



LAKE SUPERIOR

STATE UNIVERSITY

Steam Camp Welcome 2018

We are excited to announce the 2018 LSSU STEAM Camp is from July 9-12. STEAM is the acronym for Science Technology Engineering Arts and Math. This camp is from students entering grades 7 and 8. The LSSU Charter School Office has awarded your school scholarships for your selected students to attend the STEAM 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 STEAM camp. Please RSVP to 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 STEAM 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.

Sincerely,
Julia Roque

Summer Camp Director
Lake Superior State University

Superior Edventures

(Adventures in Education)

Fun and Enrichment for all ages

You have been selected to participate in STEAM Camp at Lake Superior State University from July 9-12, 2018. 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) 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).**
- 2) Clothing and other suggested 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) 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.
- 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



LAKE SUPERIOR STATE UNIVERSITY

Fine Arts/STEAM Camp July 9 – July 12, 2018 Science Technology Engineering Arts Math

Superior Edventures is proud to offer you a summer camp that leaves no subject untouched. Lake Superior State University's campus is located in the beautiful Upper Peninsula of Michigan, where we invite you to stay with us and open your mind to the arts and academics. Our STEAM camp will provide students with an eclectic range of activities, games, and labs taught by current Lake State faculty and students.

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: _____

Grade Entering in Fall 2018 7th 8th

Name of Current School: _____

Select your first choice and also list your second and third choice:

____ Painting & Marbling

____ Drama

____ Dance

____ Drawing & Animation

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

906-635-6673

Or

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.

REGISTRATION: Students register at the Cisler Center at LSSU on Monday, July 9 at 2:00pm.

DEPARTURE: Thursday, July 12th at 2:00pm.

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.

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

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

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

Name and address of policyholder's employer:

Work Phone Number (_____) _____

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

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

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.

Signature (X) _____

Date _____

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 Edventures 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 Edventures Staff for the duration of their stay at LSSU.*

X) _____
Signature of Participant Date _____

X) _____
Signature of Parent/Guardian Date _____

Superior Edventures
(Adventures in Education)



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 _____

STEAM Camp 2018



Biology 1(Dr. Kolomyjec)	Chem(Dr. Heth)	Forensic(Dr. Johnson)	Env. Science(KM)	Bio 2(Jane & Am)	Exercise Science
CRW 232	CRW 310	CRW 308	CRW 107	CR 249	Norris ES Lab
Marbling	Painting		Drama	Dance	Draw & Animation
ART 106	ART 115		ART 215	ART 209	CAS 103

Monday, July 9

Start	End	Group 1 (Painting & Marbling)	Group 2 (Painting & Marbling)	Group 3 (Drawing & Animation)	Group 4 (Drama)	Group 5 (Drama)	Group 6 (Dance)
2:00 PM	3:30 PM	Check In @ Cisler Center - Ontario Room					
4:00 PM	5:00 PM	Group Meeting + Icebreakers - West Superior Room					
5:00 PM	5:45 PM	Dinner					
5:45 PM	7:00 PM	Student Activity Center (Pool, Basketball, Tennis, Volleyball)					
7:00 PM	8:00 PM	Groups 1, 2, & 3 - Planetarium		Groups 4, 5, & 6 - Photo Scavenger Hunt (meet in Superior Room by 7 pm)			
8:00 PM	9:00 PM	Groups 1, 2, & 3 - Photo Scavenger Hunt (meet in Superior Room by 8 pm)		Groups 4, 5, & 6 - Planetarium			
9:00 PM	10:00 PM	Peacock Cove					
10:00 PM		Back to the Village and Fire Drill					
11:00 PM		Lights Out					

Tuesday, July 11

Start	End	Group 1 (Painting & Marbling)	Group 2 (Painting & Marbling)	Group 3 (Drawing & Animation)	Group 4 (Drama)	Group 5 (Drama)	Group 6 (Dance)
8:00 AM	8:45 AM	Breakfast					
9:00 AM	12:00 PM	Art Selection	Art Selection	Art Selection	Art Selection	Art Selection	Art Selection
12:00 PM	1:00 PM	Lunch					
1:00 PM	2:00 PM	Forensic	Exercise Science	Biology 2	Chemistry	Biology	Evrn Sci
2:00 PM	3:00 PM	Exercise Science	Biology 2	Chemistry	Biology	Evrn Sci	Forensic
3:00 PM	4:00 PM	Biology 2	Chemistry	Biology	Evrn Sci	Forensic	Exercise Science
4:00 PM	4:45 PM	Free Time					
4:45 PM	5:30 PM	Dinner					
5:30 PM	7:00 PM	Student Activity Center (Rock Wall, Pool, Basketball, Tennis, Volleyball)					
7:00 PM	9:00 PM	Putt Putt Golf					
9:00 PM	10:00 PM	Peacock Cove					
10:00 PM		Back to the Village and Lights Out at 11 PM					

Wednesday, July 12

Start	End	Group 1 (Painting & Marbling)	Group 2 (Painting & Marbling)	Group 3 (Drawing & Animation)	Group 4 (Drama)	Group 5 (Drama)	Group 6 (Dance)
8:00 AM	8:45 AM	Breakfast					
9:00 AM	12:00 PM	Art Selection	Art Selection	Art Selection	Art Selection	Art Selection	Art Selection
12:00 PM	1:00 PM	Lunch					
1:00 PM	2:00 PM	Evrn Sci	Biology	Enrn Sci	Forensic	Exercise Science	Biology 2
2:00 PM	3:00 PM	Biology	Envr Science	Forensic	Exercise Science	Biology 2	Chemistry
3:00 PM	4:00 PM	Chemistry	Forensic	Exercise Science	Biology 2	Chemistry	Biology
4:00 PM	4:45 PM	Free Time					
4:45 PM	5:30 PM	Dinner					
5:30 PM	8:00 PM	Student Activity Center (Rock Wall, Pool, Basketball, Tennis, Volleyball)					
8:00 PM	9:00 PM	Bonfire/Smores + Peacock Cove					
9:00 PM	10:00 PM	Games in Peacock Cove					
10:00 PM		Back to the Village and Lights Out at 11 PM					

Thursday, July 12

Start	End	Group 1 (Painting & Marbling)	Group 2 (Painting & Marbling)	Group 3 (Drawing & Animation)	Group 4 (Drama)	Group 5 (Drama)	Group 6 (Dance)
8:00 AM	8:45 AM	Breakfast					
9:00 AM	12:00 PM	Art Selection					
12:00 PM	1:00 PM	Lunch					
1:00 PM		Check Out at the Village					

*Schedule is subject to change based on weather, activity completion, extenuating circumstances, and other similar factors.

Groups	Day counselor	Night Counselors
1	Caitlyn Schmitigal	Steve Angeli
2	Anna Finley	Ryan Laprade
3	Diego Wilhelms	Andy Glezen
4	Chante! Olchanski	Emma Roque
5	Kevin Miodich	Emily Ferroni
6	Jane/Evan Gist	Jenna Killips

**Evan leaves 5 pm on Tuesday
** Len T & W 12-4:30 p.m for Kevin M

Instructors	Field
Heidi	Marbling
Maureen	Drawing/Anim
Lloyd Eddy	Painting
Lise White	Drama
Ashley Corbierre	Dance
Kevin M.	Env. Science
Dr. Johnson	Forensic
Jane/Amanda	Bio 2
Lucas Meehan	Exercise Science
Dr. Kolomyjec	Bio 1 Dissection
Dr. Heth	Chemistry