

# excite camp <sup>MOLOKAI</sup> 2017

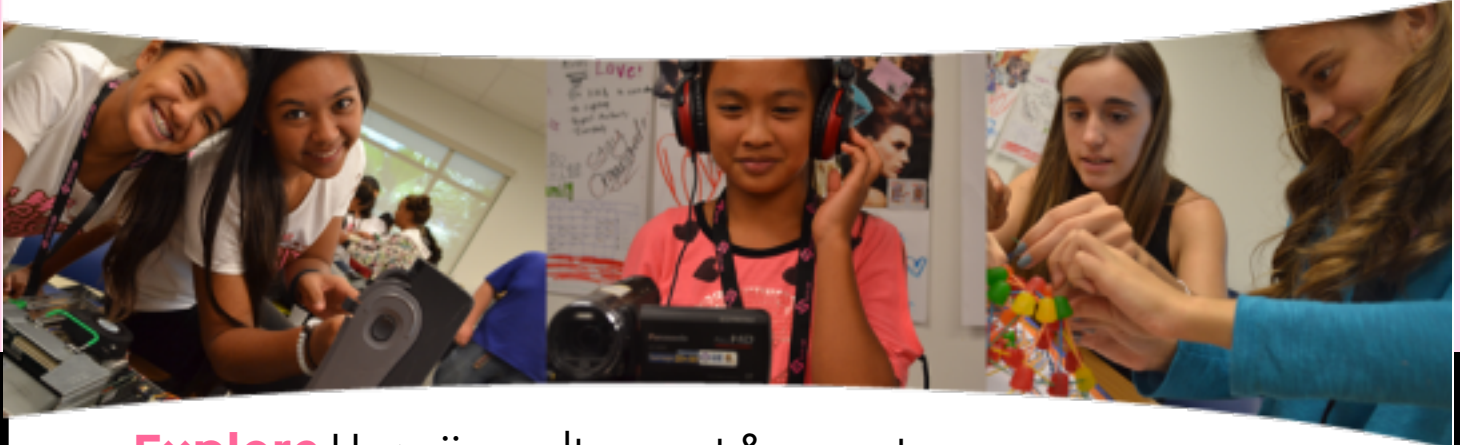
FOR GIRLS

SCIENCE

TECHNOLOGY

ENGINEERING

MATH



**Explore** Hawaiian culture past & present  
**Empower** yourself with the latest STEM technologies & resources  
**Engage** in fun exciting hands-on activities  
**Discover** exciting STEM Careers  
**Investigate** and analyze the Scientific Methods

**Date:** JULY 10 – 14, 2017

**Time:** 7:45 am to 2:00 pm

**Location:** Molokai Middle School

**Fee:** FREE (includes snacks & lunch)

For more information contact:  
Mapu Quitazol at mapu@medb.org  
Telephone: 808-875-2343

*Space is limited!*

*Must be entering 7<sup>th</sup> or 8<sup>th</sup> grade 2017–18 School year*

Applications available at  
[www.womenintech.com](http://www.womenintech.com)  
Deadline: June 14, 2017

**Presented by:**



maui economic  
DEVELOPMENT BOARD



WOMEN IN  
TECHNOLOGY

**Sponsored by:**

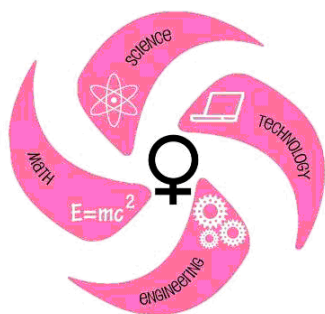


CTE



**In Partnership with:**





## **EXCITE CAMP 2017 MOLOKAI**

### **FOR INTERMEDIATE (7<sup>TH</sup> & 8<sup>TH</sup>) SCHOOL GIRLS**

#### **Monday thru Friday, July 10 - 14**

Sponsored by Maui Economic Development Board, Inc. Women in Technology Project  
Funded in part by the Career and Technical Education & Air Force Research  
Laboratory/New Mexico Tech  
In partnership with Moloka'i 21<sup>st</sup> Century Program & Moloka'i Middle School

## **PARTICIPATION GUIDELINES**

**PARTICIPATION ON ALL 5 DAYS IS REQUIRED FOR PROGRAM ACCEPTANCE**

### **SCHEDULE and LOCATION** (subject to change without notice):

The Excite Camp program will be held at Moloka'i Middle School. Room number will be sent out in the acceptance letters. You are welcome to drop your child off as early as 7:45 a.m. Parents/guardians are responsible in providing transportation to and from Training Center. Please ensure that your child arrives prior to start of program day and is picked up by 2:15 pm. A parent signature is required upon drop off and pick up.

### **STUDENT REGISTRATION AND PARENT AUTHORIZATION FORMS REQUIRED TO PARTICIPATE:**

All students are required to complete the "Student Registration Form", please follow directions.

Parent(s)/Guardian(s) must complete and sign the "Parent Authorization Form". **Return both forms no later than Wednesday, June 14<sup>th</sup>.** Send Forms to: **EMAIL:** [Mapu@medb.org](mailto:Mapu@medb.org) **MAIL:** MEDB, Attn: Mapu, 1305 North Holopono Street, Ste. 1, Kihei, HI 96753. **To be eligible for this event, students must be able to participate on all 5 days, and an intermediate school girl in 7<sup>th</sup> or 8<sup>th</sup> grade.** Space is limited. Acceptance letters will go out on Monday, June 19.

### **PROHIBITED ITEMS:**

The following items are prohibited and will be confiscated for the day from students who bring them: recording devices (other than cameras), computers, MP3 players, tobacco products, matches, lighters, weapons. Cell phones are permitted only before or after the program.

### **LUNCH:**

Lunch, snacks and drinks will be provided all four days of the Excite Camp. **Anyone with special dietary needs, must bring their own snacks & meals.**

### **CLOTHING REQUIREMENTS:**

Capri's/Jean's, closed-toe shoes (sneakers/crocs) and light jacket.

**Please keep this form for your future reference.**



# Excite Camp 2017

Presented by the Maui Economic Development Board, Inc., Women in Technology Project

## STUDENT REGISTRATION FORM

Students, please *clearly* complete application form in its entirety. Blank fields will not be accepted. Completed registration and parent authorization forms are due on **June 14, 2017**. To be eligible for this event, you must be able to participate on all 5 days. Space is limited. Applications will be accepted on a first come, first serve basis. Acceptance letters will go out on Monday, June 19.

Legal Name (first, middle, last) \_\_\_\_\_  
(Legal name as stated on valid ID like student ID, State ID, etc.)

Name you preferred to be called: \_\_\_\_\_

School \_\_\_\_\_ Grade Level ☐ 7 ☐ 8

How did you or your parent hear about Excite Camp: ☐ Direct Mailing ☐ E-Mail ☐ Website ☐ Friend  
☐ Teacher ☐ Guidance Counselor ☐ Other: \_\_\_\_\_

Have you participated in any science, technology, engineering, or math events or competitions in the past?

☐ No ☐ Yes, please list events: \_\_\_\_\_  
\_\_\_\_\_

Why are you interested in participating in Excite Camp 2017 (1 paragraph, use back of page if needed)? \_\_\_\_\_

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

Favorite school subjects: \_\_\_\_\_

\_\_\_\_\_  
Favorite outside school interests: \_\_\_\_\_  
\_\_\_\_\_

What do you want to be (profession) when you grow up and why? \_\_\_\_\_

\_\_\_\_\_  
What do you hope to gain from this experience? \_\_\_\_\_  
\_\_\_\_\_

This event will expose students to a wide variety of experiences and information, some of which may be more valuable to you than others. Below is a checklist of what you can expect to learn during the Excite Camp 2017 event. Rank each item 1 to 5 based on what you feel is most important to you, with 5 being the most important.

	Least important		Most Important		
a.) Meet other girls with interests similar to mine	1	2	3	4	5
b.) Have fun	1	2	3	4	5
c.) Learn more about science, technology, engineering & math	1	2	3	4	5
d.) Make new friends	1	2	3	4	5
e.) Explore some new career ideas for myself	1	2	3	4	5
f.) Design and build things	1	2	3	4	5
g.) Have something to do	1	2	3	4	5



## EXCITE CAMP 2017 MOLOKAI

FOR INTERMEDIATE SCHOOL GIRLS

Must be in 7<sup>th</sup> or 8<sup>th</sup> grade

July 10 - 14

### PARENT AUTHORIZATION FORM

COMPLETE AND RETURN BY June 14, 2017, Email [mapu@medb.org](mailto:mapu@medb.org),

or Mail to: MEDB, Attn: Mapu, 1305 North Holopono Street, Suite 1, Kihei, HI 96753

Legal Name of Student (as it appears on birth certificate/legal ID) \_\_\_\_\_

Participation on all 4 days is required for program acceptance. Will your daughter be able to commit to all 5 days? ☐ No ☐ Yes

Student's T-shirt Size (Adult sizes only): ☐ S ☐ M ☐ L ☐ XL

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Will you or an authorized driver be able to drop off / pick up your daughter at the designated times and location on all 5 days? ☐ No ☐ Yes

Drop off @ 7:45 a.m. | Pick up by 2:10 p.m. **Moloka'i Middle School**

If your daughter is selected, would you like your confirmation letter

☐ Emailed (please list email address) \_\_\_\_\_

☐ Mailed (please list mailing address) \_\_\_\_\_

Ethnicity Background (Check all that apply)

☐ African-American

☐ Caucasian

☐ Chinese

☐ Filipino

☐ Hawaiian

☐ Hispanic

☐ Japanese

☐ Korean

☐ Native American Indian

☐ Portuguese

☐ Puerto Rican

☐ Samoan

☐ Tongan

☐ Other: \_\_\_\_\_

### AUTHORIZATION FOR MEDICAL OR DENTAL TREATMENT

In the case of illness or injury to my child, I hereby consent to and authorize such medical or dental treatment as deemed necessary, and agree to pay for **such medical and dental costs if incurred.**

My child has medical coverage: ☐ No ☐ Yes; check appropriate box(es): ☐ HMSA ☐ Kaiser ☐ Military ☐ Other (specify) \_\_\_\_\_

Emergency Contact 1 Name: \_\_\_\_\_ Ph. #s \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact 2 Name: \_\_\_\_\_ Ph. #s \_\_\_\_\_ Relationship: \_\_\_\_\_

List any health conditions and specify any special medical or other such instructions you would want considered:

### AUTHORIZATION TO PARTICIPATE IN ACTIVITIES OF EXCITE CAMP 2017

I hereby grant permission for my child named above to participate in Excite Camp 2017 from July 25 - 28, and to travel by car, bus, and other means of transportation to and from planned event activities. I release and hold harmless the Maui Economic Development Board, Inc., Moloka'i Middle School, and other organizations, their officers, agents and employees, for any injury or death suffered by my child while participating in the planned activities.

### MINOR PHOTOGRAPHY RELEASE

In consideration of the engagement as a model of the minor named above and upon the terms hereinafter stated, I hereby grant Maui Economic Development Board and its legal representatives and assigns, and those acting with its authority and permission, the absolute right and permission to take, copyright and use, reuse, publish, and republish photographic portraits or pictures of the minor or in which the minor may be included, in whole or in part or composite in character or form, without restriction as to changes or alterations from time to time, in conjunction with the minor's own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium, and in any end all media now or hereafter known for illustration, promotion, art, editorial, advertising, trade, or any other purpose whatsoever. I also consent to the use of any published matter in conjunction therewith.

I hereby waive any right that I or the minor may have to inspect or approve the finished product or products or the advertising copy of printed matter that may be used in connection therewith or the use to which it may be applied.

I am entering into this agreement knowingly, voluntarily, and without duress or inducement. I am at least 18 years of age, and I am competent to bind myself and my child and everyone subject to this agreement to its terms, and I suffer from no legal disability.

Print or type Parent's/Guardian's Name \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_