

EXCITE CAMP KAUAI FOR GIRLS 2017

SCIENCE

TECHNOLOGY

engineering

Math



Explore inquiry base learning **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: Tuesday, July 25 to Friday July 28 Time: 8:30 am to 3:00 pm

Kapa`a Middle School Location: Room # will be in your acceptance letter Fee: FREE (includes snacks & lunch)

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

Applications are due by: Friday, June 30, 2017

Must be entering 7^{th} or 8^{th} grade this coming 2016 - 17 School year





EXCITE CAMP 2017 KAUAI FOR INTERMEDIATE (7TH & 8TH) SCHOOL GIRLS Tuesday thru Friday, July 25 - 28

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 Kapa`a Middle School

PARTICIPATION GUIDELINES

PARTICIPATION ON ALL 4 DAYS IS REQUIRED FOR PROGRAM ACCEPTANCE

SCHEDULE and LOCATION (subject to change without notice):

The Excite Camp program will be held at the Kapa`a Middle School. Room number will be sent out in the acceptance letters. You are welcome to drop your child off as early as 8:15 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 3:10 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 Friday, June 30th.** Send Forms to: **EMAIL**: <u>Mapu@medb.org</u> **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** <u>all 4 days,</u> **and an intermediate school girl in 7th or 8th grade.** Space is limited. Acceptance letters will go out on Monday, July 3.

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/Jeans, 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 30, 2017. To be eligible for this event, you must be able to participate on all 4 days. Space is limited. Applications will be accepted on a first come, first serve basis. Acceptance letters will go out on Monday, July 3. Legal Name (first, middle, last) (Legal name as stated on valid ID like student ID, State ID, etc.) Name you preferred to be called: ____ Grade Level 7 8 School How did you or your parent hear about Excite Camp: \Box E-Mail \Box Website \Box 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 1 2 3 4 5 b.) Have fun 2 5 c.) Learn more about science, technology, engineering & math 1 3 4 2 d.) Make new friends 1 3 4 5 e.) Explore some new career ideas for myself 1 2 3 5 4

1

1

2

2

3

3

4

4

5

5

- f.) Design and build things
- g.) Have something to do

For INTERMEDIATE SCHOOL GIRLS Must be in 7 th or 8 th grade July 25 - 28 PARENT AUTHORIZATION FORM COMPLETE AND RETURN BY June 30, 2017, Email 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 4 days? 🗌 No 🦳 Yes
Student's T-shirt Size (Adult sizes only): \Box S \Box M \Box L \Box XL
Mailing AddressCity, 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 4 days? Drop off @ 8:15 a.m. Pick up by 3:10 p.m. Kapa'a 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 Hawaiian Native American Indian Tongan
Chinese Japanese Puerto Rican
Filipino
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., Kapa'a 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