



Summer Science Institute 2026

For twenty-eight 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.
Daily attendance is required. All activities are supervised.

This is a two week half day program

			Week One	Week Two
Morning Session	8:45 a.m. - 9:00 a.m. Drop Off 9:00 a.m. - 12:00 p.m. Class 12:00 p.m. Pick Up	Mon	Biology	Program a Game
		Tues	Water Quality	Rocket Science
		Wed	Real World Geometry	Vibration and Waves
		Thur	The Art of Slime	Colorado Creepy Crawlies
		Fri	The Chemistry of Fireworks	Creek Life
Afternoon Session	12:45 p.m. - 1:00 p.m. Drop Off 1:00 p.m. - 4:00 p.m. Class 4:00 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 2026

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 8 – June 18

Morning Session
9:00 a.m. – 12:00 p.m.
Preference: _____

Session II: June 8 – June 18

Afternoon Session
1:00 p.m. – 4:00 p.m.
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, cell 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: _____

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

Patient Name (First name, middle initial and last name)		Today's Date
		MONTH DAY YEAR
Date of Birth		MONTH DAY YEAR
		MONTH DAY YEAR

2. PARENT/GUARDIAN INFORMATION

Parent/Guardian Name		Relationship to Patient	
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.

Parent/Guardian Signature	Date
	MONTH DAY YEAR
Witness	Date
	MONTH DAY YEAR

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 2026

Summer 2026

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

2026 Project /Event

Name of Student

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

Submit