

Hobart and William Smith Colleges



Monday – Friday, June 29 – July 3, 2009
and
Monday – Friday, July 6 – 10, 2009

For children who have completed 1st, 2nd or 3rd grades

science
CAMP

HOBART AND WILLIAM SMITH COLLEGES
Office of Conferences and Events
300 Pulteney St.
Geneva, N.Y. 14456

#51403-11-35400-09821

fun with science

JUST FOR YOU AND ME

A MESSAGE FROM THE SCIENCE CAMP DIRECTORS

We are elated to have the opportunity to teach your child about many facets of science that exceed what teachers can provide in the regular classroom environment during the school year.

The goals of this program are to:

- Offer students an opportunity to work with, and perform hands-on experiments under, the guidance of a science professional, Professor de Denus, and teacher Mindy Ritter, who are passionate about science
- Provide active learning based on science concepts and standards
- Develop collaboration among students, teachers and science professionals,
- Relate scientific concepts to the real world, and foster the independent thinking of each child
- Each day of this five-day camp will have a theme

We will spend four days experimenting with food science, sports science, detective science, and polymer science. The final day will be a culmination of fun activities from all areas.

CAMP DIRECTORS

Professor Christine de Denus

Professor Christine de Denus graduated from John Taylor High School (Winnipeg, Canada) in 1988 and the University of Winnipeg in 1993 with a B.S. in Chemistry. She received her Ph.D. in Chemistry from the University of Manitoba in 1997 and was a Natural Sciences and Engineering Research Council of Canada Post-doctoral Fellow at the Pennsylvania State University from 1997 to 1999. She has been at Hobart and William Smith Colleges since the Fall of 1999. Since her arrival she has taught general, organic, forensic, instrumental, and inorganic chemistry as well as a First-Year Seminar, Chemistry and Crime. In addition to her teaching duties, she is the chair of the chemistry department, serves on a number of campus committees, is a member of numerous scientific organizations, is the faculty athletic fellow for WS basketball and lacrosse, and runs an active research laboratory with undergraduate students. She has been involved with teaching science to students in K-3 at West Street School in Geneva for the past four years in collaboration with Mindy Ritter. Currently, de Denus is teaching an afterschool science program for students in the third grade. She has also been a soccer, basketball and lacrosse coach at the local YMCA.

Mindy (McGuigan) Ritter

Mindy (McGuigan) Ritter graduated from Geneva High School in 1985, SUNY-Geneseo in 1989 with a B.S. in Education and Sociology minor. She received her M.S. in Education from SUNY-Geneseo in 1993 and holds permanent certification. Ritter has taught first grade at West Street School in Geneva for the past 18 years. She has served on the ELA as district chair (2 years), on the District Building Literacy Team (2 years), has taught an after-school science club for first and second grade students. Currently, she serves on the committee to re-establish Gifted/Talented/Enrichment Program in Geneva, is a Ski Club Adviser, and is teaching an after school science program for third grade students through an HWS faculty research grant. She has also been active with the YMCA coaching tee-ball, coach-pitch, and soccer.

Hobart and William



GRADE LEVELS FOR THE CAMP

This camp is for children who have completed first, second, and third grades. Enrollment will be limited to 20 students for each week.

FACILITIES USED FOR SCIENCE CAMP

The Hobart and William Smith Science camp utilizes the facilities and resources of the Colleges to provide children an opportunity to have a week full of academic activity and fun in a safe and friendly environment.

- Science camp will be centered in a science classroom and laboratory, using the Quad and mini-quad around the science complex for daily activities.
- The Scandling Center will provide a daily buffet style lunch.

DAILY SCHEDULE (Subject to Change)

8:45 – 9 a.m.	Drop-off, journal writing, games
9 – 10:30 a.m.	Academic Programming, labs
10:30 – 10:45 a.m.	Snack
10:45 a.m. – noon	Academic Programming, labs
noon – 1 p.m.	Lunch at Scandling Center
1 – 3 p.m.	Academic Programming, labs
3 – 3:30 p.m.	Pick-ups

RATES

This is a five-day camp and campers must attend all five days.

\$180 a week

For further information call or write:

HOBART AND WILLIAM SMITH COLLEGES Conferences and Events Office, Geneva, NY 14456
(315) 781-3103 • Fax (315) 781-4325

E-mail: events@hws.edu • www.hws.edu/offices/conferences

SCIENCE CAMP APPLICATION

(PLEASE PRINT OR TYPE ONLY)

For Office Use:

Date _____

Check # _____

\$ _____

CAMP



June 29 - July 3, 2009

July 6 - 10, 2009

CAMPER NAME _____ DATE OF BIRTH _____

HOME PHONE _____ CELL PHONE _____

ADDRESS _____ SEX _____ AGE _____

CITY _____ STATE _____ ZIP _____ GRADE JUST COMPLETED _____

SHIRT SIZE (please circle): Youth: M L; Adult: S M E-mail _____

I understand that: 1) no camper will be permitted to enroll until acceptable medical information is provided; 2) I am hereby waiving and releasing the Colleges from any and all liability for any injuries incurred by my child while attending camp; 3) I am hereby representing to the Colleges that I will have adequate health insurance on my child while he/she is attending the camp (the Colleges provide no health insurance); 4) I will pay all costs incurred by the Colleges as a result of any failure by my child to respect and maintain camp facilities and/or to observe camp rules and regulations; 5) signature by me of this registration form does not violate any legal agreement or order pertaining to the care and custody of my child. I also hereby consent to the general usage of photographs, digital images, film, videotape, or audio track, taped appearance, testimonial, written submissions, or interview of/with my minor child in connection with publicity, advertising and promotional activities containing the likeness, name and/or voice of said child by "The Colleges" or by successors for internal communications or other purposes, in any form, format, media or medium (including the Internet or other electronic means) now known or which may come into being in the future, if "The Colleges," its assigns or successors so desires. The undersigned further releases and discharges "The Colleges," its successors or assigns, from any and all claims and demands, and waives and foregoes any and all legal or equitable actions arising out of or in connection with the use of said media.

PAYMENT must be made one week prior to the week(s) you intend to attend. X _____ (parent/guardian signature)

MEDICAL WAIVER FORM FOR DAY CAMPS:

_____ (camper's name) has applied to participate in the camp stated above. I understand that the Colleges require each participant in this program to be examined by a licensed physician prior to attendance.

I am the person legally responsible for _____ (camper's name), who is a minor. As such person, I request that the Colleges waive this requirement of a physical.

Upon granting of this request, I, on behalf of myself and _____ (camper's name), hereby release the Colleges from all claims and/or causes of action now or hereafter arising as a direct or indirect result of this waiver. At the same time, I personally indemnify you against all costs, including damages and reasonable attorney and administrative fees, incurred by the Colleges as a result of all such claims or causes of action from whatever source not precluded by the foregoing release.

X _____ (parent/guardian signature) _____ (date)

Emergency Information and Medical History:*

Health insurance company _____ Policy number _____

Parent(s) names _____ / _____

Residence: _____ Phone: _____ / Business address: _____ Phone: _____

Health History (give approximate dates)

Ear infections _____ Rheumatic fever _____ Convulsions _____ Diabetes _____
Hay fever _____ Ivy poisoning _____ Insect stings _____ Penicillin allergy _____
Other drug allergies _____ (list _____) Asthma _____
Chicken pox _____ Measles _____ German measles _____ Mumps _____
Operations or serious injuries (dates) _____

Immunization History**

DPT _____ booster _____ Polio OPV (Sabin) _____ booster _____
Measles vaccine _____ Smallpox _____ German measles _____
Typhoid _____ Tuberculin test _____ Mumps vaccine _____
Last tetanus booster (year) _____ *Don't forget to send medical report with application. **Must have specific dates of immunizations.

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