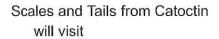


# Cougar Summer Science Camp

Would you like to know how to.....







build bottle rockets



make a nebula in a jar

Discover what the stars are made of at the Cougar Summer Science Camp!

The Catoctin High School (Maryland) Science Olympiad Team is hosting a four day (Mon-Thurs.) science camp this summer! Young scientists will be involved in "hands-on" activities lead by Catoctin High School Science Olympiad and Science National Honor Society students with floating CHS Science Olympiad Coaches.

We look forward to engaging our future scientists in this spectacular camp experience!

Douglas K. Young
Science/Math Teacher & MSO Coach
Douglas.Young@fcps.org

Rebecca Hurley
Science Teacher & MSO Coach
Rebecca.Hurley@fcps.org

# Camp Information

Date: July 29, 2019 to August 1, 2019

Time: 9AM to 12PM

Location: Catoctin High School

Cost: \$60

Who: Students entering grades 1 - 6 in the fall of 2019

Registration: Please complete and mail in the front and back of the forms in this packet.

These materials are neither sponsored by nor endorsed by the Board of Education of Frederick County, the superintendent, or Catoctin High School.



### **Cougar Summer Science Camp Registration**

Student Name:			Grade (Sept. 2	2019):
Birth Date:	Gender: _	Male _	Female Shirt Size	):
Parent/ Guardian Name:		!,		
Address:	7			<u>.                                    </u>
City:	State:		Zip:	
City: Phone #:		E-Mail:		
Additional Emergency Contact: Relationship to Student: Phone #:			<u> </u>	
HEALTH CARE CONTACTS:  Medical Insurance:  Policy Number:				
Health Care Provider/ Family Phy	sician:		Phone	#:
In case of emergency, I authorize treatme			ederick Memorial Hospital	VII. 1
I hereby authorize staff of the Cougar Sci medical attention. I hereby waive and rele illnesses incurred while at camp. I have no camper's participation in the camp progra	ease Cougar Scie o knowledge of ar	ence Camp sta	ff from any and all liabilitie	es for any injuries or
Parent/Guardiar	Signature:			
Emergency information form and safety o	ontract must be c	complete and a	accurate in order for your	child to attend camp.

## Include forms and check (\$60.00) payable to:

Catoctin High School (Please add MSO Summer Camp in the memo line.)

#### Return to:

Cougar Summer Science Camp c/o Doug Young 14745 Sabillasville Road Thurmont, MD 21788



#### Cougar Summer Science Camp Safety Contract

Science summer camp is a "hands-on" event meaning that young scientists are expected to be actively involved with science equipment and materials. Safety in the science camp must be our number one priority for students, teachers, and parents. To ensure a safe camp experience, a list of rules and guidelines has been developed and are provided below. These rules must be followed at all times.

#### Safety Guidelines

- 1. When asked, safety goggles must be worn.
- 2. Report any unsafe condition, accident, or injury to the activity leader immediately.
- 3. Conduct yourself in a responsible manner. Pay attention and think about what you are doing at all times. Horseplay and other inappropriate conduct in science camp activities is dangerous and will not be tolerated.
- 4. Follow all directions carefully. If you do not understand a direction, ask the activity leader for help.
- 5. Follow all laboratory procedures carefully.
  - a. Listen to directions.
  - b. Long hair should be tied back. Loose clothing and dangling jewelry should be removed or tied up for certain activities. Keep hair, clothing, and hands a safe distance from heat sources at all times.
  - c. Do not touch any equipment or materials until you are told to do so.
  - d. Never look into the open mouth of a container that is being heated.
  - e. After performing laboratory activities, wash your hands thoroughly before leaving the room.
- 6. Chemical safety in the science classroom is extremely important.
  - Never remove any chemicals or materials from the classroom unless specifically directed to do so by the activity leader.
  - b. All chemicals in the science room should be considered dangerous.
  - Never taste the chemicals, inhale chemical vapors or mix chemicals unless directed to do so by your teacher.
  - d. If a chemical should splash in your eye or on your skin, immediately flush with water for at least 20 minutes or until directed to stop. Get the attention of the activity leader immediately.
- 7. Carry sharp instruments pointing downward and away from you at all times.

a. Does the student have contact lenses?

- 8. Work areas should be kept clean and tidy at all times. When you finish working, turn off any water, gas, or electric you used and return all materials to the correct location.
- Notify the CHS Staff immediately of any health concerns for science camp. Please list any allergies or other health concerns below.

b c			
	ow I acknowledge that I have reviewed the safety rule I understand that if my student does not follow the sa		
Student Name:	= 10	Student Grade: _	September 2019
Parent/Guardia	an Signature:	Date:	

### **Cougar Summer Science Camp**

Confidential Health and Emergency Information & Media Release Form

Student's Name:	Student Grade:
STUDENT'S MEDICAL HISTORY: (Please check or	September 2019
Allergies:  Medications {Specify}  Inhaler  Epi-Pen {Reason}  Foods {Specify}  Latex Bees	
meet this goal, please notify us about any physical, b	pportive learning environment for all students. To help us ehavior or emotional disabilities requiring special attention so can be made. Our intention is to provide an environment
Are there any other physical, psychiatric, behavioral of Mark all that apply: ☐ None ☐ Asthma ☐ ADD/ADHE☐ Hearing impairment ☐ Asperger's/autism ☐ Vision☐ Other:	or emotional conditions of which we need to be aware? □ □ Diabetes □ Emotional issues □ Epilepsy/seizure
Medications: {please list}	Medical Condition Treated:
	n medications or treatments at school, the health care omit the appropriate authorization form(s). Obtain forms from <a href="fcps.org/">fcps.org/</a> (then click on "Forms").
County Health Department staff as appropriate. In ca	ding my child's health may be shared with FCPS/Frederick ase of an accident or serious illness, I request that school horize school staff to call the physician indicated ABOVE or pest interest of the child.
Signature of Parent or Guardian	Date
Media Release  ☐ Yes, I allow my child photo to be taken for CHS pu ☐ No, I do not allow my child's photo to be taken for	