



June 20, 2011

Dear CyberHigh Camper

UW-Whitewater's CyberHigh Camp is just around the corner – July 21-22. A busy and fun two days have been planned, and we are looking forward to meeting you. Following you will find important information about the camp. Please take some time to read it carefully.

Check-in & Check-out

Check-in is scheduled for Thursday, July 21 from 8-8:30 a.m. in Bigelow Hall on the UW-Whitewater campus. A campus map is enclosed in this mailing. However, driving directions and a copy of the UW-Whitewater campus map can also be found at <http://www.uww.edu/Campus/>. The most convenient parking is in Lot 7.

Check-out will take place from 2:45-3 p.m. on Friday, July 22 in Fischer Hall.

Items to be Completed and Returned at Check-in

Acceptable Use Policy

The safety of your daughter as well as the other campers is important to us. We are well aware of the concerns that many parents have regarding the use of technology, in particular the Internet. It is our expectation that all campers will use the technology appropriately and for educational purposes. Please read and review the enclosed CyberHigh Acceptable Use Policy with your daughter. A signed copy of this policy must be brought to camp on the first day.

Health History Questionnaire/Consent Form

Please complete the enclosed Health History Questionnaire/Consent Form. This form is required or campers will not be allowed to participate in the camp.



CONTINUING EDUCATION SERVICES

2005 Roseman Building • 800 West Main Street • Whitewater, WI 53190-1790
Phone 262-472-3165 • FAX 262-472-5241 • E-mail cesevents@uww.edu

Cell Phone Policy

So as not to distract instructors, staff, and other campers, use of cell phones (including texting) during camp is strictly prohibited. If they are not absolutely necessary, we ask that they be left at home. If you need to contact your daughter during the camp, please call one of the following:

7 a.m. – 4:30 p.m. Continuing Education at 262-472-3165 or
ITBE Department at 262-472-1322

4:30 p.m. – 7 a.m. Allie Zusan, Co-Director at 262-458-7030

Other Policies/Rules

Please read the enclosed list of CyberHigh policies and rules. These rules will be strictly enforced.

What to Bring

Please review the enclosed list of suggested items to bring to camp. Most of our activities will take place in air-conditioned buildings. Temperatures in these buildings can be cool. You may want to bring a sweatshirt or sweater. Additionally, we will be swimming on Thursday night. So, be sure to bring a swimsuit.

We are looking forward to a fun and exciting week. Please remember to complete and return (at check-in) the following: Acceptable Use Policy and Health History Questionnaire/Consent Form.

If you have any questions, please contact us either via e-mail (techcamps@uww.edu) or via phone (262) 472-1322.

Sincerely

John Chenoweth, Sara Deschner, Denise Schulz, & Allie Zusan

John Chenoweth, Sara Deschner, Denise Schulz & Allie Zusan
CyberHigh Camp Committee

2011 CyberHigh Policies & Rules

These rules have been established to make this camp an enjoyable and safe experience for everyone. Any breach of these rules will result in the immediate notification to parents and the student will be dismissed from the camp. Students so dismissed will not receive any refund of camp fees.

1. Smoking, the use of alcohol and other drugs, firearms weapons or fireworks are prohibited. Parents will be notified and violators will be sent home immediately. There will be no refund of fees for violation of this policy.
2. All campers are confined to the University campus property; any trips off campus require written permission from the parent and approval of the camp director or head counselor. All campers making off campus trips must be accompanied by a staff member unless written permission from the parent is provided.
3. Any damage to University property by campers will be paid for by the camper or his/her parents.
4. Campers are encouraged to have their own health insurance as limited accident insurance is provided by the University. University insurance coverage is included in your registration and covers you only while you are on campus and for camp-related accidents. If you are a commuter, this insurance will not cover you while you are traveling to or from camp. Camp insurance does not cover pre-existing injuries.
5. You will be given a meal card that you must bring to every meal. Lost or destroyed cards will be replaced at the dining center at a fee to the camper.
6. Campers are not allowed to enter any residence hall other than the one assigned to their camp. Boys are not allowed to enter girls' rooms and vice versa. With the exception of check-in and check-out, no visitors are permitted in your room at any time.
7. Campers are responsible for their own money and personal items; the University and the camp are not responsible for lost items. **KEEP YOUR DOORS AND LOCKERS LOCKED AT ALL TIMES. DO NOT SHARE YOUR ROOM COMBINATION OR KEYS WITH OTHERS.**
8. There will be no hazing, taunting or teasing of other campers or guests on campus. Violators will be dealt with accordingly.
9. Any camper who is ill or injured should first notify instructors if possible. If not, report to training room inside Williams Center.
11. All campers must be in the residence halls before 11 p.m. when the doors are locked. Lights in your room should be off by 11:15 p.m. sharp. No individuals from other camps or from the community are permitted in the residence hall without permission of the Camp Director.

What to Bring to CyberHigh

- Sleeping Bag or Bed Linens
- Pillow
- Personal Clothing – don't forget a swimsuit
- Towel(s)
- Personal Care Items (soap, shampoo, toothbrush, toothpaste, etc.)
- Fan (there is no air conditioning in the dorms)
- Alarm Clock

University of Wisconsin – Whitewater CyberHigh Camp Computer Acceptable Use Policy

Please read the following excerpts from the UW-Whitewater Acceptable Use Policy and indicate your agreement to the policy by signing at the end of the document.

Appropriate Use

Listed below are the policies that govern data network access and usage for students, staff and faculty at the University of Wisconsin Whitewater.

1. Authorized users

Authorized users are (1) current faculty, staff, and students of the University; (2) individuals connecting to a public information service supported on the Campus network and (3) others who are specifically authorized to use a particular computing or network resource by the campus unit responsible for the resource.

2. General Guidelines

Those who use the campus network resources are expected to do so responsibly, that is, to comply with state and federal laws, with this and other policies and procedures of the University, and with normal standards of professional and personal courtesy and conduct.

3. Security

Information security at UW-Whitewater is everyone's responsibility. To maintain security in using the campus network services, it is important to adhere to the following guidelines:

Protect your login ID and password. Computer accounts, passwords, ids and other types of authorization are assigned to individual users and should not be shared with others.

Be aware that the person to whom an account is assigned will be held accountable for any activity originating from that account.

Do not access data or systems for which you have not been given specific authority.

Take reasonable steps to ensure that your desktop or laptop computer system does not create a security risk when connected to the network, including keeping anti-virus software and operating patches up-to-date.

Report security violations.

4. Confidentiality

Information stored on computers is considered confidential, whether protected by the computer system or not, unless the owner intentionally makes that information available to other groups or individuals. The University of Wisconsin Whitewater takes the position that computer users desire that the information that they store on central and/or campus shared computing resources remain confidential.

While all efforts will be made to ensure confidentiality, users should be aware that data (including e-mail) might, due to software or hardware failure, become accessible to those who are not explicitly authorized for that access. iCIT personnel may also on occasion have access to such data while performing routine operations or pursuing apparent systems or user problems. No guarantee of complete privacy is made or implied by this policy.

Requests for the disclosure of confidential information will be governed by the provisions of the Family Educational Rights and Privacy Act of 1974 (FERPA) and the Wisconsin Open Records Statutes (Chapter 19, ss. 19.31 - 19.39, Laws of 1992). All such requests will be honored only when approved by University officials who are the legal custodians of the information requested, or when required by state or federal law, or court order. Users found to be copying, modifying, or otherwise accessing information for which they have not been granted permission may be liable to disciplinary action.

Unacceptable Use

Network resources at UW-Whitewater may not be used for unlawful activities, commercial purposes not associated with the University, or uses that violate other University policies or guidelines. The following activities are NOT acceptable use of the campus network resources:

- Damaging or performing unauthorized removal of networking equipment, software or data
- Tampering with network hardware, wiring, or software
- Disrupting or interfering with the normal operation of network communications, generating excessive network activity or performing unauthorized monitoring of network traffic
- Willfully introducing computer viruses or other disruptive programs into the university network, which are intended to damage or create excessive load on network resources
- Intentionally violating or attempting to bypass network security strategies
- Using unauthorized accounts, passwords, IP addresses or other network access information
- Accessing or modifying any software, files, data or other university information for which an individual has not been given authorization
- Using network resources to harass or intimidate others
- Using network resources to impersonate others or to forge another's identity
- Interfering with the computing activities of others.
- Setting up network services or equipment without knowledge or involvement of iCIT.
- Violating state, federal or copyright laws
- Using network resources for commercial activity or financial gain which does not conform to UW-W rules and regulations.

I have read the above policy and agree to abide by the terms listed.

Student

Date

Parent/Guardian

Date

HEALTH HISTORY QUESTIONNAIRE

Participant
 Name _____ Camp/Event _____ Camp Dates _____
 Home Address _____ City _____ State _____ Zip _____
 Sex () M () F D.O.B. _____ Height _____ Weight _____ Email _____
 Parent/Guardian _____ Relationship _____
 Home Phone _____ Work Phone _____
 Address if different than participant's _____
 Contact person in case of injury or illness.
 Name _____ Relationship _____ Phone _____
 Name of Physician _____ Phone _____
 Name of Insurance Co. _____ Policy Number _____

MEDICAL HISTORY

Immunization Record

MMR (measles, mumps, rubella) _____ / _____ / _____
 Dose 1 - Immunization at 12 months _____ / _____ / _____
 Dose 2 _____ / _____ / _____

Tetanus-Diphtheria _____ / _____ / _____
 Year of initial series _____ / _____ / _____
 Year of last tetanus booster _____ / _____ / _____

Has the participant ever had major surgery or been hospitalized? () Yes () No
 Please explain any significant operations, accidents, or illness, and last medical attention and reason _____

Does the participant have any physical condition(s) requiring special considerations? Explain

Is participant taking medication? () No () Yes
 IF YES, complete the consent for medical administration

Does participant have allergic reaction to: (check box if YES)

- () Penicillin _____
- () Other Antibiotics _____
- () Other Medicines (type) _____
- () Insect Bites/Stings _____

Has participant had or is presently experiencing the following (check box if YES)?

- () Allergies _____
- () Asthma _____
- () Bleeding Disorder _____
- () Cancer _____
- () Colitis _____
- () Diabetes _____
- () Epilepsy/Seizures/Blackouts _____
- () Heart Disease _____
- () Hernia _____
- () Other _____
- () High Blood Pressure _____
- () Joint Injury/Surgery _____
- () Kidney Disease _____
- () Menstrual Difficulties _____
- () Mental/Emotional Problems _____
- () Neck/Back Pain/ Injury _____
- () Rheumatic Fever _____
- () Tuberculosis _____
- () Ulcer _____

CONSENT FOR MEDICAL TREATMENT

• If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent in the event that medical treatment is warranted.
 • By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
 • By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
 • By signing below you agree to hold harmless and indemnify the state of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Whitewater, their officers, agents and employees, from any and all liability, loss, damages, costs or expenses which are sustained, incurred, or required arising out of the actions of your dependent in the course of the camp/event.
 Signature of Parent or Guardian if under 18 _____ Date _____ PLEASE COMPLETE CONSENT FORM

CONSENT FOR MEDICATION

PARENTS OF CAMPERS UNDER AGE 14:

If your son/daughter/ward will be under the age of 14 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy that we collect, secure and administer any prescription medication brought to camp. Exceptions are only for a limited amount of medication for life-threatening conditions (e.g. bee sting, medication inhaler). Non-prescription medications or devices may be carried by the camper provided the Medication Consent Form has been signed by a parent or guardian. *Please complete the following:*

No medication has been brought to camp.

My son/daughter/ward has brought the following non-prescription medication to camp and will administer it him/herself. Name of Medication(s) _____

My son/daughter/ward has brought the following emergency medication (i.e., bee sting kit, inhaler) to camp and has our permission to self administer them. Please complete the following.

Name of Medication(s) _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

My son/daughter/ward has brought the following prescription medication to camp; I understand it must be collected, secured, and administered by the Camp Health Staff. (If this option is checked, please complete the following; make copies of this form if needed):

Name of Medication 1 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Name of Medication 3 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Signature of Parent/Guardian _____ Date _____

PARENTS OF CAMPERS AGE 14-17:

If your son/daughter/ward will be between the ages of 14-17 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy to secure your consent regarding the dispensing of prescribed medication and for the use of medical devices. *Please complete the following:*

No medication has been brought to camp.

I give permission for the medication or medical devices to be self-administered by my son/daughter/ward. He/she has brought the following medication to camp:

Name of Medication (s) _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Signature of Parent/Guardian _____ Date _____

I request that the medication or medical devices be collected, secured and administered by the Camp Health Staff. (If this option is checked, please complete the following):

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Name of Medication 3 _____ Prescribing Doctor _____ Doctor's Phone _____

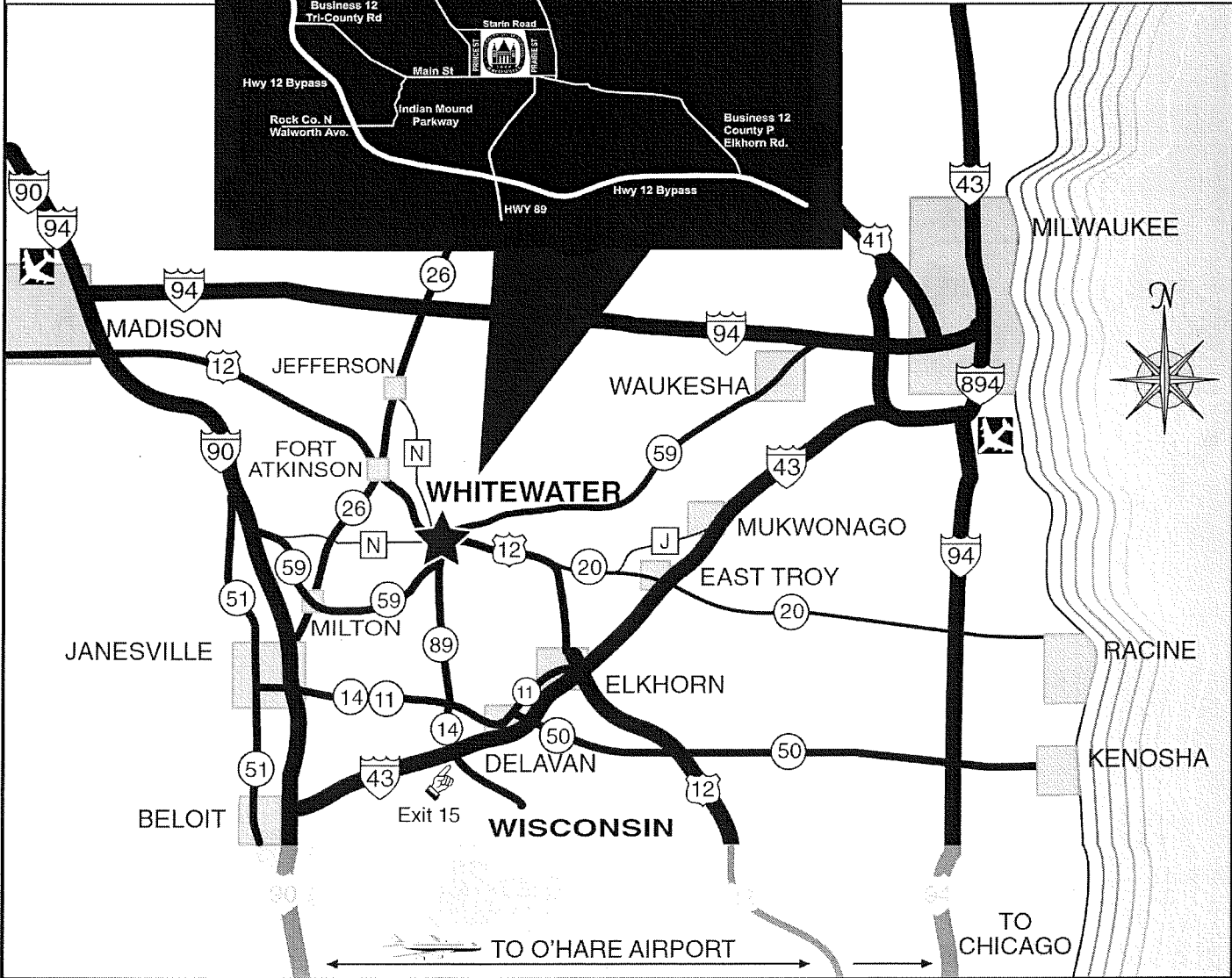
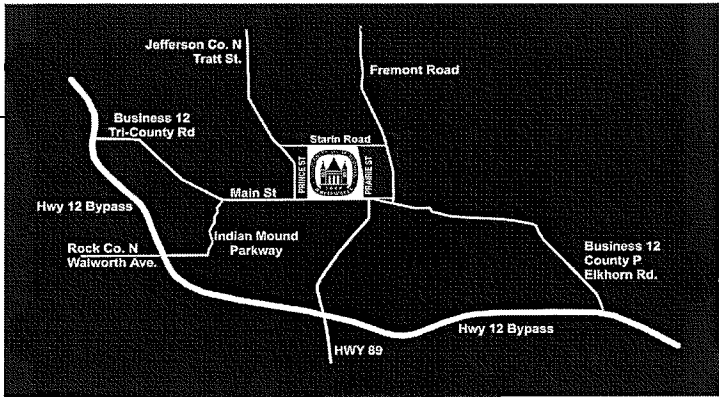
Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Signature of Parent/Guardian _____ Date _____



UNIVERSITY OF WISCONSIN
WHITEWATER
STAY CLOSE. GO FAR.



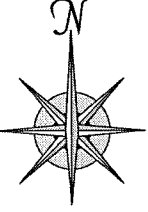
22
LAWSON LOT

OUTDOOR ATHLETIC COMPLEX
FOSTER TRACK
PRUCHA BASEBALL DIAMOND
VANSTEENDEREN SOFTBALL COMPLEX
VARSITY SOCCER FIELD
FOOTBALL PRACTICE FIELDS

PERKINS STADIUM

STADIUM ATHLETIC BUILDING

STUDENT ATHLETIC COMPLEX



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WHITEWATER
STAY CLOSE. GO FAR.

UW-WHITEWATER
NATURE PRESERVE, TRAILS
& RECREATION AREA

24
STADIUM LOT

PICNIC AREA

SCHWAGER DR.

SCHWAGER DR.

SCHWAGER DR.

18
ESKER LOT

19
TUTT-WELLERS LOT

INTRAMURAL FIELDS

RUGBY FIELD

DAVID L. KACHELDOLK FIELDHOUSE
WILLIAMS CENTER

11
WILLIAMS CENTER LOT

ESKER DINING HALL

TUTT HALL

WELLERS HALL

POWER PLANT

WELLS RESIDENCE HALL

KNILANS HALL

SCHWAGER DR.

8
BIGELOW LOT

TENNIS COURTS

9
WARHAWK DRIVE LOT

17
FISCHER LOT

CALVARY CEMETARY

LOT 4

STARIN PARK

BIGELOW
LEE
FRICKER
AREY
CLEM
DRUMLIN DINING HALL
BENSON

8
BIGELOW LOT

7
STARIN ROAD LOT

VISITOR CENTER

FISCHER

GAOUIE

MORaine BOOK STORE

15
HC LOT
HEALTH CENTER

CAMPUS MINISTRY

LESTER

W. STARIN RD.

W. STARIN RD.

STARIN HALL

WHITE HALL

HYLAND HALL

14
STARIN-PRAIRIE LOT

UPHAM HALL

LOT 3

CARLSON HALL

MCCUTCHAN

WYMAN MALL

ROSEMAN

WINTHER HALL

HEIDE HALL

UNIVERSITY CENTER

LITTLE RED SCHOOLHOUSE

LOG CABIN

OBSERVATORY

ALUMNI CENTER

HYER HALL

MCGRAW HALL

12
LIBRARY LOT

JOHN L. VOORHEES AUDITORIUM

GREENHILL CENTER OF THE ARTS

1
ARTS LOT

CHOPP ARBORETUM

SALISBURY ARBORETUM

ANDERSEN LIBRARY

W. MAIN STREET

US HWY 12

FENCE STREET

W. FLORENCE STREET

N. TRAIT STREET

L. WISSEY CT.

N. BRINCE STREET

WYMAN MALL

WYMAN MALL

N. PRAIRIE ST.

N. EASTERN ST.