

# Step-Up Boys Mentorship Program Summer Summit

## June 15 - 19, 2015, 9 a.m. - 3 p.m.



A summer conference for male students, entering high school.  
University of St. Thomas Minneapolis Campus,  
1000 LaSalle Ave., Minneapolis.

- Morning sessions featuring keynote speakers
- Morning classroom activities
- Afternoon team building
- Outdoor activities
- Spend Wednesday at Camp Eden Wood with Team Quest where you will be physically challenged, learn team support and individual determination!

**This is a FREE weeklong event with meals and transportation provided.**

### Program Outcomes and Goals

#### Outcomes

- Empower participants to become better students.
- Increase awareness of educational opportunities and services available.
- Develop quality relationships among peers.
- Develop leadership skills.

#### Goals:

##### Increase student success through

- Defining **aspirations**
- Increasing **expectations**
- Seizing **opportunities**
- Committing to **achievement**



### Student Selection Process & Requirements

NWSISD member school district staff will identify potential participants

- Participants must meet targeted services guidelines
- Participants must have completed 8th grade

A parent information session will be offered by the sponsoring school district. Attendance is highly recommended.

**Required Forms:** Parent consent form, health records, registration form completed by the sponsoring school district.

Sponsored by:



For more information, contact Gale Cannon at 763-607-5833 • [gcannon@nws.k12.mn.us](mailto:gcannon@nws.k12.mn.us)



**NORTHWEST SUBURBAN  
INTEGRATION SCHOOL DISTRICT**

*A Global Community Learning and Growing Together*

**2015 NWSISD Summer Summit/Day Camp Registration/Permission Form**

Student Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Student email address \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ School in 2014-15 \_\_\_\_\_

Grade completed as of June 2015 \_\_\_\_\_ School in 2015-16 (if known) \_\_\_\_\_

School District \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Parent/Guardian E-mail Address \_\_\_\_\_

Additional phone numbers where parents/guardians may be reached (work, cell, etc.)  
\_\_\_\_\_

**ALTERNATIVE CONTACT in case of emergency and the parents cannot be reached:**

Name/Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Do you grant NWSISD access to your child's medical records (required for participation)? Yes \_\_\_ No \_\_\_

Does your child have a food allergy? Yes \_\_\_ No \_\_\_ If yes, which foods: \_\_\_\_\_

Does your child need a vegetarian meal on Wednesday and Friday? Yes \_\_\_ No \_\_\_

I give my permission for \_\_\_\_\_ (name of student) to take part in the Northwest Suburban Integration School District Summer Summit. This student, to the best of my knowledge, is in good physical condition and is capable of engaging in strenuous physical activity. I understand that engaging in strenuous physical activity has an inherent risk factor, and that all appropriate precautions will be taken for the safety of my child. I give my permission to Northwest Suburban Integration School District, Camps of Courage & Friendship, Camp Eden Wood staff and volunteers and/or hospital staff to administer proper medical assistance to the above named participant. I agree not to hold Northwest Suburban Integration School District, Camps of Courage & Friendship, Camp Eden Wood or any of their agents responsible in the event of injury to my child. I also grant full permission to Northwest Suburban Integration School District, Camps of Courage & Friendship, and Camp Eden Wood to use either my photograph and name (if necessary) or my child's photograph and name (if necessary) in any publication or advertising materials (printed or electronic). This consent also serves to waive all rights of privacy or compensation, which I may have in connection with the use of my photograph and/or name or my child's photograph and/or name.

Parent or Guardian Name (Please Print) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Fax or mail completed form to: 763-450-1348  
NWSISD, Attn: Gale, 9201 W. Broadway Ave., #690, Brooklyn Park, MN 55445

**Registration Deadline May 29, 2015**



## **Step-Up Boys Summer Summit Student Behavior Contract**

### **RESPECT**

All participants of the Summer Summit are required to respect the property of The University of St. Thomas. Individuals who are responsible for damage to property will be held accountable. The University of St. Thomas is an attractive and pleasant place to visit and students are expected to model respect for the facility.

Summer Summit participants will be expected to respect all staff and individuals by their words, actions and attitudes. This includes group leaders, asst. group leaders, chaperones, speakers, volunteers, other students as well as all St. Thomas staff.

### **SAFETY**

Students are required to be with their group leader/chaperone at all times. In the case of any emergencies you will need to inform a group leader or chaperone immediately.

### **Summer Summit Core Values:**

*Appreciation of Diversity: To recognize and honor the dignity of each individual; to celebrate differences among culture, gender, ability; to work cooperatively with others and resolve conflicts.*

*Compassion: To show empathy, generosity, kindness, patience and sensitivity.*

*Integrity: To display honesty, perseverance, confidence, pride, trustworthiness, and the courage of one's convictions.*

**I understand the above contract and agree to abide to the guidelines and the “three strikes and out” consequences.**

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Student Signature / date

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Parent/Guardian Signature / date

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