June 11, 2015

Dear Science Detectives Camp participants,

The start of UW-Whitewater’s “Science Detectives Camp” is fast approaching. We are excited to have you on campus August 11-13, 2015 for this event! I am writing to review some important information that you will need to know prior to the start of the camp.

The approximate schedule for the camp is:

**Tuesday, August 11, 2015**
8:30-8:45am – Check in and Camp Welcome
(Upaham Hall First Floor Atrium; Staff will be available for check-in as early as 8:15am)
8:45-10:15am – Science Session 1
10:15-10:30am – Break/Snack
10:30-12:00 – Science Session 2
12:00-12:45pm – Lunch
12:45-2:15 – Science Session 3
2:15-2:30 – Break
2:30-4:00 – Science Session 4
4:00-4:15 – Daily Wrap-up/Camper pick-up (Upaham Hall First Floor Atrium)

**Wednesday, August 12, 2015**
8:30-8:45am – Morning Welcome (Upaham Hall First Floor Atrium)
8:45-10:15am – Science Session 1
10:15-10:30am – Break/Snack
10:30-12:00 – Science Session 2
12:00-12:45pm – Lunch
12:45-2:15 – Science Session 3
2:15-2:30 – Break
2:30-4:00 – Science Session 4
4:00-4:15 – Daily Wrap-up/Camper pick-up (Upaham Hall First Floor Atrium)

**Thursday, August 13, 2015**
8:30-8:45am – Morning Welcome (Upaham Hall First Floor Atrium)
8:45-10:15am – Team projects (Subject assigned based on preferences indicated at registration)
10:15-10:30am – Break/Snack
10:30-12:00 – Team projects (Subject assigned based on preferences indicated at registration)
12:00-12:45pm – Lunch
2:15-2:30 – Team poster design
2:30-2:45 – Break
2:45-3:00 – Poster session set-up
3:00-4:00 – Family and Friend Visitation/Student Poster Sessions/Camp Video Recordings (Upham Hall)
4:00-4:15 – Daily Wrap-up/Camper pick-up (Upham Hall First Floor Atrium)
* Please note: All students will participate in physics, chemistry, biology, and geography sessions on both Day 1 and Day 2. Physics and chemistry sessions will meet in Upham Hall labs/classrooms. Biology and geography sessions will meet in a combination of Upham Hall labs/classrooms and outdoor spaces. Please wear sunscreen and insect repellent, closed-toe shoes, and weather-appropriate clothing.

Included with this letter please find these documents:
1. Checklist of items that you will need to bring to the University
2. General and Emergency Information
3. Risk Agreement Form that our campus requires. Please complete and bring it with you to check-in on August 11th, 2015

Our professors have designed some amazing science activities to spark your interest and help you learn more about the wonderful world of science in an interactive and hands-on way. Students will be divided into small groups (12 students maximum) so that everyone is able to participate directly in the activities and get the most out of the camp! We look forward to meeting you and diving deeper into these amazing subjects! See you on Tuesday, August 11th!

Sincerely,

[Signature]

Dr. Anna M. Courtier, Science Outreach Coordinator
College of Letters and Sciences
Science Detectives Camp Checklist & General Information

Things to Bring/Wear:
- Closed toe shoes. You will be working in real science labs, so it is important that you wear closed toe shoes to protect your feet. No students will be allowed in the labs with sandals or flip flops.
- Sunscreen and insect repellant. Please apply this before coming to camp each morning. Biology and geography sessions will spend time outdoors!
- Comfortable, weather-appropriate clothing. Many science sessions will involve moving around and you will want to be comfortable, both indoors and out.
- Your lab notebook and a pencil. You will be provided with a lab notebook at check-in on the first day of camp, please bring this back with you every day!
- Upon registration, you should have received a link to fill out a HealthEcamper form for each student camper. Please be sure to do this, as students who have not submitted their health information prior to the start of camp will not be allowed to participate.

Notes of interest for science sessions:
Biology and Geography sessions on August 11th and 12th: These sessions will spend time outdoors and may involve moderate physical activity. Please inform the camp director before these sessions if physical activity might be an issue for you, or if additional accommodations may be necessary. (All requests will be kept confidential.)

Check In:
Check in will occur from Tuesday, 8:30-8:45am on August 11th in the first floor atrium of Upham Hall. Camp staff will be available beginning at 8:15 for early check-in. If, due to some extraordinary circumstance, you must arrive late or early, please let us know by calling 262-472-7161. Parking is available in Lot 7 at no cost. Please bring all completed forms with you to the camp check-in.

Emergency:
You may use the following numbers to reach camp staff (and campers, during camp hours):

Anna Courtier, Science Outreach Coordinator
Office Phone: 262-472-7161 (Note: All voicemails are automatically forwarded to email inbox)
Cell Phone (emergency use only, please): 540-560-8949
E-mail: courtiea@uww.edu

Summer Camp Office: 262-472-3165

Emergency Phone Number: 262-472-4200
Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, ________________________________, (print name), age _______, desire to participate voluntarily in the University of Wisconsin – Whitewater’s Science Detectives Camp August 11-13, 2015.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT: RISK MANAGEMENT AND SAFETY AT (262)-472-1856.

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the university has advised me to seek the advice of my physician before participating in the above named program. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for by the University or the State of Wisconsin. I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Signature: ________________________________ Date:______________________

Signature of Parent or Guardian
(If Participant is under 18*): ________________________________ Date:______________________

Hold Harmless, Indemnity and Release:

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Whitewater, and their officers, employees, agents, volunteers, and all others who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Whitewater, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

Signature: ________________________________ Date:______________________

Signature of Parent or Guardian
(If Participant is under 18*): ________________________________ Date:______________________

Consent for Emergency Treatment:

I authorize the University of Wisconsin-Whitewater and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: ________________________________ Date:______________________

Signature of Parent or Guardian
(If Participant is under 18*): ________________________________ Date:______________________

*If your son, daughter or ward will be under 18 while participating, it is our policy to request your agreement to the above terms on behalf of your minor son, daughter or ward.

4/7/2010