Parent(s)/Guardian(s) of Girls Explore,

We are delighted that your child will be joining us for our 2015 Girls Explore STEM Camp! Over the course of 5 days, 1 night, your child will be introduced to engaging, fun topics of science, technology, engineering, and math. This camp will provide a stimulating and supportive environment to foster their love of STEM.

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 camp. Please take your time and carefully read through each item and be sure to complete each page thoroughly.

The 2015 Girls Explore STEM Camp is a 5 day, 1 night summer learning experience for middle school students, grades 6th-8th. The program takes place Monday, July 6, 2015 – Friday, July 10, 2015.

The registration fee is $150 per child.

Registration fees must be included with registration packet and is on a first come first serve basis. Please submit payment via check or money order made in the name of Women’s Center to:

Women’s Center
218 Centennial Student Union
Mankato, MN 56001

Registration fees and completion of the registration packet must be submitted in order to officially confirm your child’s place in the Girls Explore STEM Camp and are non-refundable.

If you choose to withdraw your child from the 2015 Girls Explore STEM Camp, please notify us by email or phone at your earliest convenience so that we can offer the space to an additional child on the waiting list.

Girls Explore STEM Camp
Women’s Center
507.389.6146
wcenter@mnsu.edu
REGISTRATION INFORMATION
PLEASE FILL IN ALL AREAS

Child’s Name ________________________________
Age _________ DOB ___________ T-shirt Size ________________
Name of Middle School Camper Attends ___________________________
Home Address ________________________________________________
City __________________________________________________________
State _________________ Zip ________________________________

Race (Optional but appreciated) __________________________________

Home Phone Number __________________________________________
Primary Email of Camper ______________________________________

Parent/Guardian Information:
Parent/Guardian 1 __________________________________________
Best Contact Number _________________________________________
Email Address ________________________________________________

Parent/Guardian 2 __________________________________________
Best Contact Number _________________________________________
Email Address ________________________________________________

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

Name ______________________________________________________
Best Contact Number________________________________________

Name ______________________________________________________
Best Contact Number________________________________________

Camper’s Clinic Name _________________________________________
Doctor Name ________________________________________________
Clinic Phone ________________________________________________
The following special accommodations may be required to most effectively meet camper’s needs while in the program:

________________________________________________________________________

Camper is currently on medication(s) prescribed for long term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

________________________________________________________________________

Will the camper need medication during the hours of the camp? YES NO (Circle one)

Parent/Guardian must bring medications to the camp in their original containers with accurate dosage requirements on it.

Has the camper had a recent illness or been exposed to a contagious illness? YES NO (Circle one) If yes please explain

________________________________________________________________________

What area of science, technology, engineering, or math is the camper most excited for?!

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Parent/Guardian Signature ____________________________________________

Date Signed ________________________________________________________
The behavior of any one camper 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 camper conduct and behavioral infractions is as follows:

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

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

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

We ask that you read over the behavior policy with your camper(s) 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 camper and other campers participating in the program.

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/guardians will be responsible for cost of repairs or replacement of university property.

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

Parent/Guardian Printed Name

Parent/Guardian Signature

Camper Printed Name

Camper Signature

Date Signed
Parent/Guardian Agreement

Institutional Diversity of MNSU, Mankato (Girls Explore STEM Camp) agrees to provide care and supervision for your child for a period ranging from Monday, July 6, 2015 - Friday, July 10, 2015 when they are dropped off in the morning at 8am and checked in until the conclusion of the program at 4pm each day. On Thursday, July 9, my child will be staying overnight at MNSU, Mankato for an overnight camp experience as a part of the Girls Explore STEM Camp.

• My child will not be allowed to enter or leave the program without being escorted by the parent(s)/guardian, 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.

• I authorize Institutional Diversity (Girls Explore STEM Camp) to obtain emergency medical care for my child when I am not available.

• I authorize my child to participate in all of the activities pertaining to the Girls Explore STEM Camp during July 6, 2015 - July 10, 2015 with the supervision of the camp staff.

• I have received a copy of the Behavior Policy and agree to reinforce and abide by the policies and procedures that Institutional Diversity (Girls Explore STEM Camp) mandates.

Parent/Guardian Printed Name _____________________________________________

Parent/Guardian Signature ______________________________________________

Date Signed ___________________________________________________________
PHOTO CONSENT FORM

We are sending you this parental consent form to both inform you and to request permission for your camper’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 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 signing this document.

Please initial by one of the following choices:

_________I/We GRANT permission for a photo/image that includes my camper 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 my camper and name to

Camper Name _______________________________________

Parent/Guardian Printed Name _________________________________

Parent/Guardian Signature ___________________________________

Date Signed _______________________________________________
THINGS TO BRING

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

What to Bring

Daytime activities
- Middle School ID (if you have one)
- Signed registration forms (unless your parents have already submitted these)
- Comfortable tennis shoes
- Sunscreen and/or insect repellent
- 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)

Overnight
- Sleeping bag and pillow
- Toiletries and sandals for showering, including hair dryer
- Sunscreen and/or insect repellent
- Sweater or light jacket (meeting room can sometimes be cold)
- Snacks
- Clothes for the next day

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: GIRLS EXPLORE STEM CAMP and/or various other physical activities within indoor gyms and outdoor spaces and/or MINNESOTA STATE UNIVERSITY, MANAKTO. 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, touching, feeding, being around animals, hands on science experiments in university labs, cutting, involvement in non-contact activities, homesickness, and a general sense of being overwhelmed by an unfamiliar college environment, standing in a pond, disfigurement, temporary or permanent disability (including paralysis), psychological stress and physical injuries resulting from participation in the above-mentioned activities, as well as those resulting from bumping, falling, tripping, pulling, walking, 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 GIRLS EXPLORE STEM CAMP 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. 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.

2) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the University, Minnesota State Colleges and Universities (MnSCU) MnSCU Board of Directors, the State of Minnesota, and its 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 attorney 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.
ASSUMPTION OF RISK, WAIVER OF LIABILITY, INDEMNIFICATION AND RELEASE CONTINUED

3) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) 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 attorney fees, which arise out of, occur during, or are in any way connected with my participation in the Physical Activities.

4) 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 Girls Explore STEM Camp Physical Activities.

5) 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.

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 registration fee, which is all inclusive, is $150.00. 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 case by case 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 1/2 of regular program fee.

_________ Other (please list reason below):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________