



## Summer Science Institute 2022

For twenty-four summers, middle school students (incoming 6th, 7th, and 8th) have the opportunity to explore fun applications of science, technology, engineering and mathematics in an exciting, hands-on, team-oriented atmosphere on the Auraria Campus.

Metropolitan State University of Denver faculty will teach classes based on Colorado content standards in an activity-oriented setting. Students have a better chance of learning and retaining information if they participate and engage in an activity rather than sit in a lecture.

Students will attend a two week **half day** session. Students will be provided lunch each day. Daily attendance is required. All activities are supervised.

### This is a two week half day program

		Week One	Week Two
<b>Morning Session</b> 8:15 a.m. - 8:30 a.m. Drop Off 8:30 a.m. - 11:30 a.m. Class 11:30 a.m. - 12:00 p.m. Lunch 12:00 p.m. - 12:15 p.m. Pick UP	Mon	Solar Energy	Robotic Controls And Sensing
	Tues	Design Thinking	Rocket Science
	Wed	Chemistry	Meteorology
	Thur	Microbiology	Genetics
	Fri	Water Environment and Sustainability	Lean Thinking
<b>Afternoon Session</b> 12:15 p.m. - 12:30 p.m. Drop Off 12:30 p.m. - 1:00 p.m. Lunch 1:00 p.m. - 4: 00 p.m. Class 4:00 p.m. - 4:15 p.m. Pick Up			

Please complete the application and contract and send it along with your payment of \$400.00 to the address on page 10. Make checks payable to MSU Denver.

*A \$40 fee will be assessed for any check returned due to non-sufficient funds.*

## Summer Science Institute 2022 Session Dates

Please indicate first choice with "1", second choice with "2"  
(Your session will be chosen on availability. You may not always get your 1st choice.)

### Session I: June 6 – June 17

**Morning Session**  
8:30–11:30    Lunch 11:30–12:00  
**Preference:** \_\_\_\_\_

### Session II: June 6 – June 17

**Afternoon Session**  
Lunch 12:30-1:00    1:00-4:00  
**Preference:** \_\_\_\_\_

### Session III: June 20 – July 1

**Morning Session**  
8:30–11:30    Lunch 11:30–12:00  
**Preference:** \_\_\_\_\_

### Session IV: June 20 – July 1

**Afternoon Session**  
Lunch 12:30-1:00    1:00-4:00  
**Preference:** \_\_\_\_\_

### Session V: July 11 – July 15

**Morning and Afternoon Session**  
8:30 – 4:00        Lunch 12:00-12:30  
**Preference:** \_\_\_\_\_

## APPLICATION AND CONTRACT AGREEMENT

### Behavioral Guidelines

In order to create a rewarding and successful Summer Science Institute, student behavioral guidelines must be followed. This contract explains what is expected of student during the two-week program.

- a. Students are expected to follow instructions from instructors and camp counselors.
- b. Students are to remain in the classroom or designated area with other students and counselors at all times.
- c. Students will be responsible for working carefully, safely, and cooperatively with others. In addition, students will immediately inform the Director/staff/camp counselors of any concerns for personal safety.
- d. Please do not bring any money with you. Lunch and snacks will be provided.
- d. Students are expected to act in an orderly manner at all times.
- e. Please do not bring any money with you, lunch and snacks will be provided.
- f. Students who bring valuables do so at their own risk (such as jewelry, cells phones). If student does bring a cell phone, they are expected to keep their cell phone on vibrate while at the program.
- g. Students will be considerate of speakers, faculty/instructors, facilities, and other students. **Disruptive and inconsiderate behavior (including actions and/or language) will not be permitted and the student will be asked to leave the camp.**
- h. Bullying is not tolerated. A student who participates in bullying will be asked to leave the camp.
- i. Follow all required health protocols (page 4). Not following health protocols will result in the participant being asked to leave the camp.

### Disciplinary Procedures

If the student is not behaving according to the guidelines, they will be removed from the class and spoken to about their behavior. The parent will be made aware of the situation. If the student's behavior does not improve, the student will be asked to leave the program.

**Your signature is your acknowledgement that you understand the rules and are willing to adhere to the behavioral guidelines.**

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## COVID 19 Health Protocols and Self-Assessment Agreement

### You Agree to Follow the Health COVID 19 Protocols:

These protocols are to protect the health and safety of all persons on the Metropolitan State University of Denver campus.

- Perform a health assessment daily before coming to campus (see below).
- Wear a mask **if required** on campus when in the presence of others (Bandanas and buffs are not acceptable face coverings).
- Wash your hands frequently or use hand sanitizer on the way in and out of buildings.
- Maintain physical distancing of at least six feet **if required**.
- Comply with occupancy limits posted on elevators; maintain physical distancing if using the stairs **if required**.

### You Agree to the Following Required Daily Health Assessment:

Each member of the campus community is required to perform this self-assessment prior to leaving home. If you are not feeling well or have any of the following symptoms, please do not come to campus.

**Do you have any of the following symptoms? Yes or No**

- Fever or elevated body temperature (100.4 or higher)
- New cough
- Shortness of breath or difficulty breathing
- Runny nose
- Headache
- Sore throat
- Muscle pain/body aches
- Nausea/vomiting/diarrhea
- Loss of taste or smell
- Chills and/or repeated shaking with chills
- Have you had direct contact with a person with Covid-19 in the past 14 days?
- In the last two weeks, have you worked or volunteered at a health care facility?
- Were you diagnosed with a positive case of Covid-19 in the past 30 days?

By your signature, you agree to each statement above and release Metropolitan State University of Denver from any and all liability for unintentional exposure or harm due to COVID-19.

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Name of Student

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Parent or Guardian Signature

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Date

**Student Information**

Name of Student: \_\_\_\_\_

Gender: Female  Male  Prefer Not to Answer 

Birthdate: \_\_\_\_\_

Please **check** one of the following:African American  American Indian  Alaskan Native Asian  Caucasian  Hispanic  Multi-Racial Prefer Not to Answer 

Other: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

**Do you qualify for free or reduced lunch?**Yes  No  Prefer Not to Answer

**Emergency Contact Information**

Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Primary Number: (c)  (h)  (w)  \_\_\_\_\_

Secondary Number: (c)  (h)  (w)  \_\_\_\_\_

Student Cell: \_\_\_\_\_

**Person to contact if parents cannot be reached**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Number: (c)  (h)  (w)  \_\_\_\_\_

Person(s) to whom the student may be released if different from the listed parent/Guardian:

1) \_\_\_\_\_ (2) \_\_\_\_\_

**Statement of Student's Health**

A. Are there any known allergies of which we should be advised?  
If yes, please explain: \_\_\_\_\_

B. Is the student currently taking any medication or under medical supervision?  
If yes, please explain: \_\_\_\_\_

C. Is the student on a special diet?  
If yes, please explain: \_\_\_\_\_

D. Are there any special needs of which we should be advised that are not covered on this form? If yes, please explain in detail:  
\_\_\_\_\_

How Did You Hear About Our Summer Science Program?

SSI Brochure      School      Other:      Website      Friends

Please Specify \_\_\_\_\_

### Hold Harmless Accident

I understand, as an individual voluntary participant, hereinafter referred to as “Participant”, in the Center for Advanced STEM Education (CASE) **Summer Science Institute** Program, hereinafter referred to as the “Program” does hereby agree to assume all risk of personal injury or loss, bodily injury including death, damage or loss or destruction of any personal property occurring in connection with or arising out of participation of the Program.

By my signature, I hereby recognize and acknowledge that there are certain risks inherent in participation in the Program, which I voluntarily accept and assume. I hereby also agree to hold harmless, release and forever discharge, CASE and the Regents of Metropolitan State University of Denver, its officers, agents, administrators, employees and students from and against any and all claims, demands, costs and expenses including attorney’s fees, arising out of or in any way connected with any bodily injury sustained by me or any liabilities related to any such injury or loss.

I hereby agree to acquire, read and abide by all the regulations for conduct as provided for participation in the program.

**Notice: This is an important document:** Please read carefully before signing and consult a legal advisor should you have any questions regarding the meaning/implications of this document.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**METROPOLITAN STATE UNIVERSITY OF DENVER  
Center for Advanced STEM Education Photography/Image Release**

I give my permission for Metropolitan State University of Denver, Center for Advanced STEM Education to use my photograph/image in any official publication of the College, including, but not limited to, multimedia productions such as television, video, the MSU Denver website, etc. and I release all rights to the aforementioned photograph/ image. I also understand that I will not be compensated monetarily for my time or for the use of my image.

Summer Science Institute 2022	Summer 2022
Project /Event	Date

Camp Counselors/Instructors	MSU Denver Campus
Photographer	Location

**Name of Student** \_\_\_\_\_

<b>Parent or Guardian Signature</b>	<b>Date</b>
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**Email Contact Release**  
**METROPOLITAN STATE UNIVERSITY OF DENVER**  
**Center for Advanced STEM Education**

I give my permission for Metropolitan State University of Denver, Center for Advanced STEM Education to contact me through email with a short survey on my child’s interest in STEM after attending the Summer Science Institute.

Summer Science Institute 2022

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Project /Event

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Name of Student

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Parent or Guardian Signature

Date

**Please Initial all that Apply and Sign**

\_\_\_\_\_ We \_\_\_\_\_ have read the Contract Agreement Rules and agree to abide by them for the duration of the Summer Science Institute.

\_\_\_\_\_ I \_\_\_\_\_ have read and agree to the “Hold Harmless Accident/Medical Insurance” portion of this contract.

\_\_\_\_\_ This document has been signed voluntarily and with full understanding by \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Return your application and payment to Lori Taylor**  
**Mail Application/Check: P.O. Box 173362, CB 24 Denver, CO 80217-3362**  
**Email Application: [SSI@msudenver.edu](mailto:SSI@msudenver.edu)**

**Submit**