



Ka Pilina Middle School Winter Math Camp 2014-2015

January 6-9, 2015

Application Packet

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.

Goal of the Math Camp

The goals of the 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 field trips, tour college campuses, work in groups, and use math computer programs.

The theme of this year's Winter Math Camp is "Local Careers in Hawai'i." Students will learn about different careers, hear guest presentations from working professionals, and visit their actual job locations! Through our activities and field trips, students will experience how math is an important aspect within these career fields.

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.

Dates & Times

January 6, 7, 8, & 9, 2015 (Tuesday – Friday)

8:00 AM to 4:30 PM (this includes travel time)

Students must be able to attend all 4 days of the camp.

Location

The camp will take place at the University of Hawai'i at Mānoa (UHM). We will also have field trips to various locations around O'ahu so that students may see how professionals use math in their careers. Ka Pilina will provide bus transportation for all students to and from camp locations. The pick-up sites in the Ewa Beach area will be at the Boys & Girls Club behind Ilima Intermediate School and at Ewa Makai Middle School. The pick-up site for Kamakau students will be at Windward Community College (WCC). 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 currently attending either: Ewa Makai Middle School, Ilima Intermediate, or Ke Kula 'o Samuel M. Kamakau Laboratory Public Charter School;
2. Be a 7th-8th grade student for the 2014-2015 academic school year;
3. Have an interest in participating in other Ka Pilina project activities;
4. Priority will be given to Native Hawaiian students; and
5. 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.

Instructions for applying:

1. Complete the following forms:
 - A. Student Registration Form
 - B. Assumption of Risk and Release
 - C. Medical Consent Form
 - D. Photo/Video Release
 - E. Ka Pilina Project Parent Consent Form
2. Send all completed forms to your child's math teacher no later than **Friday, November 21, 2014**.

OR

Send all completed forms to Kendra Nip (see address below) postmarked no later than **Friday, November 21, 2014**.

Kendra Nip
University of Hawai'i at Mānoa
Center on Disability Studies
Ka Pilina Project
Henke Hall
100 Wing
1800 East-West Rd.
Honolulu, HI 96822

****Acceptance will be on a first-come, first-served basis, and will close once all 60 openings are filled.****

Questions or Concerns?

Please contact:

Kendra Nip or Jerica Manoa
(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 Registration Form
- B. Assumption of Risk and Release
- C. Medical Consent Form
- D. Photo/Video Release
- E. Ka Pilina Project Parent Consent Form

A. Student Registration Form

Student Information:

First Name: _____

Last Name: _____

- School:
- Ewa Makai Middle School
 - Ilima Intermediate School
 - Ke Kula 'o Samuel M. Kamakau

Grade Level: _____

- Gender:
- Male
 - Female

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

- Preferred Bus Pick-up Location:
- Ewa Makai Middle School
 - 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: _____