STAR Camp 2004: Iowa Lakeside Lab

July 18-24, 2004

At Iowa Lakeside Laboratory on West Okoboji Lake in northwest Iowa, participants will have an opportunity to work with Lakeside faculty, staff, and students on a variety of hands-on projects in prairies, wetlands, and lakes. These will range from water quality studies to studies of prairie and wetland restoration to studies of local amphibians and reptiles.

In addition, participants will work with ISU staff members, students, and graduate students on an educational component of the camp. Students will have an opportunity to teach others about what they have experienced in their fieldwork. After experiencing ecology at Lakeside Lab, a participant can be a valuable resource to their home school districts.

Lodging for the camp will be in cabins at Lakeside Lab. The cost of the camp includes lodging, meals, program materials, and any travel required, whether on land or water. ISU vans will be used for travel during camp. Transportation to Lakeside Lab is not provided.

For more information on Iowa Lakeside Laboratory, visit: http://www.ag.iastate.edu/centers/lakeside/lakehome.html.
Application Form

STAR Camp 2004: Iowa Lakeside Laboratory
July 18-24, 2004

Cost: $275

Please print in ink or type application.

Name__________________________________________
Address_______________________________________
City, State Zip____________________________________
E-Mail Address____________________________________
Date of Birth ___ / ___ / ___
Sex ___Male ___Female

Parent/Legal Guardian
Home Phone (___) ______________ Work Phone (___) ______________
E-Mail Address______________________________
Second Parent/Legal Guardian
Home Phone (___) ______________ Work Phone (___) ______________

Emergency Contact Name _________________________ Relationship to Student ______________
Home Phone (___) ______________ Work Phone (___) ______________

School Information Based on Fall 2003
School_________________________Grade_____
School Address______________________________
School City, State, Zip_________________________
Principal________________________
Science courses taken__________________________________________________________
Science courses you plan to take before graduation (list by grade)
____________________________________________________________________________

Hobbies___________________________________________________________________________
____________________________________________________________________________

Food allergies, dietary considerations we should be aware of______________________________
____________________________________________________________________________

Why do you want to attend STAR Camp?
____________________________________________________________________________
____________________________________________________________________________

____ Please check here if you qualify for free or reduced school lunches and would like to be considered for a STAR Camp scholarship. (This information will remain confidential.)
Payment

A deposit fee of $50 must accompany this application. This deposit is only refundable if insufficient student enrollment necessitates cancellation of the camp or if the application cannot be accepted due to enrollment numbers exceeding our maximum. The balance of $225 will be due on May 30, 2004, upon acceptance to the camp.

Checks or money orders should be made out to: STAR Camp -- C&I.

Application checklist

A complete application file consists of:
1) This completed application form
2) $50 nonrefundable (note exceptions in “Payment” section above) deposit
3) Signed STAR Camp 2004: Iowa Lakeside Laboratory Residential Expectations form
4) Completed 4-page Medical Authorizations/Release/Insurance Information form
5) Principal/Teacher Endorsement Form

Mail application materials to:
STAR Camp -- Attn.: Kathy Megivern
N157 Lagomarcino Hall
Iowa State University
Ames, IA 50011

If accepted, I will follow all rules and guidelines established for the STAR Camps program, meaning that I will not smoke, drink alcoholic beverages, use drugs other than prescribed medication, engage in threatening or violent acts, or disregard the rules outlined in the student handbook. I realize that if I fail to follow the above-mentioned rules, I may be asked to leave the STAR Camp program at my parent’s/legal guardian’s cost and without refund, and that, furthermore, this may result in my not attending camps in the future.

I understand that I must attend STAR Camp Orientation with a parent or legal guardian.

I hereby apply for STAR Camp.

Signed __________________________ Date __________

Full Name Printed __________________________

I have read and understand this completed application. My child has permission to apply for STAR Camp.

Signed __________________________ Date __________

Questions? Call Kathy Megivern (515) 294-1422 or e-mail kmegiver@iastate.edu.

Visit our web site at www.public.iastate.edu/~mstar.
Dear Principal or Teacher,

This student is completing an application for Iowa State University’s STAR Camp 2004: Iowa Lakeside Laboratory. STAR stands for Science Teacher Attraction and Retention and is a program designed to help alleviate the severe science teacher shortage by attracting enthusiastic individuals to the area of science education. This camp is intended for high school students to experience science and to experience the rewards and satisfaction of teaching science.

It will be important that when the student returns to school in the fall, he/she has the support of a faculty member that will help them share what was learned at camp with peers or younger students through some type of extension activity. The student should return with a variety of experiences to share. Perhaps the student will need a faculty member to help locate teachers in the district that teach topics for which the student has developed activities. The student may need help in locating materials or help in checking out equipment from ISU. He/she may even be inspired to organize a science fair and would need faculty support and guidance for the project.

I support _________________________’s application for STAR Camp 2004: Iowa Lakeside Laboratory and am willing to work with this student on at least one extension activity after camp.

Principal or teacher signature ____________________    Date ____________________

Questions? Call Kathy Megivern (515) 294-1422 or e-mail kmegiver@iastate.edu.

Visit our web site at www.public.iastate.edu/~mstar.
RESIDENTIAL EXPECTATIONS

The philosophy guiding the STAR Camp program is primarily one of respect -- respect for other participants, the staff, and yourself. To effectively establish a safe and harmonious environment, all participants must follow the basic expectations and guidelines outlined below. In addition, the consequences for inappropriate behaviors are provided.

**General Expectations**

1. Be conscious of your behavior at all times during the program. Observe all rules, cautions, and instructions, whether verbal or written, and do not ask for or expect special privileges.
2. Make a concerted effort to promote an atmosphere of mutual respect. Do everything possible to make sure those around you have a positive experience. This implies that we do not impose our values or beliefs upon one another. View interaction with staff and participants from diverse backgrounds as an opportunity to broaden each other's experiences.
3. Volunteer to help in group activities and events.
4. Staff members are available to facilitate cooperation between STAR Camp participants. However, if you are having personal problem with a student, please first discuss it with him or her.
5. Always use respectful and appropriate language with students and staff.

**Specific Rules**

1. Respect for property of others will be maintained at all times. Any damage caused by a participant will be charged to that individual.
2. Public displays of affection are prohibited.
3. Possession or use of alcoholic beverages, illegal drugs, or tobacco products is prohibited.
4. Fighting, violent or aggressive behavior, or the threat of such behaviors is strictly prohibited.
5. Students may order food (pizzas, etc.) to be delivered to cabin at their own expense provided that 1) they check with an RA before they order and 2) the food arrives at the room at least one hour before lights-out.
6. Weapons of any kind, including pocket knives; toy guns; Nintendos; Play Stations; computer games; and televisions are not permitted and if found will be confiscated.
7. The time from 9:30 -10:30 p.m. is quiet time for getting ready for bed and for RA (resident assistant) bed chats. Students should be in their own cabin starting at 9:30 p.m. and in their room by 10:15 p.m. Lights-out will be at 10:30 p.m.
8. If a student’s cabin does not include a bathroom, the student must use the buddy system for trips to the bathroom between 9:30 p.m. and 6:00 a.m. and should go directly to and from the bathroom; that is, a trip to the bathroom must not be used as an excuse to wander.
9. No student is allowed to leave the cabin after 10:30 p.m. lights-out unless for planned program activities with the company of an RA or, with notification of the RA, for an emergency. (“Emergency” includes the bathroom situation described in #8.)
10. Students must follow sign-out procedures to indicate their whereabouts during free times.
11. Sign-out system rules include the following:
   a) With the exception of camp activities and meals, no students will be allowed to leave the cabin without signing out.
   b) Students will be allowed to leave the cabin in pairs during free time between 6 a.m. and 9:30 p.m.
   c) All students must sign out clearly and completely, indicating where they are going, when they are signing out, when they expect to be back, and who they are with.
12. Students may enter the rooms of others only with permission of all roommates assigned to that room; in addition, when the cabin/room belongs to the opposite gender, the visiting student must be accompanied by his/her RA.

For activities away from the Laboratory:

13. Students must not leave stop destinations (such as parks, restaurants, designated field area) unless accompanied by a staff member for planned program activities or emergency.
**Consequences**
The following are possible consequences for disrespect of the STAR Camp residential expectations and specific rules:

- Grounding of student; for example, restricted campus free-time privileges
- Student, student's RA, the RA witnessing the incident, and the Program Coordinator will meet to discuss the incident
- Notification of the student's parents by the student and a staff member
- Student being sent home from the program with no refund of fees or tuition and at cost to the parent/legal guardian

**Zero Tolerance**
The serious nature of the following misbehaviors necessitates a zero tolerance policy for the safety of all participants. Any occurrence of these behaviors or of similar behaviors will result in the immediate expulsion of all students involved with no refund of fees or tuition and at cost to the parent/legal guardian.

1. Possession or use of alcoholic beverages, illegal drugs, or tobacco products.
2. Leaving the cabin after 10:30 p.m. lights-out unless accompanied by a staff member for planned program activities or, with notification of the RA, for an emergency. (“Emergency” includes the bathroom situation described in Specific Rules #8.)
3. Leaving the Lakeside Laboratory grounds unless accompanied by a staff member for planned program activities or, with written permission provided by a staff member, for a special situation or emergency.
4. Possession of weapons of any kind, including pocket knives.

I, the undersigned student, have read and understand the above policies of the STAR Program and will respect these rules while I participate in the STAR Camp programs.

I, the undersigned parent/legal guardian, have read and understand the above policies of the STAR Program.

________________________  ____________  __________________________  ___________
SIGNATURE OF STUDENT    DATE                         SIGNATURE OF PARENT/LEGAL GUARDIAN  DATE
Medical Authorizations/Release/Insurance Information
(Confidential information for camp staff, Iowa Lakeside Laboratory staff, and medical personnel only)

IN ORDER FOR A STUDENT TO PARTICIPATE IN CAMP ACTIVITIES, WE MUST HAVE THIS FORM FILLED OUT IN ITS ENTIRETY. PLEASE RETURN BY March 30, 2004.

PLEASE READ THIS CAREFULLY! It affects any rights you may have if your child is injured or otherwise suffers damages as a result of participation in the STAR Camps/Iowa Lakeside Laboratory Program sponsored by the U.S. Department of Education through Iowa State University’s Department of Curriculum and Instruction, Summer 2004.

(Please complete this form in blue or black ink.)

STAR CAMPS - IOWA STATE UNIVERSITY

Student ____________________________________  (Please print full legal name)

Birth Date ________________ Gender __F __M
(month, day, year)

The following “Release of Liability” and “Medical and Surgical Authorization” must be signed by a parent or guardian if student is under 18 years old. Students who are 18 years old or will become 18 years old before the end of the camp must also sign this release and medical authorization.

Medical and Surgical Authorization
I hereby authorize and give my consent to Iowa State University, Iowa Lakeside Laboratory, or any licensed health professional to perform upon or administer to __________________________________________ any reasonable, necessary surgical or medical diagnosis or treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures which in the best judgment of a licensed physician is deemed advisable. This authorization is intended to cover emergency treatment, hospital care, x-rays, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological emergencies involving psychological treatment, parental authorization for treatment beyond that responsive to the emergency will be requested.

It is understood that this authorization is given in advance of any special diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the RELEASEEES, as defined in “Release of Liability” above, to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable. I understand that any health care facility will make every reasonable attempt to contact me first, time and conditions permitting.

I authorize my insurance company to pay benefits to Iowa State University Student Health Service or other hospitals and clinics.
Also, I authorize the disclosure of medical information to my insurance company for the purpose of claim. I understand that I will be responsible for any medical or other charges in connection with student's attendance at this camp. (Each camper must provide his/her own medical insurance.)

Parent's/Guardian's Signature  Date

Student's Signature  Date

**Release of Liability**

In return for the registration fee and Iowa State University providing ROOM, BOARD, ACADEMIC INSTRUCTION, FIELD TRIPS, RECREATION, and other good and valuable consideration, YOU AGREE and state as follows:

(I) I UNDERSTAND THAT INJURIES AND DAMAGES (including death) to my child are possible, including injuries common to the activities of the STAR Camps program which involves activities in remote locations but ALSO SERIOUS, UNCOMMON, AND UNFORESEEABLE INJURIES, and I hereby voluntarily elect for my child to participate.

(2) I RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Iowa State University, Iowa Lakeside Laboratory, University of Iowa, University of Northern Iowa, the Board of Regents of the State of Iowa, the State of Iowa, its officers, servants, agents, or employees, and all participants in said STAR Camp (hereinafter referred to as RELEASEES) from any and all liability, claim, and/or cause of action arising out of or related to any loss, damage, or injury that may be sustained by me or my child, or to any property belonging to me or my child; FURTHER, I AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, damage, costs, including court costs and attorneys' fees, that Releasees may incur due to my child's participation.

(3) It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Iowa.

(4) I hereby grant to the Releasees the unrestricted right to use and re-use my child's name, image, likeness, voice, words, or other contribution in any media format for educational and promotional purposes of the STAR Camp program or Iowa Lakeside Laboratory.

(5) I hereby grant permission to the Releasees to search by child's belongings with my child present when the health, well-being, or safety of my child or others requires it.

Parent's/Guardian’s Signature  Date

Student's Signature  Date
**Insurance Information**

I state that ______________________, under my legal custody, does have a current health insurance policy, and such policy will be maintained for the duration of their participation in the STAR Camps/Iowa Lakeside Laboratory Program.

Insurance Company: _______________________________ Phone number: (___) __________________

Insurance Company Address: _____________________________________________________________

Plan Number: _____________ Policy Number: ____________ Policy Holder: ____________________

Does your insurance carrier require a prior approval or notification process? ___Yes ___ No

If yes, what is the emergency contact number for this process? (____) ________________

Parent/Guardian Full Name Printed: _______________________________________________________

Permanent Address: _____________________________________________________________________

(Street)          (City)                 (State)        (Zip)

Phone Number: (Home) ____________________ (Work) ____________________

__________________________________________________         ___________________

Parent's/Guardian's Signature              Date

Student Full Name Printed: _______________________________________________________________

Address: ______________________________________________________________________________

(Street)                                       (City)                                              (State)              (Zip)

_____________________________________________         _________________

Student's Signature                           Date _________________

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*To attend camp, it is required that you include a copy of both sides of your insurance card.*
**Physician's Authorization**

This is to certify that ____________________________________________ was examined by me on _______________ (valid if within one year of camp) and that I found this individual to be physically able to participate in vigorous physical activity and competitive athletic sports. (School physical form acceptable if valid within one year of the starting date of camp; physician should also complete form below if this information is not all included on the physical form.)

A current tetanus immunization is required. Date of last tetanus immunization: ______________

Allergies and Drug Sensitivities: __________________________________________________________

Other Medical Problems/Current Medications: __________________________________________________

Is an identification band or card carried to alert others to allergies, medical conditions, or medication use?

__Yes __No

Signed ______________________________________________________

(Physician)

Address ______________________________________________________

Phone ______________

Please note: If the student has not had a physical exam within one year of camp, the required exam may be postponed until the student has confirmation of acceptance to the camp. This page should then be returned following the exam, at least 2 weeks before the beginning of camp.