



## Summer Science Institute 2024

For twenty-six 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 keep page 1 for your records and return all remaining pages to Lori Taylor at [ssi@msudenver.edu](mailto:ssi@msudenver.edu).

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 2024

### 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 3 – June 14

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

#### Session II: June 3 – June 14

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

#### Session III: June 17 – June 28

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

#### Session IV: June 17 – June 28

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

Please keep page 1 for your records and return all remaining pages to Lori Taylor at [ssi@msudenver.edu](mailto:ssi@msudenver.edu).

**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: \_\_\_\_\_

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

Website

Friends

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



Plaza Building, Suite 150 · Campus Box 20

P.O. Box 173362 · Denver, CO 80217-3362

Phone 303-615-9999 · Fax 720-778-5850 · Web healthcenter1.com

## Consent for Treatment of a Minor

### I. PATIENT INFORMATION

<b>Patient Name</b> (First name, middle initial and last name)		<b>Today's Date</b>
		MONTH DAY YEAR
<b>Social Security Number</b>	<b>Student ID#</b>	<b>Date of Birth</b>
		MONTH DAY YEAR

### 2. PARENT/GUARDIAN INFORMATION

<b>Parent/Guardian Name</b>	<b>Relationship to Patient</b>

**Current Address** (Number, street & apt or suite number)

**City, State and ZIP Code**

**Home Phone** (Required)

**Secondary Phone** (Required)

**Secondary Emergency Contact Name**

**Relationship to Patient**

**Phone Number**

By signing below, I agree that being the parent or legal guardian of the patient listed above, give my consent for both emergency and routine medical and surgical treatment of this minor at the Health Center at Auraria should their condition so require it as deemed necessary by a Health Center at Auraria health care provider. I understand that in the case of an emergency, reasonable attempts would first be made to contact me, time and conditions permitting. As long as the medical or surgical treatment considered necessary in the situation, is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment other than those that follow: (if none, so state)

**I understand that this authorization is good until the time in which the minor mentioned above reaches his/her 18th birthday.**

<b>Parent/Guardian Signature</b>	<b>Date</b>
	MONTH DAY YEAR
<b>Witness</b>	<b>Date</b>
	MONTH DAY YEAR

HEALTH CENTER AT AURARIA

CTM52018

**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 2024

Summer 2024

Project /Event

Date

Camp Counselors/Instructors

MSU Denver Campus

Photographer

Location

**Name of Student**

**Parent or Guardian Signature**

**Date**



**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

2024 Project /Event

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Name of Student

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Parent or Guardian Signature

Date

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**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***