or money order made payable to Minnesota State University, Mankato. Should you prefer to mail the registration fee separately, please return the registration confirmation form along with the appropriate registration fee. Registration fees may be submitted by check.

Q. What are the dates for the summer institute?
A. The dates for the STEM Institute are Monday, June 29th - Thursday, July 2nd.

Q. What is the cost for the summer institute?
A. The cost is $50 per child. The registration fee is all inclusive and no other fees are required for participation.

Q. What time do students check in on Tuesday and check out on Friday? Is transportation provided?
A. Transportation will be provided from the Minneapolis Urban League located at 2100 Plymouth Ave N. in Minneapolis. Students who are taking advantage of transportation will need to arrive at the Minneapolis Urban League no later than 4:30pm on Monday, June 29th. Parents will need to meet their student at the Urban League no later than 5:00pm on Thursday, June 29th. Transportation is not provided by the camp. Each participant will receive all bedding as well as a wash cloth and bath towel. You may also send these items if you prefer.

Q. Can I drop my child off?
A. You may drop your child off at MNSU, Mankato. If you wish to transport your child to the camp, they will need to arrive by 7:00pm on Monday, June 29th. Parents will need to meet their student at the Urban League no later than 5:00pm on Thursday, June 29th.

Q. Can my child bring electronics?
A. While we prefer that electronic devices with the exception of cell phones be left at home, small electronics may be brought for use while students are in the rooms. Students may bring pens or tablets and may bring electronics to play video games. Should your child need to use a phone or tablet, they will need to use a phone or tablet that is charged and has been brought for use by the student. No electronics will be provided by the camp. Students may not bring television or radio devices. MSU assumes no responsibility for lost or stolen items.

Q. Will I need to send food with my child?
A. You can send snacks with your child if you wish. However, student will be provided with all meals by the camp. Each participant will receive all bedding as well as a wash cloth and bath towel. You may also send these items if you prefer.

Q. Are scholarships available?
A. There are a limited number of full and partial scholarships. If you are interested in applying for funding, please contact, Briana Williamson by email at briana.williamson@mnsu.edu.

FREQUENTLY ASKED QUESTIONS

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Parents/Guardians of Future Leaders in S.T.E.M:

We are delighted that your child will be joining us for our 2015 Summer Institute! Over the course of three nights, and four days, your child will participate in activities and lessons that provide exposure to careers in S.T.E.M and college readiness skill development.

This registration packet requests all of the information that we need in order to ensure your child’s safety and enjoyment during their stay on the Minnesota State University, Mankato campus. A separate registration packet must be completed for each child participating in the summer institute. Please take your time and carefully read through each item very carefully and be sure to complete each page thoroughly. As a general rule of thumb, if the information has been requested in this packet, it is needed in order to ensure that we can effectively and safely plan for your child stay for the duration of the program. With that being said, if there is a particular item that does not apply to your child, feel free to write n/a (not applicable) in the space beside this line item.

The 2015 Summer Institute will take place from Monday, June 29th - Thursday, July 2nd, 2015. The registration fee is $50 per child and is inclusive of all program costs including round trip transportation from our registered site in the Minneapolis Metro area, all meals and housing for the program. **Utilization of the group transportation is recommended but not required.**

Registration fees are due by **Thursday, June 18th at 4:00pm**. Please submit payment via check or money order made in the name of Institutional Diversity to:

**Institutional Diversity**
Briana Williamson
284 Centennial Student Union
Mankato, MN 56001

briana.williamson@mnsc.edu
(507) 389 - 1459

*Registration fees must be submitted in order to officially confirm your child’s place in the institute and are non-refundable. If you choose to withdraw your child from the Summer Institute, please notify Briana Williamson by email or phone at your earliest convenience to allow the space to be offered to another participant.*

Please see attached tentative schedule for more detail on scheduled activities.
Registration Form

Participant Information

Child’s Name_________________________________ Sex____ Age____ DOB_______ T-shirt Size______

Name of Middle School Child Attends__________________________________________________________

Home Address (Street) _______________________________________________________________________

City ______________________________________ State__________________ Zip_____________________

Ethnicity (optional but appreciated): ____________________________________________________________

Home Phone Number_________________________ Primary Email Address____________________________

Parent/Guardian Information

Please complete this information for persons with legal custody of the participant. Please do not include the information of any parent that does not have the authority to make decisions regarding the child’s wellbeing. By including parental information here, you are authorizing staff of MNSU, Mankato and the Future Leaders in S.T.E.M program to contact either of these persons at our discretion, as needed regarding the child.

Father’s Name ________________________________ Best Contact Number___________________________

Father’s Street Address (if different from child) ___________________________________________________

City____________________________________ State_____________________ Zip________________________

Father’s Place of Employment _________________________________ Work Phone____________________

Mother’s Name ________________________________ Best Contact Number__________________________

Mother’s Street Address (if different from child) __________________________________________________

City____________________________________ State_____________________ Zip_______________________

Mother’s Place of Employment _________________________________ Work Phone____________________

This child may be released to the person signing this agreement and/or the following

Name____________________________________ Address________________________________________

Best Contact Number_________________________ Relationship to Child___________________________

Relationship to Parent(s) or Guardian___________________________________________________________

Incomplete forms cannot be processed.
Registration Form

Emergency Contact

Persons to contact in the case of an emergency when parent or guardian cannot be reached:

Name______________________________________ Best Contact Number____________________________
Name______________________________________ Best Contact Number____________________________
Name______________________________________ Best Contact Number____________________________

Medical Information

Child’s doctor or clinic name__________________________________________________________________
Doctor/clinic phone__________________________________________________________________________
My child has the following special needs: _______________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
The following special accommodations may be required to most effectively meet my child’s needs while in the
program: ___________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
My child is currently on medication(s) prescribed for long term continuous use and/or has the following pre-
existing illness, allergies, or health concerns: _____________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Parent Printed Name _____________________________________________
Parent Signature _____________________________________________
Parent Date Signed _____________________________________________

Incomplete forms cannot be processed.
Medical Emergency

Child’s Name____________________________________ Sex________ Age________  DOB______________

Home Address  (Street) _______________________________________________________________________

City ___________________________________________  State_________________  Zip__________________

Race (Optional but appreciated) _______________________________________________________________

Home Phone Number___________________ Primary Email Address__________________________________

Parent Name _________________________________ Best Contact Number____________________________

Persons to contact in the case of an emergency when parent or guardian cannot be reached:

Name__________________________________ Best Contact Number_________________________________

Child’s doctor or clinic name__________________________________________________________________

Doctor/clinic phone__________________________________________________________________________

In the event of an emergency, we use the following health clinic:
Mankato Health Clinic Systems
1230 E. Main Street, Mankato MN 56001

Child’s Allergies ____________________________________________________________________________

Current Prescribed Medication ________________________________________________________________

Current Special Needs and Conditions__________________________________________________________

EMERGENCY MEDICAL AUTHORIZATION

In the event that my child, ___________________________ DOB________________ suffers an injury or illness while in the case of MNSU, Mankato and the Future Leaders in S.T.E.M program and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I, the parent understand that I shall assume responsibility for payment for such services.

Insurance Provider____________________________ Policy Number__________________________________

Parent Printed Name ________________________________________________________________________

Parent Signature __________________________________________________________________________

Parent Date Signed __________________________________________________________________________
Future Multicultural Leaders
Behavior Policy

The behavior of any one child carries the potential to affect the entire group, as such, we have found that the necessity exists to establish a code of conduct and agreement of discipline for our summer programs. Our pathway of intervention for student conduct and behavioral infractions is as follows:

**Step One:** Upon first notice of a behavioral infraction, the child will receive a warning. Depending on the severity of the infraction, the parent may be notified and asked to immediately communicate with the child regarding the behavioral issue.

**Step Two:** Upon second notification of the same or a similar issue, the child will be written up. At this stage, the parent will receive a copy of the write up via email. This will serve as the child’s official warning.

**Step Three:** Depending on the severity of the issue, at this stage, the parent may be required to pick up their child from the program. We are unable to transport children who are terminated from the program prior to its completion.

We ask that you read over the behavior policy with your child (ren) and explain the importance of following the rules. We include the rules of conduct to aid in the understanding of program expectations so that the experience can be enjoyable for you, your child and other children participating in the program.

Two Copies of this form are included. One is to be kept for your records; the other is to be returned with the registration packet.

**Code of Conduct**

1. Participants will follow directions given to them by the staff of the program, to ensure enjoyment and most importantly safety.

2. No fighting, arguing, or other forms of verbal or physical disrespect will be permitted to staff or other participants. Offensive language will not be tolerated. All participants must keep their hands and feet to themselves.

3. Participants must stay with the group. Participants are not allowed to leave the group and/or campus for any reason.

4. Destruction of MNSU, Mankato property or the property of others will not be tolerated. In addition to regular disciplinary action, parents will be responsible for cost of repairs or replacement of university property.

5. Linen service including a fitted sheet, flat sheet, blanket, pillow, pillowcase, bath towel, hand towel, and washcloth, has been requested for all participants. All items must be returned upon check out or parents will be responsible for the replacement cost of these items.

6. Each participant will be issued a room key. Costs (i.e. replacement, re-keying, and/or re-coring) incurred as a result of a room key not being returned will be billed to the parent.

Please sign below indicating agreement and understanding of the behavior policy and participant code of conduct.

Parent Printed Name

Parent Signature

Participant Printed Name

Participant Signature

Date Signed:
Parent Agreement

Institutional Diversity of MNSU, Mankato (Future Leaders in S.T.E.M program) agrees to provide care and supervision for your child for a period ranging from Monday, June 29th when they board the bus, or are dropped off and checked into the program, until the conclusion of the program Thursday, July 2nd, 2015 and are returned to the transportation site by bus or are picked up and checked out from the program.

- Institutional Diversity (Future Leaders in S.T.E.M program) will not distribute medication to children. If your child requires medication, a parent/guardian will be responsible for administering the medication or ensuring that the child is able to do so (this includes over the counter medicine).

- My child will not be allowed to enter or leave the program without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

- I acknowledge it is my responsibility to keep my child’s records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child’s physician, child’s health status, and immunization records, etc.

- The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

- Institutional Diversity (Future Leaders in S.T.E.M program) agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the program, and water-related activities occurring in water that is more than two (2) feet deep.

- I authorize Institutional Diversity (Future Leaders in S.T.E.M program) to obtain emergency medical care for my child when I am not available.

- I have received a copy of the Behavior Policy and agree to reinforce and abide by the policies and procedures that Institutional Diversity (Future Leaders in S.T.E.M program) mandates.

Parent Printed Name ___________________________________
Parent Signature _______________________________________     Date_________________________
Parental/Guardian Consent Form

We are sending you this parental consent form to both inform you and to request permission for your child’s photo/image and personally identifiable information to be published on the MNSU, Mankato website or local newspaper.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as the parent or guardian. Personally identifiable information includes student names, photo or image, residential addresses, e-mail address, phone numbers and locations and times of class trips. If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the program coordinator.

Please initial by one of the following choices:

________ I/We GRANT permission for a photo/image that includes this student and name to be published on the MNSU, Mankato website and/or Local Newspaper.

________ I/We DO NOT GRANT permission for a photo/image that includes this student and name to be published on the MNSU, Mankato website and/or Local Newspaper.

Participant Printed Name ______________________________
Parent Printed Name __________________________________
Parent Signature ______________________________________    Date_____________________


The registration fee, which is all inclusive, is $50.00. If paying this registration fee would prohibit your child from participating in the program, or cause unnecessary financial hardship, please complete the section below. Scholarship requests are processed on a first come, first serve basis.

Participant Name ________________________________________________________________

Parent/Guardian Name ____________________________________________________________

Address _________________________________________________________________________

Phone Number __________________________________________________________________

I am requesting a scholarship in the amount of $ __________

I am able to contribute the following amount $ ___________ (enclosed)

Reason for scholarship request:

_____ Receive Free Lunch

_____ Receive Reduced Lunch – will pay ½ of regular program fee.

_____ Other (please list reason below)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Things to Bring

*Minnesota State University, Mankato is not responsible for lost, stolen, or damaged items.

What to Bring

• Middle School ID (if you have one)
• Signed registration forms (unless your parents have already submitted these)
• Linens are provided but youth are welcome to bring their own items.
• Comfortable Tennis Shoes
• One Semi-Formal Outfit
• Sunscreen and/or insect repellent
• Toiletries and sandals for showering, including hair dryer
• Sweater or light jacket (meeting room can sometimes be cold)
• Umbrella and other rain gear
• Spending money if you want to shop at the bookstore
• Any personal prescription medicines (please keep in original bottles with prescription)
• Vikings memorabilia or gear if you wish to participate in some of the training camp activities (as time permits)

What not to Bring

• Alcohol or tobacco products
• Pets
• Explosive, incendiary materials, firearms, martial arts equipment, or weapons of any description, for any purpose
• Candles or incense
• Valuables, jewelry, large amounts of cash
• Expensive or easily damaged electronics
I wish to participate in the certain recreational, academic and/or team-building opportunities (“Physical Activities”) offered by Minnesota State University, Mankato, MN (“the University”). These Physical Activities may include one or more of the following: a challenge ropes course within an open field, climbing apparatus of various heights, including an outdoor wall and indoor rock wall, and/or various other physical activities within indoor gyms and outdoor spaces. Participants in the Physical Activities engage in activities requiring physical movements, including but not limited to, climbing, running, walking, skipping, jumping, throwing, twisting, turning, bending, lifting, swinging, and bodily contact.

I understand that the Physical Activities, even under the safest conditions, may be hazardous and that my participation may expose me to elements of risk that may include loss of or damage to personal property or bodily injury or death. Risks include, but are not limited to, psychological stress and physical injuries resulting from participation in the above-mentioned activities, as well as those resulting from bumping, falling, tripping, pulling, catching, impacting, exertion, sun and element exposure, and insect stings or bites, in addition to currently unknown or unforeseen risks, such as those that could occur due to natural phenomena. I am fully aware of the dangers and the risks to my person and property and elect to voluntarily engage in the Physical Activities. I understand I am under no compulsion to engage in the Physical Activities as a condition of being a student at the University, or for any other reason, and I freely elect to engage in the Physical Activities.

In consideration of the University’s agreement to permit me to participate in the Physical Activities, the receipt and sufficiency of which is hereby acknowledged, I agree as follows:

1) I agree to abide by the safety rules and regulations as set by the University staff. Failure to do so may place myself and others in danger and will disqualify me from participation, and I acknowledge that the Program staff may terminate my participation in the Physical Activities at any time at their sole discretion.

2) I hereby consent to allow the University staff to obtain emergency medical treatment for me that may be deemed advisable in the event of injury, accident or illness during this activity or event.

3) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the University, the Board of Trustees of Minnesota State Colleges and Universities, the State of Minnesota, and their employees, agents, officers, trustees and representatives (in their official and individual capacities) (“Releasees”) 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, damages, 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 Program whether caused by the negligence of the Releasees or otherwise; except that which is the result of gross negligence and/or wanton misconduct by the Releasees.

4) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the Releasees from any and all liability, loss, damage or expense, including attorney fees, that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including attorneys fees, which arise out of, occur during, or are in any way connected with my participation in the Physical Activities.

5) I acknowledge that as part of the University’s mission to advertise and promote the academic, recreational and team-building opportunities it offers, the University staff may take photographs of participants while they engage in the Physical Activities. I acknowledge that I may be photographed during my participation in the Physical Activities and freely and willingly consent to the University’s use of my likeness in print or on electronic media to promote the opportunities the University offers, unless I check the box below.

☐ I do not consent to the University’s use of any photograph of me taken during my participation in the Physical Activities.

6) I agree that this Assumption of Risk, Waiver of Liability, Release and Indemnification Agreement is to be construed under the laws of the State of Minnesota, U.S.A.; and that if any portion thereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. I agree that this Agreement is to be construed broadly to provide a release, indemnification and waiver to the maximum extent permissible under applicable law.

In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that I am at least eighteen (18) years of age, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Signature____________________________ Name____________________________ Date_____________
Participant 18 years of age or older (Print First and Last Name)

Note to Parents and Legal Guardians:
If participant is under 18 years of age, BOTH the participant and the legal guardian must sign this form.

In signing this document below I hereby acknowledge that I have read this entire document or had it read to me, 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.

Signature____________________________ Name____________________________ Date_____________
Participant under 18 years of age (Print First and Last Name)

Signature____________________________ Name____________________________ Date_____________
Parent or Legal Guardian (Print First and Last Name)
The information requested below is private data. As required under Minnesota Statutes 13.04, Subd. 2 (Teneness Act) you are advised that the data will be used in the event you require emergency medical treatment by other persons administering first aid or by medical personnel. You may refuse to supply the requested information and still be allowed to participate in the physical activities upon signing the Assumption of Risk, Waiver of Liability, Indemnification and Release. However, failure to provide the data may hamper the provision of emergency medical treatment to you in the event of injury or illness.

You are encouraged to consult your medical professionals if you have any questions about your participation. Please consult your physician if you are pregnant or think you may be pregnant, and/or if you have any heart or other conditions that may limit your ability to participate in the physical activities. This form applies to all activities or events in which you participate in conjunction with the ropes course, outdoor wall or indoor rock wall climbing, or any related physical activities.

Name ____________________________________________ Phone_______________________
Address_______________________________________________________________________
________________________________________________________________ Age _________
Contact Person in Emergency _____________________________ Phone(s) ________________
Address____________________________________________ Relationship ________________

HEALTH HISTORY (Describe condition/treatment where possible):
Allergies (e.g. insect stings, drugs, etc.)

Conditions requiring regular medication (e.g. diabetes, epilepsy)

List any medications you are currently taking:
Recent injuries, illnesses, operations:

Other physical disabilities or chronic conditions

Emotional or behavioral disorders (e.g. phobias)

I, the participant (or parent/legal guardian of minor applicant), assume full responsibility for the participant’s health being such that the physical activities will in no way aggravate any conditions present. If in doubt, medical advice will be sought and followed. The sponsoring agency will be notified of any changes in the applicant’s health status prior to trip departure. I realize that unforeseen hazards may exist because of natural occurrences beyond the control of the University staff.

I declare the statements on this form to be true.

Signature _________________________ Date _________________________

(Participant or Legal guardian of minor participant under 18 years of age)