Welcome to SPICE camp 2019! As an accepted applicant you are guaranteed a spot in camp this year and for subsequent camps. Below you will find information about your assigned camp and session. Please look this information over carefully and let us know if anything is incorrect. We can alter assignments if we act early.

Camp Hours and Logistics
SPICE camp runs from 9am-4pm, Monday-Friday. We also have additional wrap around care from 7:30-9:00am and 4:00pm-5:30pm for a small fee. Drop off on the first day of camp will be inside Willamette Hall at 1371 E 13th Avenue on the UO campus. For drop off on the first day we ask that an adult accompany your camper inside to make sure we have all of the correct materials and information. Parking meters can be found on 15th avenue between Agate and University. Drop off and pick up for the rest of camp will take place on the lawn above the Lokey Labs. A map of these locations will be available on our web site soon. Campers should bring a sack lunch each day except the last day of camp. We will provide 2 snacks each day – please inform us if your camper has any life-threatening allergies. Be aware that though our Camp is based in Willamette Hall, some of our time is spent around campus. Example: the Discovery Campers will be climbing the Rock Wall in the Rec Center.

If you cannot attend SPICE camp, please let us know as soon as possible so we can give your spot to another applicant.

Deadlines, Payment, and Scholarships
Enrollment paperwork and full payment of the camp fees are due two weeks before the start of camp. The sooner you send in your enrollment paperwork the easier it is for us to get your camper set up. It is also more likely we will be able to accommodate special requests, including allergy needs, if you send your paperwork early. Paperwork can be sent via US mail, fax (541-346-4315) or by email (spicescience@uoregon.edu).

Payments can be made through our eCommerce site which is linked from the SPICE web page (http://spicescience.uoregon.edu). You can pay the camp fee all at once, or in installments.

You will find a scholarship request form enclosed. You can also provide this information online at the following link. We will calculate your scholarship eligibility as soon as we receive the necessary information. Scholarship requests should be submitted as soon as possible. Our online form can be found at: http://spicescience.uoregon.edu/node/441

This year we will be continuing our program evaluation of the SPICE camps. The goal of the research is to analyze any effects the summer camps may have on your child’s education and career preferences, specifically around science. The results will help us improve our programs.

Included with your registration paperwork you will find consent forms for the research that will provide a more detailed description of research activities. You may decline to have your child participate in research activities and your child may opt out of the research at any time.
Research helps us demonstrate the effectiveness of the program to donors and sponsors who provide funds for camper scholarships. Please consider joining the research project.

Please don’t hesitate to contact me if you have any questions.

Sincerely,

Brandy Todd, PhD
Director
Science Program to Inspire Creativity and Excellence
2019 SPICE Camp Enrollment Form

Please complete the information below – though we have a record from your application, we realize that information changes, and we like to stay up to date:

Camper Name: Camper Mobile Phone:
Parent Name: Parent Phone:
Parent email: Camper preferred name:
Camper email: Emergency Contact Names: _________________________________________________________________
Emergency Contact Phone: ___________________________________________________________________

What is the best way to contact you?  ____  Phone  _______ Text Msg  ____  Email        ____  Postal Service

We use these data for demographic reporting and will not share individual information with any person or organization. We may give your child’s name and contact information to some of our associated programs on campus. Please let know if you do not want us to share this information with other outreach programs.

Scholarship Request Form

SPICE provides partial and full scholarships to between 40-60% of campers each summer. We are collecting information from parents to help determine an appropriate scholarship level for each camper. You may be asked to provide back-up documentation in the form of tax returns or school documents.

Camper Name: ____________________________  Number of Persons Supported by Family Income: _________________
(Adults and children in the household)

Adjusted gross income (AGI) for last year *: _______________

*What is this and where do I find it? AGI is your taxable income after deductions. You can find your adjusted gross income on your tax return. This can be found on the following lines of various tax forms:

  Form 1040 – Line 37
  Form 1040A – Line 21
  Form 1040EZ – Line 4

If you did not file taxes last year, provide the total net weekly income for the family (income before deductions). Net weekly family income__________

Each camper is expected to contribute a minimum of $50 toward the camp tuition. We will inform you of the amount of the scholarship we can provide on June 1st. Please add spicescience@uoregon.edu to your address book to avoid our email going to the spam folder. Questions? Brandy Todd (541) 346-4313 or Jorjie Arden (541) 346-4528

Notice of Image Capture and Research Data Collection

As part of our regular camp activities and the program research we will be taking still photographs and video of your camper. If you do not wish images to be taken of your camper please let us know.

During camp we also collect data for research and internal program evaluation. Research data will only be collected with your and your campers’ informed consent (forms enclosed). Program evaluation data is collected without any formal consent. The types of data collected include observations of camp activities by program staff, questions we may ask your camper about activities, and activity evaluation forms filled out by your camper. You camper may decline to answer questions or fill out forms. Declining to participate in evaluation will not impact your campers experience.
University of Oregon Emergency Contact and Medical Information Form

Health Condition of Participants: Participation in SPICE Summer Camp (“the activity”) require that the participant be in good physical condition. Participants who have pre-existing medical conditions, or who have questions about the current state of their health should consult with their physician before participating. By signing this Medical Information Form, you agree and understand that:

- You have the physical fitness and ability to participate safely in the specified activities and that you will participate within your ability, comfort, and skill level.
- The University of Oregon does not provide health insurance for you. Therefore, you will bear all financial responsibility for any medical treatment arising from participation in the activities.

The University of Oregon staff reserves the right to require that you withdraw at any time when, in their sole judgment, it is not physically safe to continue participating.

**MEDICAL EMERGENCY CONTACT INFORMATION**

Person to Contact First: ____________________________

Backup Contact (Relative or Friend):

Name ____________________________

Relation to Participant ____________________________

Daytime Phone (          ) ____________________________

Evening Phone (          ) ____________________________

Are you allergic to any medications? ________________________________________________________________________________________

Other allergies: ____________________________________________________________________________________________

Other information that a treatment provider should be alerted to: ____________________________________________________________________________________________

**Medical Emergency Permission**

If an injury or other medical condition occurs or arises, I hereby give permission to the University of Oregon staff to provide routine first aid and to seek emergency treatment including X-rays or routine tests. In an emergency situation, I give permission for a UO representative to contact the individual(s) that I have listed under Medical Emergency Contact Information. I understand that I am financially responsible for charges to the attending physicians or health care unit. In the event of an emergency where I cannot decide for myself, I give permission to the physician/hospital selected by the UO representative to secure treatment for me, including hospitalization.

DATE ____________________________

Parent/Guardian (Signature) ____________________________

Parent/Guardian (Print) ____________________________

**Release to leave without parent**

Campers will congregate on 13th street in front of Willamette Hall after camp. Camp staff will supervise check out. Campers must check out with staff when departing with an adult or leaving on their own with parental permission.

_______ No, I do not agree to allow my child to leave SPICE camp without an adult.

_______ Yes, I agree to allow my child to leave SPICE camp without an adult.

Special Conditions: ____________________________________________________________________________________________

**Parental Consent**

I do hereby give permission for my minor child named above to participate in the Science Program to Inspire Creativity and Excellence (SPICE) Camp at the University of Oregon Center for Optics from «SessionAssigned».

______________________________

Print Name ____________________________

______________________________

Signature ____________________________

______________________________

Date ____________________________
Camper name:___________________________________________

**Request for Wrap Around Care**

SPICE provides Wrap Around Care for campers for a nominal fee. Wrap around care is available from 7:30am-9:00am and from 4:00pm-5:30pm on camp days.

*Please submit requests for wrap around care as soon as possible to reserve a spot. Space is limited.*

**Wrap Around Request (check all that apply)**

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**Total Cost**

☐ I would like to request a financial hardship scholarship for my child to attend wrap around care.
Pick Up Drop/Off

After the first day of camp pick up and drop off will be on 13th avenue on the lawn on top of the Lokey Labs (see map). Drop off is between 8:45-9:00. Pick up is from 4:00-4:15. Please do not block traffic on 13th avenue. The UO Police department is aggressive in enforcing flow of traffic in this area.

Emergency Contact Information
If you need to get in contact with your camper call Brandy cell (541) 554-2437 or Jorjie (541) 953-9343.

Daily schedule
A schedule of the day’s activities with locations and a map will be posted in the Willamette Atrium each day. If you unexpectedly need to pick your camper up early please call so we can direct you
UNIVERSITY OF OREGON

GENERAL RELEASE OF LIABILITY, ASSUMPTION OF RISK AND AGREEMENT NOT TO SUE

This Release of Liability, Assumption of Risk and Agreement Not to Sue (Agreement) is made by the undersigned individual who will be a participant in ___SPICE Science Summer Camps___, the “Activity.” In consideration of me or my child being permitted to participate in Activity, I acknowledge and accept the risks inherent in the activity as set forth below.

Session 1: July 8-12 & July 15-19
Session 2: August 5-9 & August 12-16

Description of Activity: A full-day camp program. Camp will take place in the Lokey Science Complex on the UO Campus. The SPICE Camps for middle school girls (ages 11-14) provide a variety of hands on activities. Campers spend most of their time inside the science complex but will have activities outside and will walk to various locations on campus. Activities may involve field trips off campus.

NOTE: Please notify the camp directors if any of the activities outlined in the camp schedule pose a potential problem for you or your child.

Assumption of Risk. Participation in activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as bruises, scratches, and sprains to 2) major injuries such as eye injury or loss of sight, hearing related injury, emotional or mental trauma, joint or back injuries, broken bones, muscle injuries, heart attacks, and concussions to 3) catastrophic injuries including, major head trauma, loss of limb or appendage, paralysis, and death.

Specific Risks: ___household chemicals, sharp objects (scissors, box knives) cryogenic substances (dry ice), open flames (votive candles), substantial walking and outdoor play, exposure to allergens and bees___

Transportation will be as follows: No transportation provided. Participants must be dropped off and picked up by a parent/guardian every day.

☐ Handbook: I agree that I have received the Parent Handbook and had time to review it. I understand that failure to abide by the camp rules could lead to dismissal from the camp and no refunds will be given.

☐ Camp insurance: Secondary Accident Insurance is provided to all Camp participants to assist in medical expenses that are incurred as a direct result of an injury arising from Camp activities.

I certify that there are no health-related reasons or problems that preclude or restrict my participation (or my minor child’s participation) in the Activity. I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize the University of Oregon to secure any appropriate treatment including the administration of an anesthetic and surgery. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University of Oregon has no obligation to provide or seek out any medical treatment.

In consideration for my being permitted to participate (or allowing my minor child to participate) in the Activity, to the extent allowed by law, I release the State of Oregon, the Board of Trustees of the University of Oregon and the University of Oregon and all their respective officers, employees, agents, and volunteers (the “Released Parties”) from any and all liability, negligence, and expense in any way resulting from, related to, or arising out
GENERAL RELEASE OF LIABILITY, ASSUMPTION OF RISK AND AGREEMENT NOT TO SUE

of my participation (or the minor child’s participation) in the Activity, including but not limited to liability and expense attributable to any injury, death, property damage, lost wages, economic loss, emotional distress, psychic injury, pain, or suffering of any kind whatsoever.

I further promise to the extent allowed by law, not to sue the Released Parties and agree to hold them harmless with respect to any and all claims, liability and expense, including those set forth in the preceding paragraph, in any way resulting from, related to, or arising out of the Activity.

I understand that my participation in the Activity (or the minor child’s participation) is completely voluntary and that participation is not required by any of the Released Parties. I declare that I am eighteen years of age or older, that I have read this entire agreement and understand the above provisions and that I agree to be bound by them.

I understand that by signing this agreement I am releasing claims and giving up substantial rights, including my right to sue.

Name of Participant (please print legibly): ______________________________________________________

Participant SIGNATURE (if 18 or older): _________________________________________________

DATE: __________________

NAME OF PARENT OR LEGAL GUARDIAN (please print legibly): ____________________________

PARENT OR LEGAL GUARDIAN SIGNATURE: ______________________________________________

DATE: __________________