

Ka Pilina Winter 2015 Math Camp Application



Dates & Times

December 21-23, 2015
(Monday – Wednesday)

8:00 AM to 4:30 PM (this includes travel time)
*Students must be able to attend all 3 days of camp.

Location

UH Manoa
*Details about location to follow.

Application Due

Friday, November 6

We will notify you of acceptance by:

Friday, November 20

❖ About Ka Pilina

Ka Pilina is a 3-year research project at the Center on Disability Studies, University of Hawai'i Mānoa, funded by the U.S. Department of Education, Native Hawaiian Education Program (Award #S362120030) to improve mathematics outcomes of 7th - 12th grade students.

❖ Goals of Math Camp

The goals of Ka Pilina Math Camp are:

1. To learn mathematics outside of the classroom and
2. To use math in meaningful ways that will increase students' interest in math.

Students will participate in hands-on math activities, go on a field trip, tour college campuses, work in groups, and use math computer programs.

For more information about the Ka Pilina project and to see photos from previous events, please visit our website at www.cds.hawaii.edu/kapilina

❖ Theme

The theme of Winter Math Camp is *Local Careers & Math*. Students will learn about how math is used in different science, technology, engineering and math careers!

❖ **Transportation**

Ka Pilina will provide bus transportation for all students to and from camp locations.

Ewa Beach Pick Up Locations:

- Boys & Girls Club

Kamakau Pick Up Location:

- Windward Community College

*Detailed information about field trips and transportation will be provided to students upon acceptance.

❖ **Eligibility**

To be eligible to attend this camp, the student must:

1. Be a 7th-8th grade student for the 2015-2016 academic school year;
2. Have an interest in participating in other Ka Pilina project activities;
3. Priority will be given to students currently attending one of these schools: Ewa Makai Middle School, Ilima Intermediate School, or Ke Kula 'o Samuel M. Kamakau Public Charter School;
4. Priority will be given to Native Hawaiian students;
5. Priority will be given to students who already returned Ka Pilina project parent consents; and
6. Priority will be given to students of participating teachers.

❖ **Cost**

Free!

There is no cost for the camp. Camp will include transportation, water, snacks, lunch and a Ka Pilina project t-shirt.

❖ **Field Trip**

We will be going on a field trip to Oceanit, an engineering and technology firm in Honolulu, to see different science and engineering careers in action! Students will take a tour of Oceanit's facilities and learn about Design Thinking, a process Oceanit teaches business to use to come up with innovative ideas and creative solutions to problems. Find out more about Oceanit at their website here: <http://www.oceanit.com/>

❖ **Instructions for applying:**

1. Complete the following forms:
 - A. Student Application Form
 - B. Assumption of Risk and Release
 - C. Medical Consent Form
 - D. Photo/Video Release
 - E. Ka Pilina Project Parent Consent Form

2. Submit application to your child's math teacher no later than **Friday, Nov 6, 2015**.

OR

Mail in application (postmarked no later than **Friday, Nov 6, 2015**) to:

Ka Pilina Project
University of Hawai'i at Mānoa
Center on Disability Studies
1410 Lower Campus Rd., Bldg. 171F
Honolulu, HI 96822

****Acceptance will be on a first-come, first-served basis,
and will close once all 50 openings are filled.****

Questions or Concerns? Please contact:

Jerrik Feliciano
Office: (808) 956-5492
Email: kapilinahi@gmail.com
www.cds.hawaii.edu/kapilina

Student Name: _____

Application Checklist

*Please ensure that all parts of the application are complete before submitting.

- A. Student Application Form
- B. Assumption of Risk and Release
- C. Medical Consent Form
- D. Photo/Video Release
- E. Ka Pilina Project Parent Consent Form

* find consent forms at :
<http://www.cds.hawaii.edu/kapilina/community/>

A. Student Application Form

Student Information:

First Name: _____

Last Name: _____

School: Ilima Intermediate School Math Teacher: _____
 Ewa Makai Middle School
 Ke Kula 'o Samuel M. Kamakau
 Other: _____

Grade Level: _____

Gender: Male
 Female

T-Shirt Size: Adult Small
 Adult Medium
 Adult Large
 Adult X-Large

Preferred Bus Pick-up Location: Boys & Girls Club (Ewa)
 Windward Community College

Parent/Guardian Information:

First Name: _____

Last Name: _____

Relationship to Child: _____

Address: _____

E-mail Address: _____

Daytime Phone: _____

*If your child needs special assistance with transportation or materials (e.g. Braille, large print, etc.), please let us know in advance.

B. Assumption of Risk and Release Form

I understand and acknowledge that there are risks involved with participation in the above named program with the Ka Pilina Project at the Center on Disability Studies, at the University of Hawai'i, that may include, but are not limited to: traveling on a school bus, walking around the UH Manoa Campus, visiting field trip locations, participating in hands-on activities, other site visits and more.

I understand that I/my child should be covered during the period of this camp by a private medical and liability policy. I further understand that the University of Hawai'i does not provide such insurance.

Therefore, in consideration of me/my child being permitted to participate in the above named program, I hereby agree to assume all risks and responsibilities surrounding me/my child's participation in the above named program. I have read and understand any and all written materials setting forth the requirements for participation in the above referenced activities, and as well as those explained by the instructor(s), and I agree to strictly observe them. Further, I do for myself, my heirs, executors, and administrators hereby accept full responsibility for my participation and agree to indemnify, release, and discharge the University of Hawai'i, State of Hawai'i, its officers, employees, agents, and assigns from any and all claims or actions for property damage, personal injury, and/or death arising from such participation in the above named program or growing out of or caused by any acts or omissions during my child's participation in above named program.

Student Print Name: _____

Student Signature: _____ Date: _____

For students under 18 years of age, parent signature required:

Parent Print Name: _____

Parent Signature: _____ Date: _____

C. Medical Consent Form

I, the undersigned, consent to and authorize any medical professional and others working under their supervision to treat me/my child for any injury or illness arising from or related to my participation in the above named program.

I further agree to pay any and all medical expenses, costs and other charges and to release and discharge and hold harmless the University of Hawai'i, State of Hawai'i, its officers, employees, agents, and assigns from and against any liability or any claims or demands arising from or connected with such medical treatment or care.

In Case of Emergency:

First person to contact: _____ Phone: _____

Relationship to student: _____

Second person to contact: _____ Phone: _____

Relationship to student: _____

Physician to contact: _____ Phone: _____

Allergies: _____

Medical condition(s): _____

Medications: _____

Student Print Name: _____

Student Signature: _____ Date: _____

For students under 18 years of age, parent signature required:

Parent Print Name: _____

Parent Signature: _____ Date: _____

D. Photo/Video Release Form

I hereby grant permission to the Center on Disability Studies, University of Hawai'i to use my/my child's photograph/likeness/video footage on the Web or in printed form for promotional and educational purposes, and I acknowledge the Center on Disability's right to crop or treat the photograph at its discretion. I also acknowledge that the CDS may choose not to use my/my child's photo at this time, but may do so at its own discretion at a later date.

I agree to indemnify and hold harmless from any claims the Center on Disability Studies, its employees, and affiliates.

Student Print Name: _____

Student Signature: _____ Date: _____

For students under 18 years of age, parent signature required:

Parent Print Name: _____

Parent Signature: _____ Date: _____