

C.S.I.

Chemeketa Style

Participants will take over the Chemeketa laboratory for an investigation of a crime scene! Students will act as investigators who uncover clues and act as forensic scientists to determine “who among them” is the guilty suspect! As the camp proceeds participating students will be “eliminated” from the suspect pool....until only one remains!

Why: Because it's fun! ...and we've always wanted to be involved in C.S.I.!!
(for parents: To introduce students to applications of chemistry, physics and life sciences in a fun and entertaining format)

Who: Students entering 9th through 12th grades Fall of 2007 (students who finish grades 8th-11th in June 2007)

When: June 18-22, 2007
8:30 am -12:00 noon daily

Where: Chemeketa Community College Salem Campus
Building 8 room 217

How: Fill out the registration packet and mail it to:

Cynthia Villwock
Chemeketa Community College
Bldg 8 room 200
P.O. Box 14007
Salem, Oregon
97309-7070

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✓ Registration Checklist:

1. Complete registration forms pages 4-8
2. Mail completed registration forms to:

Cynthia Villwock
Chemeketa Community College
Bldg 8 room 200
P.O. Box 14007
Salem, Oregon
97309-7070

3. Wait for notification via e-mail or phone of your registration.
4. Upon notification, send registration fee of \$50 and a picture of yourself to the above address. (within 10 days of notification)
 - Financial assistance is available on a limited basis; contact C.S.I. Chemeketa Style director Cynthia Villwock for a financial assistance application.
cvillwoc@chemeketa.edu
 - Your picture will be returned on the first day of camp. If you do not send in a picture, your ID lanyard will not be ready for you when you arrive!

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Application and registration packet

Class size is limited to 32 students. Please register ASAP to assure registration. Do not assume your registration is final until you receive confirmation from the C.S.I. Chemeketa Style staff.

You will be contacted by phone or email to confirm your registration (please be sure to give both phone and email information on the application form.) If you do not have an email address, please supply additional phone numbers where you can be reached. Please send application and registration form to:

**Cynthia Villwock
Chemeketa Community College
Bldg. #8-200
P.O. Box 14007
Salem, OR 97309-7070**

Chemeketa Community College is an equal opportunity, affirmative action institution. If you need special accommodations for classes or college events, contact the office for persons with disabilities at 503-399-5192 (voice/TDD) at least two weeks in advance.

Note: **This application (all pages), including parent / guardian signature and participant signature must be received before registration is considered complete.** APPLICATION MUST BE TYPED OR PRINTED NEATLY. APPLICATIONS WHICH ARE NOT LEGIBLE WILL NOT BE ACCEPTED!

PARTICIPANT INFORMATION:

APPLICANT NAME:			
APPLICANT MAILING ADDRESS:			
CITY:	STATE:	ZIP:	EMAIL:
SOCIAL SECURITY # (not required): _____ - _____ - _____		PHONE:	
AGE:	BIRTHDATE:	SEX: MALE FEMALE _____	
CURRENT EDUCATIONAL PROGRAM: Alternative School Traditional High School GED Vocational Other:			
Name of school currently attending:			
Grade you will be entering Fall 2007:			
<p>Medical Information: <i>It is very important that accurate records of physical limitations, illnesses or disorders as well as prescribed medications are maintained for each participant. In order to maintain the confidentiality of this information, please complete the enclosed MEDICAL FORM and return it as indicated. All medical information will be maintained in a confidential manner.</i></p>			
<p>Disability issues: Please check any accommodations pertaining to your medical or mobility situation that you need for your camp stay. For full consideration, please call C.S.I. Chemeketa Style, Cynthia Villwock at 503-365-4680. Please indicate any special needs that we will need to accommodate:</p>			

PARTICIPANT SIGNATURE: _____

PARENTS / GUARDIANS - Please complete and sign the next page.

Release Information

PARTICIPATION / MEDICAL RELEASE:

I, _____ (custodial parent or legal guardian), by initialing this section and signing this form, hereby release Chemeketa Community College and C.S.I. Chemeketa Style, its contractors, agents, board members and employees from any and all liability (including, but not limited to claims based upon negligence) for damage or injury to the above named participating youth, myself and all others, accepting myself the full responsibility for any and all such damage or injury of any kind which may result from participation in C.S.I. Chemeketa Style. This release does not apply to gross negligence on the part of the college, its employees or agents.

I recognize as parent or guardian of a minor participating in C.S.I. Chemeketa Style, that though every attempt will be made to assure the safety of all participants, that inherent risks exist in any activity of this sort. I have given my permission for the above named minor to take part in all the activities pertaining to C.S.I. Chemeketa style.

PARENT/GUARDIAN INITIALS: _____

I also understand that every effort will be put forward in order to be in compliance with requirements of the Health Insurance Portability and Accountability Act (HIPAA) of thus insuring the privacy of all participants in relationship to medications or medical conditions. I also recognize, that given the camp environment that certain information regarding medications and/or medical conditions may be shared with appropriate staff, as necessary and that prescription medications will be administered by designated staff.

PARENT/GUARDIAN INITIALS: _____

Additionally, by initialing this section and signing this form, I consent as the parent or guardian of the above named minor, participating in the C.S.I. Chemeketa style experience that photos or video may be taken and later used in promotion, publicity or for education related to C.S.I. Chemeketa Style including use in newspapers, radio, television, and the Internet; furthermore, I consent that such picture(s) shall be the property of Chemeketa and C.S.I. Chemeketa Style, and they have the right to duplicate and reproduce as appropriate.

PARENT/GUARDIAN INITIALS: _____

PARENT/GUARDIAN SIGNATURE:

DATE: _____

PARTICIPANTS- Please complete and sign the next page.

I, as a participant, understand and accept that I am under the direction and leadership of the assigned C.S.I. Chemeketa Style staff. I will participate at my highest level. I will not drink alcohol, use any drug (except those prescribed by a doctor) or use any type of tobacco product while involved in C.S.I. Chemeketa Style. I will not use foul language nor participate in any abusive or lewd behavior. I understand that violation of the above named rules or the laboratory safety rules will result in my immediate expulsion by calling my parents or guardians to pick me up. I understand that I will not receive a refund of my registration fee.

PARTICIPANT SIGNATURE _____

DATE _____

We must have basic information on file for participant—please complete the following:

Participant Name:		
Medical Insurance Carrier:		
Policy Number:		
Name of Family Physician:		Phone:
Name of Parents / Guardians:		PHONE Home: Work: Cell:
Name of Person responsible for charges if different than above:	Complete Address:	PHONE Home: Work: Cell:
Person to notify in case of emergency (other than parent/guardian):		PHONE Home: Work: Cell:

For questions, contact:

C.S.I. Chemeketa Style director Cynthia Villwock: cvillwoc@chemeketa.edu 503.365.4680

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Disclosure of Medical Information

For the safety of all participants and staff, it is necessary that we collect information related to any illnesses or disorders that may affect a student's ability to participate at class and to stay healthy. This information will not be shared or sold.

This form is to be completed as applicable and returned one week prior to class to the address show below. All medical information will be maintained in a confidential manner.

Participant Name:

Do you have any food or drug allergies? ___ Yes ___ No

If yes, please be specific:

Current Medications:

Do you have any conditions of any kind (i.e. mental or physical limitations, illnesses or disorders), which we should be aware of? ___ Yes ___ No

If yes, please describe:

Current method of treatment:

This application and registration form must be received before registration is considered complete. Space is limited. Please send your registration as early as possible to reserve your seat.

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c/o Cynthia Villwock
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Once all registration materials and fee have been received, you will receive confirmation of your registration via email or phone. Please be sure to give both phone number and email address on the application. If you do not have an email address, please add additional phone numbers where you can be reached. ***Your place in C.S.I. Chemeketa Style will be cancelled after 10 days of notification if registration fee is not received within 10 days..***

Space is limited to 32 students. Please register ASAP to assure registration. Do not assume your registration is final until you receive confirmation from the C.S.I. Chemeketa Style staff.

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For additional questions contact:

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