

## 4<sup>th</sup> ANNUAL SUMMER SCIENCE CAMP

Welcome,

We are so excited about your interest in participating in the **4<sup>th</sup> Annual Summer Science Camp** hosted by the Northwest Indian College (NWIC) of the Lummi Indian Reservation in Bellingham, WA. This year's Summer Science Camp runs from **July 7<sup>th</sup> - 19<sup>th</sup>, 2014** ...which means two weeks on an adventure to discover and explore Science, Technology, Engineering and Math. NWIC is committed to helping you engage in meaningful opportunities to experience Native American Culture & Science and to discover your potential as a learner in higher education. So let's get started and have some fun!

### Registration

This letter is written to help guide you in the registration process. In your registration packet you will find many forms. Some forms are simply informative and others will be required for you to return to NWIC for processing. **All required forms should be sent to the following address or by email:**

*Nathanael Davis, Science Outreach Coordinator*  
*Northwest Indian College*  
*2522 Kwina Road*  
*Bellingham, WA 98226 or email: [ndavis@nwic.edu](mailto:ndavis@nwic.edu)*

The registration due date is **June 6<sup>th</sup>, 2014**, which means that in order to be **eligible for acceptance** as a participant in the Summer Science Camp you must submit **all** required registration forms by **June 6<sup>th</sup>**.

### Required Registration Forms:

<b>Contact Registration Form</b>	<b>Confirmation Card</b>
<b>Emergency Medical Release</b>	<b>Participant Health Form</b>
<b>Personal Respect Contract</b>	<b>Photo and Feedback Release Form</b>
<b>Water and Watercraft Release Form</b>	

**School Transcripts or Letter of Recommendation from a School Counselor** (Participant must be a "C" average student to participate)

### Important Instructions

1. The **Confirmation Card**: If you mark **NO** on this form, then you **do not** need to fill out or send back any other forms except the Confirmation Form letting us know you will not be attending.
2. Otherwise, if you mark **YES**, then carefully **read, review, and make a copy** of each form before you sign and submit them for processing.
3. Speak with your school counselor to acquire your school transcripts or letter. To be eligible to participate, you **must submit a signed transcript or letter confirming you to be a "C" average student in school and be entering 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> grade in the fall of 2014.**
4. Parents or guardians, once your teen has completed their packet, you will receive a schedule of activities for the two-week summer camp. Please review all activities listed on the schedule to let us know if your teen will be able to participate in those activities. **If you have any concerns or questions please let us know right away.**
5. Once all forms have been submitted and are processed, you will receive an acceptance letter by mail confirming you as a camper during the Summer Science Camp.

If you have any **questions** or **concerns** feel free to contact me, Nathanael Davis (Science Outreach Coordinator) by phone 360.392.4271 or by email [ndavis@nwic.edu](mailto:ndavis@nwic.edu). It is going to be an amazing summer and I look forward to hearing from you soon! ☺

# NORTHWEST INDIAN COLLEGE



*X w l e m i E l h > T a l > N e x w S q u l*

## 4<sup>TH</sup> ANNUAL SUMMER SCIENCE CAMP

### CONTACT REGISTRATION FORM

#### Participant Information

##### Section I

Date \_\_\_\_\_

Name: \_\_\_\_\_ I prefer to be called: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ High School: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### Legal Guardian

##### Section II

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

#### Registration Checklist

##### Section III

**Registration due date is June 6th**, which means that in order to be eligible to participate in the Summer Science Camp you must submit **all** required registration forms by **June 6th 2014**.

Required Registration Forms include:

Confirmation Card

Contact Registration Form

Emergency Medical Release

Participant Health Form

Personal Respect Contract

Photo & Feedback and Watercraft Release Form

School Transcripts (Participants must be a "C" average student)



CONFIRMATION CARD

Please check the box which best applies to you:

**YES, I will be attending the Summer Science Camp and will be respectful to the counselors, staff, other campers and the facilities at Northwest Indian College**

Or

**NO, I will not be able to attend the camp as planned**

Please return this card and all supporting forms to the following address or by email:

Nathanael Davis  
2522 Kwina Road  
Bellingham, WA 98226  
[ndavis@nwic.edu](mailto:ndavis@nwic.edu)

# Emergency Medical Release

*Northwest Indian College- Summer Science Camp*

In an emergency requiring medical attention or a situation reasonably believed by Northwest Indian College (NWIC) authorized agents, including Summer Science Camp staff, to be an emergency; I authorize NWIC and its authorized agents to obtain emergency medical care for my child. I will be responsible for any expenses incurred in so doing including but not limited to care by health care professionals, hospital care, and ambulance or other services.

I understand that my parent or legal guardian named in the **Participant Health Form** provided during the application process is both the contact responsible and the final authority regarding decisions of my personal medical care. **Furthermore, I agree to indemnify Northwest Indian College, its authorized agents and employees and the staff of Summer Science Camp from decisions to seek emergency treatment and will not hold them liable.**

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**Please complete the following:**

Summer Science Camp Student Participate: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_

Doctor's Phone: (\_\_\_\_) \_\_\_\_\_

**Health-Care Providers:**

Name of participant's primary doctor(s): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of dentist(s): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of orthodontist(s): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Additional health care provider(s) name(s) and contact numbers:

\_\_\_\_\_  
\_\_\_\_\_

**Medical Insurance Information:**

This participant is covered by family medical and/or hospital insurance  Yes  No

Primary Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_

Secondary Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_

Name of another person to contact in case of emergency if you are not available:

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

\_\_\_\_\_

I voluntarily sign this authorization in consideration for permission for my child to participate in *Northwest Indian College Summer Science Camp*. I have read it, and I understand its content and significance.

\_\_\_\_\_  
Signature of Parent/Guardian  
(For participant less than 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of *Summer Science Camp*  
Student Participant

\_\_\_\_\_  
Date

**PARTICIPANT HEALTH FORM**



Northwest Indian College  
Summer Science Camp  
Participant Health Form  
(Page 1/2)

**Mail this form to:**

Nathanael Davis  
2522 Kwina Rd.,  
Bellingham, WA 98226

Participant Name: \_\_\_\_\_  
First Middle Last

Attendance Dates: from: \_\_\_\_\_ to \_\_\_\_\_

Male  Female Birth Date \_\_\_\_\_ Age on arrival at camp: \_\_\_\_\_  
Mont/Day/Year

**To Parent(s)/Guardian(s):** Please follow the instructions below. Attach additional information if needed.

1. Complete **pages 1 and 2** of this form (and make a copy for yourself).
2. Send the **original, signed form** to camp by requested date.

Participant Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Parent/guardian with residential placement and/or decision-making authority in the event of illness or injury:

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Preferred Phones: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different from above) Street Address City State Zip Code

Second parent/guardian with legal responsibility/authority to be contacted in case of illness or injury:

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Preferred Phones: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Additional parent/guardian to be contacted in case of illness or injury:

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Preferred Phones: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Allergies:**  No known allergies.  This participant is allergic to:  Food  Medicine  The environment (insect stings, hay fever, etc.)  Other  
*(Please describe below what the participant is allergic to and the reaction seen, in detail. Please describe preventative or responsive measures.)*

This participant has a life-threatening allergy. An emergency care plan signed by physician is required.

**Diet, Nutrition:**  This participant eats a regular diet.  This participant eats a vegetarian diet (describe details below).  
 This participant has special food needs. *(Please describe below.)*

**Immunizations:**

My child is up-to-date on his/her immunizations and tetanus shots as required by Washington State law.

My child has an immunization exemption on file with his/her school. I understand and accept the risks to my child from not being fully immunized.

**Restrictions:**

- I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
- I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.  
*(Please describe below.)*

Camper Name: \_\_\_\_\_  
First Middle Last  
(For Camp Use) Group \_\_\_\_\_  
(For Camp Use) Dorm Room Location \_\_\_\_\_



Northwest Indian College  
 Summer Science Camp  
 Participant Health Form

( Page 2/2)

Participant Name: \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_  
Month/Day/Year

**Medication:**

All medications must be in their original containers. Prescriptions must have the child's name and how the medication should be given printed on the prescription container. Please send only those medications that are necessary.

This participant will not take any daily medications while attending the activities.

Name of medication	Date started	Reason for Taking	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other time: _____		

Comments:

**Does the participant require reasonable accommodation for a disability in order to access or be part of the activities?**

**What Have We Forgotten to Ask?** Please provide in the space below any additional information about the participant that you think important or that may affect his or her ability to fully participate in the program. ***Attach additional information if needed.***

This health history is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all program activities except as set forth by me and/or an examining physician. If you fail to advise NWIC of a medical condition, risks to your child may increase. I understand the information on this form will be shared on a "need to know" basis with NWIC staff and volunteers. I give permission to photocopy this form. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status

Signature of Primary Residential Parent \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Date: \_\_\_\_\_

***Parent/Guardians: Keep a copy for your records.***

## PERSONAL RESPECT CONTRACT

**Respect** - *high or special regard; considered to be deserving of high esteem*

Respect of self is the first aspect of giving respect to others. This respect begins with a relationship with the Creator. We seek to inspire participants of the Northwest Indian College's Summer Science Camp to develop a professional work ethic. We believe a work ethic begins with showing respect to self and those with whom you work. To help you understand such professional behavior, below are outlined **Guidelines of Respect** that should be exhibited by all campers during the Summer Science Camp:

1. Demonstrate respect to instructors, special guests, staff and counselors by being attentive, polite and helpful.
2. Exhibit respect to your fellow campers by being courteous and considerate. Name-calling, insulting, fighting and violence are never acceptable.
3. Display respect for NWIC property. The abuse of such property will not be tolerated.
4. Arrive on time and be prepared for planned activities.
5. Expect to be proactive participants in all summer camp activities.
6. Dress appropriately. We will be exploring in the field and often get messy. Additionally, immodest dress are a distraction and unsuitable for field activities.
7. Use or possession of illicit Drugs and Alcohol is unacceptable. If caught with or using drugs, drug paraphernalia or alcohol while at the Summer Science Camp, you will be sent home immediately.
8. Attain adequate sleep. Being well rested allows you to be refreshed and ready for camp activities. Therefore, lights out during curfew @ 11pm means it is time to sleep.
9. Speak up if you need assistance. Male and female counselors will be with you during the day and in the dorm during the evenings. They will be available to help you for any need or problem you may have.
10. Finally, maintain a positive attitude and have fun. Summer Science Camp will be an amazing life experience; don't let a poor attitude ruin that experience.

YES, I can follow these **Guidelines of Respect** and if I show disrespect, I will accept the consequences of my actions. (Please check the box if you agree to these terms)

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**Student** signature

YES, I have read the above guidelines for the Northwest Indian College Summer Science Camp and I am confident that my teen can follow them. If my teen shows disrespect, I give Northwest Indian College my permission to send them home. (Please check the box if you agree to these terms)

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**Parent** signature



**PHOTO AND FEEDBACK RELEASE FORM**

On this \_\_\_\_\_ day of \_\_\_\_\_, 2014

As a participant of events held at Northwest Indian College, I, \_\_\_\_\_  
\_\_\_ consent that my participation in the Summer Science Camp event and to all activities therein is voluntary.

Furthermore, Northwest Indian College has my express permission to utilize all acquired **feedback** (orally, written, or digitally (photograph)) obtained from me during the course of the Summer Science Camp events for purposes pertaining to the periodic report of event outcomes and participant comments and concerns. Additionally, I give permission to Northwest Indian College to share key findings and lessons learned from the feedback for the benefit of the broader community and all parties concerned with such information.

Finally, I understand that my personal information (such as my name, contact information and the like) is privileged and confidential and **will not be distributed by Northwest Indian College or disclosed in any report** created by Northwest Indian College using feedback obtained during the Summer Science Camp.

Participant Signature: (X) \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: (X) \_\_\_\_\_ Date: \_\_\_\_\_

## WATER AND WATERCRAFT CONSENT FORM

On this \_\_\_\_\_ day of \_\_\_\_\_, 2014

As a participant of the Summer Science Camp activities hosted by the Northwest Indian College, I, \_\_\_\_\_, consent that my participation in water and watercraft-related events and to all activities therein is voluntary.

Likewise, I will not hold liable Northwest Indian College for water or watercraft-related injuries sustained while participating in water-related activities. Additionally, I give permission to Northwest Indian College to pursue medical care appropriate to the medical situations related to potential water and watercraft injuries. Furthermore, I understand that my parent or legal guardian named in the **Participant Health Form** provided during the application process is both the contact responsible and the final authority regarding decisions of my personal medical care.

Finally, I will both respect and adhere to all rules and regulations presented by staff and summer camp personnel while participating in water and watercraft-related activities during the Summer Science Camp.

Participant Signature: (X) \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: (X) \_\_\_\_\_ Date: \_\_\_\_\_



## WHAT TO BRING LIST

### ITEMS TO BRING TO CAMP

#### Checklist:

1. Sleeping Bag
2. Pillow
3. Enough clothes for 1 week (laundry facility is provided) – \*\*\*see important note below\*\*\*
4. At least one pair of **closed-toed shoes** for field research work
5. At least one pair of **jeans** for field research work
6. Warm rain jacket (you never really know how the weather will be around here)
7. Swim Wear (Please be modest, ladies are encouraged to wear a one-piece swim suite)
8. Swimming and Bath Towel
9. Flashlight
10. Toiletries (toothbrush, deodorant, soap, shampoo, etc)
11. Sunscreen and Bug Spray will be provided
12. Water bottles will be provided for day trips
13. *Cell phones are allowed, **but** will stay with personal effects in the dormitory during field trips and will only be used during down time and in the evening to call family*

#### Optional:

1. Some \$money\$ for campus bookstore/ice-cream shop/extra snacks, etc
2. Sending mail to camper (Send mail to me and I will distribute it to students at the end of each day during evening meal)

**Attn: Nathanael Davis**  
**2522 Kwina Rd**  
**Bellingham, WA 98226**

#### Important:

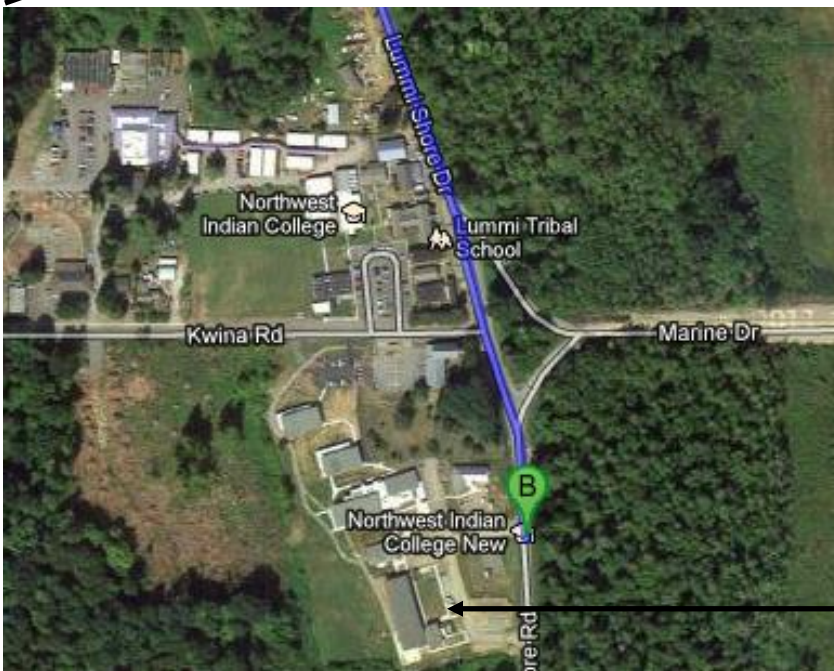
1. Laundry\*\*\*
  - a. There is a laundry facility in our student dormitory and students will be taught how to use the laundry and encouraged to do so at the end of the first week
  - b. Students must bring **\$5.00 in quarters** to be set aside to pay for laundry during the two weeks of camp (machines work like those of a laundry mat)
  - c. **Laundry detergent will be provided**
2. Students must bring a small **Backpack**
  - a. Like a school backpack or drawstring bag
  - b. This bag will help students carry field journals and pens/pencils and water bottle during the day

# Sheet of Travel Directions

Below are travel directions to help guide you to the Northwest Indian College. Please call Nathanael Davis the camp director if you have any questions (Cell Phone: **360.420.1387**).

**Directions** (Look for NWIC Signs along the Road)

1. Take I-5 North to Exit 260 (Slater Rd)
2. Take a Left at the exit driving west 6 miles toward the Silver Reef Casino
3. Come to a 4 way light and turn Left onto Haxton Way and drive for approx 1 mile
4. Take a Left onto Lummi Shore Dr (This will take you to the Northwest Indian College)
5. **Registration will be held at the NWIC Student Dormitories**



**Address:**  
**Northwest Indian College**  
2522 Kwin Rd  
Bellingham, WA 98226

**Contact:**  
**Nathanael Davis**  
Cell: 360.420.1387

NWIC Student  
Dormitory