



## Leadership Camp Welcome 2017

We are excited to announce the 2017 LSSU Leadership Camp is from June 26-30. The LSSU Charter School Office has awarded your school scholarships for your selected students to attend the Leadership Camp.

LSSU is providing a charter bus for your students. If your school chooses to transport your students to camp on this bus, you must provide a teacher or staff chaperone. We will provide that chaperone with housing and meals while they are at LSSU, but they are not required to work while they are here at Leadership camp. Please RSVP to [jaroque@lssu.edu](mailto:jaroque@lssu.edu) by April 15 if you plan on using the free charter bus service.

The packets prepared for you include the following: Camp Application, Welcome Letter, Health History and Release of Liability/Travel Release Form, Rock Climbing Waiver, and the Itinerary for the Leadership Camp. We look forward to hosting your students at LSSU. If you have additional questions, please contact me at (906) 635-6673 or via e-mail at [jaroque@lssu.edu](mailto:jaroque@lssu.edu).

Sincerely,  
Julia Roque

Summer Camp Director  
Lake Superior State University



You have been selected to participate in College Prep: Career Exploration and Leadership Camp at Lake Superior State University from June 26-30, 2017. Please complete (with signatures) and mail back the Health History and Release of Liability Form/Travel Release Form. The included forms are required for camp participation; rock climbing is an optional activity but the Assumption of Risk and Waiver of Liability form is required to participate.

### **WHAT TO BRING**

- 1) Spending money for incidental expenses such as to order pizza/snacks in dorm and also to buy souvenirs at bookstore. Spending money is optional as 3 meals a day are provided.
- 2) Clothing and other items: water bottle, bug repellent, sun screen, personal hygiene products, shorts, tennis shoes, swimsuit (for evening activities), light jacket, rain jacket, long pants, as well as older clothes suitable for outdoor activities. The weather can vary from cold, windy, wet, 50's to warm, sunny, and dry 80's. Dress during the program will be casual.
- 3) Students are required to bring a sleeping bag or bed linens, pillow, towels, and toiletries (a small portable fan would be a good idea in case the weather gets hot).**
- 4) Cell phones and digital devices are allowed at camp; however campers are responsible for care of their items. We do not allow use of these items during academic sessions.

#### **How do I contact Superior Edventures staff during camp?**

24-Hour Emergency Telephone 906-635-2100  
Superior Edventure Camp Office 906-635-6673



650 West Easterday Avenue  
Sault Ste. Marie, MI 49783  
Telephone: 906-635-6673 Fax: 906-635-2695

# Superior Edventures

(Adventures in Education)

## Prep For College: Career Exploration And Leadership

June 26 – June 30, 2017

*Please type or print all information*

### Personal Information

Name (Last, First, Middle): \_\_\_\_\_

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

City: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Male ☐ Female

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email (required): \_\_\_\_\_

Name of Parents or Guardians: \_\_\_\_\_

### Academic Information

Year in school you will be entering Fall 2017: ☐ Sophomore ☐ Junior ☐ Senior

Grade Point Average: \_\_\_\_\_ ACT Score (if available): \_\_\_\_\_

Name of your Charter School: \_\_\_\_\_

List the courses you are currently taking:

_____	_____
_____	_____
_____	_____

If you intend to go to college, in what area do you plan to major? \_\_\_\_\_

### Pick 2 Degree Explorations: (list 1<sup>st</sup>, 2<sup>nd</sup>)

_____ Chemistry	_____ Criminal Justice	_____ Business &	_____ Pre-Med.
_____ Forensic Science	_____ Fire Science	_____ Entrepreneurship	_____ Bio-Med.
_____ Environmental Science	_____ Forensic Science		_____ Nursing

☐ YES ☐ NO Intend to use the LSSU Charter Bus. (*Bus schedule released in May*)

**For more information, contact your  
school counselor or Julia Roque at:**

**906-635-6673**

**Or**

**[edventures@lssu.edu](mailto:edventures@lssu.edu)**

Superior Edventures reserves the right to terminate the  
stay of any student when it is deemed to be in the best  
interest of either the student or the Summer Camp.

**TRANSPORTATION:** Bus schedule will be  
released in May. The cost of transportation is  
covered by Lake Superior State University  
Charter School Office

**REGISTRATION:** Students register at the Cisler  
Center at LSSU on Tuesday, June 26<sup>th</sup> at  
2:00pm.

**DEPARTURE:** Saturday, June 30<sup>th</sup> at 2:00pm.



**LAKE SUPERIOR**  
STATE UNIVERSITY

### Participant Consent to Treat, Release of Liability, Insurance Information, and Health History Form (MUST be completed to participate)

#### Student Information (Please Print)

☐ Male ☐ Female

Student's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Grade Entering \_\_\_\_\_ School Name \_\_\_\_\_

#### Parent/Guardian Information

Each Parent/ Guardian must fill out the following information.

Mother's/Guardian's Full Name \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Father's/Guardian's Full Name \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

#### Emergency Contacts

Please note that the emergency contacts should be individuals other than the parent/guardian's listed above. (In the event of an emergency, the parent/guardian is the initial contact.) This information is mandatory.

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

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

#### Release of Student

No student shall be released without permission of the program director and without completion of the release below. For safety reasons, the student will not be released to unauthorized individuals. In case of emergency \_\_\_\_\_

may be released to the following people:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

#### Parental Consent

In consideration of the acceptance of \_\_\_\_\_ as a participant in the Superior Edventures Summer Camp Program, the applicant agrees that Lake Superior State University and/ or its staff, coaches, or employees will not be held responsible for any accidents or loss of personal property, however caused, and agrees to release the University from all claims or damages which may arise as a result of such accidents or loss. It is further agreed that all risks attendant to watching and/ or participating in the Superior Edventures Summer Camp Program are assumed by the student and his/ her parents and/ or guardian and that this assumption is acknowledged, approved by their signature hereto. The Superior Edventures Summer Camp Program reserves the right to use any pictures taken during the program for advertising and/ or instructional purposes. I/ we have read the foregoing, have explained it's meaning to our son/ daughter or ward, and understand and approve of consent to the terms and conditions as stated.

X) Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Health History

Please circle the medical problems the participant has had or is currently experiencing.

Asthma                      Back Problems                      Epilepsy                      Allergies                      High Blood Pressure  
Dislocations                      Joint Problems                      Heart Problems                      Diabetes                      Other \_\_\_\_\_

For any conditions checked above, please describe symptoms/conditions, how often they occur, how long they last, and how you take care of them.

\_\_\_\_\_

Does the student currently have any infectious diseases? If so, explain:

\_\_\_\_\_

Does the student have any limiting physical or health disabilities or handicaps (temporary or permanent) that the student or the doctor feels would limit the participation in this program? If so, explain:

\_\_\_\_\_

Please explain in detail any additional information on any behavioral or emotional limitations that the student might have.

\_\_\_\_\_

Name of Participant's Doctor \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date and location of the participant's last physical exam \_\_\_\_\_

Does the student have any food allergies? Or, dietary requirements? \_\_\_\_\_

Are all immunizations up to date? (circle one)    Yes      No

Date of last tetanus shot \_\_\_\_\_

## Medications

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medications can be turned in at registration and will be distributed as directed by the Head Counselor for resident students.

Medication _____	Medication _____	Medication _____
Strength _____ Frequency _____	Strength _____ Frequency _____	Strength _____ Frequency _____
Approximate date started _____	Approximate date started _____	Approximate date started _____
Reason for medication _____	Reason for medication _____	Reason for medication _____
Add'l instructions _____	Add'l instructions _____	Add'l instructions _____
Parent signature	Parent signature	Parent signature
Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

I understand that:

1. Prescription medications must be taken according to my doctor's or pharmacist's instruction.
2. It is never appropriate to allow other people to take my prescription drugs and that doing so will result in expulsion from summer camp and/or referral to police and other authorities.
3. If my prescription is required for serious allergies (i.e. inhalers, Epi-pens), I should carry these items with me at all times.
4. I must self-monitor and take my medications appropriately.

\_\_\_\_\_  
Student Signature                      Parent Signature                      Date

**Note:** Parents are responsible for ensuring that students have enough of any necessary medicine to get through the week.  
Please do not send extra unless it will be needed.

## Treatment Authorization

I do hereby authorize Lake Superior State University to seek any emergency or routine medical or surgical treatment necessary for the care of my child, and I authorize Superior Edventures to give my child the following as needed (circle):

Tylenol      Ibuprofen      Pepto Bismol      Benadryl      None      Other \_\_\_\_\_

(X) \_\_\_\_\_  
Signature of Parent/Guardian      Date

In the case of illness and/ or injury, permission is granted for medical treatment to be rendered to my son/ daughter. I understand that I will be notified in case of serious illness. All medical bills incurred by the patient will be the responsibility of the parent or guardian. My child is medically fit to participate in the Superior Edventures Summer Camp Program.

(X) \_\_\_\_\_  
Signature of Parent/Guardian      Date

## Insurance Information Do you have health insurance? (Circle one) Yes No

**If Yes**, please provide the name and address of insurance company:

**If No**, you must read and agree to the following acknowledgement of risk statement. Your signature on this form indicates your consent.

All relevant policy, plan, and/or group numbers for the health insurance:

I have no health insurance. I understand the risk, and I take responsibility for any injury my child may receive. I will assume responsibility for all costs incurred.

Policyholder's name, relationship to student, and address:

Signature (X) \_\_\_\_\_

Name and address of policyholder's employer:

Date \_\_\_\_\_

Work Phone Number (\_\_\_\_\_) \_\_\_\_\_

If you have HMO, HIS, or PHP insurance, please list emergency phone number for treatment authorization purposes:

## Participant Behavior Agreement

Lake Superior State University's Superior Edventures Summer Camps reserves the right to terminate the stay of any student when it is deemed to be in the best interest of either the student or the program as determined by the University and its staff. The University and program staff expressly reserves the exclusive right to establish and determine the standards of conduct, behavior, and performance of the participants engaging in the program and to require compliance with such standards as a condition of participation in the program. Students who do not follow these rules, or engage in dangerous or inappropriate behavior, will be expelled from the program at their own cost. Examples of inappropriate behavior includes, but is not limited to, such things as causing disruptions in class, the use of profane language, and the repeated violation of minor rules. This is not a complete list. If you have any further questions about what behaviors are unacceptable, please contact our office at (906) 635-6673. The University requires that you read these regulations with your parent/guardian(s). Your signatures indicate that you understand and accept them as a part of your participation in Lake Superior State University's Superior Edventures summer camps.

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

(X) \_\_\_\_\_  
Signature of Parent/Guardian      Date

# Summer Camp Transportation Form

## Permission for transport for all summer camp participants.

I hereby give permission for \_\_\_\_\_ as a participant in the Superior Adventures Summer Camp Program, to travel to and from any / all destinations for the entire week of summer camp by LSSU staff.

I understand that the driver, and Lake Superior State University are not responsible for any injury or damages which may be incurred on said trip, and in consideration for providing transportation, I agree to hold Lake Superior State University, as well as the drivers and owners of the vehicles transporting the student, harmless from claims for injury or damages occurring during said trip.

X) \_\_\_\_\_  
Signature of Parent/Guardian Date

## ☐ I give permission for the following individuals to pick up my child from camp.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

X) \_\_\_\_\_  
Signature of Parent/Guardian Date

## ☐ My son /daughter will be driving to camp. *The overnight participant will be required to turn his/her vehicle keys over to the Superior Adventures Staff for the duration of their stay at LSSU.*

X) \_\_\_\_\_  
Signature of Participant Date

X) \_\_\_\_\_  
Signature of Parent/Guardian Date

**Superior** Adventures  
(Adventures in Education)

 **LAKE SUPERIOR**  
STATE UNIVERSITY

650 W. Easterday Ave., Sault Sainte Marie, MI 49783 • Telephone: 906-635-6673 • Fax: 906-635-2695

# Lake Superior State University

## Rock Climbing Wall

### Assumption of Risk and Waiver of Liability Under 18 Years of Age

By signing this release as the parent or legal guardian of a child under the age of 18, you acknowledge and agree to the following:

#### Assumption of Risks

I acknowledge and accept that rock climbing involves risks, dangers, and hazards. The inherent risks, hazards and dangers include but are not limited to: sprains, strains, dislocations, amputations, cuts, bruises, breaks, teeth (loosened/broken/knocked out), head injuries, concussion, paralysis, and/or death. I understand, accept, and assume those hazards and risks, and waive all claims against Lake Superior State University, its Board of Trustees, officers, agents, representatives and employees, further known as LSSU and any other business or person connected with the rock climbing wall, of all claims for injuries or damages or otherwise, which may arise for any reason whatsoever as a result (minor's name) \_\_\_\_\_ participation in the Lake Superior State University's Rock Climbing Wall.

**I am aware of the risks, dangers, and hazards associated with rock climbing and I freely accept and fully assume all such risks, dangers, and hazards and the possibility of the personal injury, death, property damage or loss resulting from participating at Lake Superior State University's Rock Climbing Wall.**

Parent/Legal Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_

#### Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement by Parent/Legal Guardian

In consideration of my child's participation at LSSU's Rock Climbing Wall, I hereby agree to the following:

1. To waive any and all claims that the participant now has or may in the future have against Lake Superior State University and to release LSSU from any and all liability for any loss, damage, expense or injury including death, that the participant may suffer or that his/her next of kin may suffer as a result of participant's participation in activities at LSSU's Rock Climbing Wall, due to any cause whatsoever, including the negligence of the Releasees, negligence of other rock climbers, and including failure on the part of the Releasees to safeguard or protect me from the risks, dangers and hazards of rock climbing referred above.
2. To hold harmless and indemnify LSSU from any and all liability for any property damage or personal injury to any third party resulting from participants participation in rock climbing.
3. This agreement shall be effective and binding on the participant's heirs, next of kin, executors, administrators, assigns and representatives in the event of the participant's death or incapacity.

**I confirm that I have read and understood this agreement prior to signing it, and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against Lake Superior State University.**

Signature of Participant \_\_\_\_\_

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

Date \_\_\_\_\_



# Prep For College: Career Exploration and Leadership

## June 26-30, 2017

DATE	START	END	ACTIVITY	LOCATION
<b>Monday 6/26/17</b>	2:00 PM	4:00 PM	Check In/Move In	Cisler Center
	5:00 PM	6:00 PM	Welcome Dinner	Quarterdeck
	6:00 PM	8:30 PM	Ice Breakers/Team Building	Brady Lawn
	8:30 PM	9:30 PM	Overview of Week/Expectations	Peacock Cove
	9:30 PM	10:15 PM	Games in Cove/Free Time	Peacock Cove
	10:15 PM	10:30 PM	Fire Drill	Village
	10:30 PM		Back to Dorm	Village
<b>Tuesday 6/27/17</b>	8:30 AM	9:00 AM	Breakfast	Quarterdeck
	9:00 AM	11:00AM	What is Leadership	E+W Superior
	11:00 AM	12:00 PM	Campus Tour	Cisler Center
	12:00 PM	1:00 PM	Lunch	Quarterdeck
	1:00 PM	4:00 PM	Career Explorations #1	Various
	4:00 PM	5:00 PM	Free Time in Dorm	Village
	5:00 PM	6:00 PM	Dinner	Quarterdeck
	6:00 PM	8:00 PM	Student Activity Center	Norris
	8:00PM	8:45PM	Photo Scavenger Hunt	Peacock Cove
	8:45 PM	10:30 PM	Bonfire/Smore's & Hotdogs	Peacock Cove
<b>Wednesday 6/28/17</b>	10:00 PM		Back to Dorm	Village
	8:15 AM	9:00 AM	Breakfast	Quarterdeck
	9:00 AM	10:30 AM	Group 1 - Model the Way      Group 2 - Vision	
	10:30 AM	12:00 PM	Group 1 - Vision      Group 2 - Model the Way	
	12:00 PM	1:00 PM	Lunch	Quarterdeck
	1:00 PM	4:00 PM	Career Explorations #2	Various
	4:00 PM	5:00 PM	Team Olympics	Cisler Center
	5:00 PM	6:00 PM	Dinner	Quarterdeck
	5:00 PM	7:00 PM	Process	Cisler Center
	7:00 PM	9:00 PM	Encouraging the Heart	Cisler Center
	9:00 PM	10:00 PM	Free Time	Behind Cisler
<b>Thursday 6/29/17</b>	10:30 PM		Back to Dorm	Village
	8:30 AM	9:00 AM	Breakfast	Quarterdeck
	9:00 AM	10:00 AM	Presentation Work Time	Cisler Center
	11:00 AM	1:00 PM	Leadership Trip	T-Falls (Upper)
	1:00 PM	1:30 PM	Packed Lunch	T-Falls
	1:30 PM	3:30 PM	Leadership Trip	T-Falls (Lower)
	3:30 PM	5:30 PM	Beach	Sherman Park
	5:30 PM	6:00 PM	Pizza on Beach	Sherman Park
	6:00 PM	10:00 PM	Bonfire On Beach	Sherman Park
<b>Friday 6/30/17</b>	10:30 PM		Back to Dorm	Village
	8:15 AM	9:00 AM	Breakfast	Quarterdeck
	9:00 AM	12:00 PM	Engineer Day	Soo Locks
	12:00 PM	1:00 PM	Lunch	Quarterdeck
	1:00 PM	2:00 PM	Keith(Scholarship) & Student Presentation	Cisler Center
	2:00 PM		Checkout	Village