May 1, 2020

Dear SVSM Student,

Congratulations on your acceptance to Summer Ventures in Science and Mathematics (SVSM) at the University of North Carolina Wilmington. As you know, SVSM is a four-week program for high school students who possess both talent and interest in science and mathematics (STEM). The academic program is oriented toward research involving STEM fields. This year we have been challenged to provide the SVSM experience online. We will provide students with a rigorous academic program as well as an interactive community building experience. Every student in the program will still conduct a research project, write a formal paper, and make a final presentation to parents, students, and faculty on the final day. This year we are working with campus to ensure that the final presentations will be able to showcase everyone’s achievements during a shared online experience. This will take place on Saturday, August 1st. Typically, presentations begin by 9:00 am and finish by 11:30 am. I will send out a separate notification with the final schedule and instructions for how to participate once the plans are tested and finalized.

It is important for students to realize Summer Ventures is a rigorous academic program. Extra reading and research-related projects involving the UNCW library facilities and scientific or mathematics publications may be assigned and are expected to be completed. Each student will be assigned to a research course. Of course, we cannot guarantee your top choice, so we ask that you keep in mind that all classes are designed to engage you in mathematics and/or science topics that are exciting as well as challenging. Please make note that some courses have specific requirements or prerequisites. Once course assignments are made, you may receive additional information regarding specific technology needed for the course and/or you may be assigned readings to have completed prior to your first class on July 6th. It is imperative that you complete any pre-readings/assignments so that you are fully prepared.

An online Program Orientation will be held on Sunday June 28th will be 4:30 – 5:30 pm. This is a mandatory meeting requiring both student and parent/guardian participation. We will review program requirements and expectations together. Please note that your faculty instructors will also hold a student Course Orientation prior to the July 6th start of classes. They will reach out to you to identify the best time to do this.

Included in this packet are a variety of forms that need to be completed and returned before June 5th, including a modified medical form, a copy of the Statewide Student Policies, policies specific to UNCW’s campus, the Code of Conduct, and new forms related to online learning. Your Student Handbook, which will hopefully answer many of your questions, will be sent in a later communication. All of these materials have been updated with information in support of your online learning experience, especially your safety and security.

Please note that communication from me will be via email. It is important to check email regularly and to make sure my messages or those from summerventures@uncw.edu are not sent to your spam folder. You may call the office or email at any time with questions or concerns.
Sincerely,

Sue Kezios
Director of Youth Programs & Summer Ventures
STEM Learning Cooperative
Watson College of Education
University of North Carolina, Wilmington
(910) 962-2118
kezioss@uncw.edu

P. S. We will try to post important information and weekly newsletters on our Summer Ventures website
https://uncw.edu/youth/summerventures.html

**Important dates to put on calendar:**

- Orientation: Sunday, June 28th from 4:30-5:30 pm
- First day of classes: Monday, July 6th at 9:00 am
- Final presentations: Saturday, August 1st at 9:00 am – 12:30 pm

*Please take care to submit all forms on time and fully completed with all signatures, information, etc. and read the handbook thoroughly.*

**Return all forms to:**
Youth Programs - UNCW
Attention: Summer Ventures
601 South College Road
Wilmington, NC 28403-5630

Or scan electronically and return to: summerventures@uncw.edu
Summer Ventures in Science and Mathematics (SVSM) wants to assure that students on all sites are provided a safe and stable environment in which to live and study. All SVSM institutes have adopted these policies, which are designed to protect both the participating students and the host institutions.

Each site may have additional regulations, as long as they do not conflict with these statewide policies. Students and parents should review the site-specific policies and regulations established by their program’s campus.

**Logons and Attendance**

SVSM is a significant financial investment by the state of North Carolina. The four-week institute is an intense academic program involving students in coursework (including pre-institute assignments), research projects, research paper, research presentation, and related co-curricular and extracurricular activities. These outputs are the same whether the program takes place in person or online. Due to the nature of the SVSM experience, students are required to be in attendance during the entire four-week period. This includes logging in at assigned times for the online learning experience.

For the safety of the participating students, it is essential that SVSM staff know the students’ whereabouts during program times. To ensure this, each campus will follow these procedures:

a. Attendance will be taken in every online class during the day for each logon session. There will be 3-4 sessions per day. If a student is missing, the instructor will report this to the institute director immediately who will then follow up with the student. If you must miss a session, you must contact your instructor ahead of time.

b. Each campus will have evening activities for the students benefit. Some will be mandatory (guest speakers and/or STEM skills development seminars) while others will be purely for fun and to develop comradery and community among the students. Attendance will be taken for the mandatory sessions.

**Social activities and online dating**

The SVSM students at each site will have a full schedule of online social and cultural activities to enjoy outside of class time. This will not include online dating! During the program, students will not be allowed to date other SVSM students in the program, or to include friends who are not SVSM participants in program activities. Students are not allowed to share their logon information with anyone in order to provide them with access to SVSM programming. We do want to build a sense of community among our SVSM students. In an effort to help build this community, you were given a survey to complete. Based on that information, you will be assigned a Zoommate from a different course. Our goal is for you to get to know your fellow SVSM students and participate in out-of-class time activities together.

Supervision and everyday guidance for these out-of-class time activities will be provided by a program staff with experience in residential and/or recreational programming.

**Personal belongings and Cell phones in your learning space**

When participating in online learning, it is essential to establish a lab/office space from which you will attend class. As this space may appear on a shared screen during your interaction with the course, it is imperative that you are aware of any identifying material that might allow someone to access personal information. You are strongly encouraged to use a virtual background or to create a physical backdrop for your workspace.

SVSM at UNCW does not allow cell phones during academic time. They are a distraction and should not be part of your learning workspace. In addition, you do not have permission to use your phone (or other device) to take screen captures or other images of SVSM participants or academic materials that appear on screen during academic time. Using a phone to capture such images is in violation of the discipline policy. If you choose to utilize your cell phone during academic time and it is observed by program staff, you will be subject to disciplinary action. Please see the cell phone policy in your Student Handbook for further details and clarification.
Discipline policy

At SVSM institutes, as in all communities, there are guidelines for behavior that all members of the groups are expected to follow, and there are consequences for infractions of those guidelines. The director and staff of each institute have the authority to supplement the statewide regulations with other rules that are campus specific. Discipline for violations of regulations will be handled by the institute director or by the director's designated representative. Parents will be notified of any infraction of the rules and of the disciplinary action taken.

Each SVSM institute provides a program orientation during which the staff review regulations and policies with students; any additional regulations not included in this document will be given to the student in writing. The disciplinary process and the specific disciplinary actions will be described in person and can be found in this document as well as the Student Handbook.

All violations covered by North Carolina law, including but not limited to certain infractions involving alcohol and drugs, will be reported to local law authorities as is legally required. Such violations will also result in automatic and immediate dismissal from the SVSM program.

The following infractions will result in disciplinary action and may lead to dismissal from the program: violation of any online security protocols or policies; violation of policies on social activities and dating; cyberbullying, threatening or otherwise disruptive behavior; use of cell phones during academic time; misuse of academic online facilities or equipment; misuse of electronic resources; cutting classes; failure to follow attendance policies; non-participation in academic activities; failure to complete academic assignments; academic dishonesty; and violation of the four-week attendance policy.

Students may be disciplined or dismissed for any single gross or excessive violation or for repeated violations of any nature.
This form is to be completed and signatures provided in its entirety as a requirement for participation in the Summer Ventures in Science and Mathematics (SVSM) institute to which the student has been accepted. It is the expectation that the legal parent or guardian will complete this form. However, if this is not possible, please attach a detailed explanation of an exception.

Print and mail completed and returned by June 5, 2020 to:
Youth Programs - UNCW
Attention: Summer Ventures
601 South College Road
Wilmington, NC 28403-5630

Or scan and email to:
summerventures@uncw.edu

1. CONTACT INFORMATION
It is critical that Summer Ventures in Science and Mathematics personnel be able to contact a parent, guardian, or designated representative at all times during the period that a student is attending SVSM. This may be necessary for two reasons. First, the SVSM staff may need to contact a parent if the student faces a major medical emergency. Second, in case of student dismissal, an adult must be available to remove the student from the campus of the host institution immediately.

**Student Information:**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle</th>
<th>Last Name</th>
<th>Preferred Name</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Street Address ____________________________________________
City/State/Zip ____________________________________________

Student Email Address ______________________
Student Cell Phone Number ______________________
Other (indicate: e.g., home) Phone Number ______________________

With whom does the student reside (e.g., Mother, Father, StepMother, Parents, etc.)? ______________________

**Parent/Guardian Information:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Phone Number</td>
<td>Cell Phone Number</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

Name ____________________________________________
Relationship to Student ______________________

Name ____________________________________________
Relationship to Student ______________________

Name ____________________________________________
Relationship to Student ______________________

Name ____________________________________________
Relationship to Student ______________________

Work Phone Number        | Cell Phone Number | Email Address |
----------------------------------|------------------|---------------|

Name ____________________________________________
Relationship to Student ______________________

Name ____________________________________________
Relationship to Student ______________________

Work Phone Number        | Cell Phone Number | Email Address |
----------------------------------|------------------|---------------|

Name ____________________________________________
Relationship to Student ______________________

Work Phone Number        | Cell Phone Number | Email Address |
----------------------------------|------------------|---------------|

Name ____________________________________________
Relationship to Student ______________________

Work Phone Number        | Cell Phone Number | Email Address |
----------------------------------|------------------|---------------|
We will utilize email communication to parents(s)/guardian and the student as much as possible throughout the SVSM program. Please indicate only those email addresses that are actively used and are suitable to receive SVSM information.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Student/Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Home Phone Number</td>
</tr>
<tr>
<td>City/State/Zip</td>
<td>Work Phone Number</td>
</tr>
<tr>
<td></td>
<td>Cell Phone Number</td>
</tr>
</tbody>
</table>

I, ___________________________ accept responsibility for ___________________________ in the event the parent/guardian cannot be reached.

Signature (Above named responsible adult) ___________________________ Date __________

I authorize the above-named responsible adult to take charge of my son/daughter (the student) if he/she must leave the SVSM Program and I cannot be reached.

Parent/Guardian Signature ___________________________ Date __________

2. CUSTODY INFORMATION

This section is to be completed only if the student’s parents are separated or divorced, or if the student is living with a legal or custodial guardian. Please provide the following information so we know where student will be located during the program and other situations can be handled in a proper manner.

In the case of a student whose parents are separated or divorced, will the student participate in SVSM from different homes? 

______ Yes  ______ No

If yes, has the other parent been informed that the student will be participating in SVSM?  

______ Yes  ______ No

Will both home locations be able to provide the technology support necessary for student to participate in online SVSM?  

______ Yes  ______ No

3. PROPERTY DAMAGE RESPONSIBILITY

Read the following statement and sign below:

I understand that my son/daughter/ward is responsible for any damage he or she may incur on the property (online learning systems including Canvas, Randall Library, and software access; laptops or other technology devices, if borrowed) of the host institution. I will assume responsibility for the cost of repairing any damage incurred by the student during participation in Summer Ventures in Science and Mathematics.

Parent/Guardian Signature ___________________________ Date __________
4. RELEASE OF INFORMATION

We agree that photographs of the student taken during the program, papers written by the student during the program, and similar items may be used by SVSM in reports and public information materials. We further agree to allow SVSM to release for educational purposes, photographs and video recordings, with or without audio, of SVSM activities and projects involving the student.

We agree: 1) that so-called directory information about the student, including student’s name and address, school, year in school, and parents’ names and address may be released at the discretion of the SVSM administrative staff to other educational programs that would like to send brochures and application forms to SVSM applicants and 2) that, this information may be used in press releases, student directories, and similar publications.

We agree to the release of information as described in this section.  

[Please know that UNCW’s SVSM program will not publish any identifying names on student photographs if used on public information materials. We do create/produce a slideshow of students’ involvement and share with students, but we do not make it publicly accessible. Faculty and staff are also given a photo directory in order to get to know students quickly. We also share a listing of student attendees (including address, phone numbers, email, school) with all students/faculty/staff. If you select “No” to the above statements, please provide details of any information you may agree to allow. Thank you.]

5. GENERAL PERMISSION AND LIABILITY RELEASE

All Summer Ventures in Science and Mathematics institutes include a variety of activities, including home laboratories, virtual field trips, and recreational activities that take place online. Students whose courses include home labs will receive a kit with instructions on proper use of all materials. In all activities, care is taken that all safety procedures are followed, proper instruction given, and adequate supervision provided. Students with disabilities who do not wish to participate due to the nature of the activities are excused from inappropriate activities.

Read the following statements and sign below:

I understand that SVSM includes a wide range of activities as described above and grant permission for my son/daughter/ward (the student) to participate in these. I discharge and release the University of North Carolina, its constituent campuses, the North Carolina School of Science and Mathematics, the Summer Ventures in Science and Mathematics Program, and their employees and agents from any claims or liability that may arise because of personal danger or injury, property damage or loss, or loss of life, either suffered by my son/daughter/ward or caused by him or her to any third party, which may result from or have its origin in participation in SVSM, including but not limited to field work, laboratories, recreational activities, and off-campus trips.

6. ONLINE LEARNING PERMISSION AND LIABILITY RELEASE

During summer 2020 SVSM at UNCW will be delivered utilizing a combination of online platforms including but not limited to Zoom and Canvas.

I understand the inherent risks associated with my minor student participating in online learning.
7. ACCEPTANCE OF REGULATIONS
Read the following statements and sign below:

We, the student and parent/guardian, understand that applicant information and other records resulting from student matriculation will be used by the SVSM Program in approved research and used in aggregate reports. Further we agree that the student will participate in the completion of questionnaires and other appropriate and approved research projects done as part of the Program’s evaluation.

We have read the Statewide Student Policies of Summer Ventures in Science and Mathematics and hereby accept the regulations of the Program described therein. We understand each campus has the authority to establish and enforce other regulations in addition to these.

We understand that failure to abide by statewide or local regulations may lead to the student’s dismissal from the Program. We understand that the Director of the institute has the authority to dismiss the student for behavior that is not specifically covered in the regulations, but which is contrary to the educational goals of the SVSM Program. Finally, we understand that in the case of violations covered by state law, SVSM staff is legally required to report the violations to local law officials for handling.

________________________________________
Parent/Guardian Name (Print)

________________________________________________________________________________________
Parent/Guardian Signature      Date

________________________________________
Student Name (Print)

________________________________________________________________________________________
Student Signature       Date

Instructions related to the following Medical Forms:
Please complete all the information on pages 1-3.

Because we will not be meeting in person this summer, we are not requiring a physical. In the interest of time to get the Welcome Packet to you, the usual medical forms is included within. We are requesting this information because we will be engaging with your student while they are online and some conditions may impact their ability to participate successfully in the this environment. If a student has a medical condition for which they need breaks to take medication, use a restroom, eat something, stretch their bodies etc… the medical information you provide will make us aware of these needs. In addition, should your child experience a medical emergency while we are online with them (ex. diabetic episode, seizure, feint) this information will help us assess what we see and better enable us to contact you and describe the situation.
A statewide program of the University of North Carolina System for academically talented high school students.

MEDICAL FORM

Please PRINT neatly using black ink. Take this form and any relevant immunization records and certificates to your physician for review and completion at the time of your required physical examination. Summer Ventures in Science and Mathematics (SVSM) students are required to submit this form directly to their assigned campus.

The information you and your student’s examining physician provide is intended solely for the use of medical/health center professional staffs during the four weeks you are enrolled. This information, as well as all other medical information collected by the medical/health center staff in the course of the student’s medical care, is strictly confidential and will not be released to anyone without student’s and student’s custodial parent’s or guardian’s knowledge and written consent, except as may be required by North Carolina law or a medical emergency.

SVSM Program Year: Summer 2020

SVSM Campus Site: ASU  ECU  UNCC  UNCW

Last Name  First Name  Middle Name

Home Address  City  State  Zip Code

Home Phone Number  Date Of Birth  Gender  M  F  NonBinary

Home Phone Number  Date Of Birth  Gender  M  F  NonBinary

Student Cell Phone Number

Name(s) of Custodial Parent(s) or Guardian(s)  Relationship to Student

(Parent/Guardian) Work Phone  (Parent/Guardian) Cell Phone  (Parent/Guardian) Email Address

Person to be contacted in an emergency in the event custodial parent(s) or guardian(s) cannot be reached:

Name  Relationship to Student

Home Address  City  State  Zip Code

Work Phone  Cell Phone  Email Address

Is student covered by medical/hospital/accident insurance?  Yes  No

Please include a photocopy of student’s health insurance card (front & back) & submit with this form.
The following health history is confidential, does not affect your admission status and except in an emergency situation or by court order, will not be released without your written permission.

Do you have or ever had any of the following?

<table>
<thead>
<tr>
<th>Personal</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td>Yes</td>
<td>No</td>
<td>Hearing Problems</td>
<td>Yes</td>
</tr>
<tr>
<td>Heart Trouble</td>
<td>Yes</td>
<td>No</td>
<td>Easy Fatigability</td>
<td>Yes</td>
</tr>
<tr>
<td>Pain or Pressure in Chest</td>
<td>Yes</td>
<td>No</td>
<td>Excessive Worry or Anxiety</td>
<td>Yes</td>
</tr>
<tr>
<td>Shortness of Breath</td>
<td>Yes</td>
<td>No</td>
<td>Depression</td>
<td>Yes</td>
</tr>
<tr>
<td>Asthma</td>
<td>Yes</td>
<td>No</td>
<td>ADD</td>
<td>Yes</td>
</tr>
<tr>
<td>Chronic Cough</td>
<td>Yes</td>
<td>No</td>
<td>ADHD</td>
<td>Yes</td>
</tr>
<tr>
<td>Otitis Media</td>
<td>Yes</td>
<td>No</td>
<td>Autism</td>
<td>Yes</td>
</tr>
<tr>
<td>Mononucleosis</td>
<td>Yes</td>
<td>No</td>
<td>Obsessive Compulsive Disorder</td>
<td>Yes</td>
</tr>
<tr>
<td>Rheumatic Fever</td>
<td>Yes</td>
<td>No</td>
<td>Acne</td>
<td>Yes</td>
</tr>
<tr>
<td>Sinusitis</td>
<td>Yes</td>
<td>No</td>
<td>Anemia</td>
<td>Yes</td>
</tr>
<tr>
<td>Allergic Reaction</td>
<td>Yes</td>
<td>No</td>
<td>Jaundice</td>
<td>Yes</td>
</tr>
<tr>
<td>Avian Infection</td>
<td>Yes</td>
<td>No</td>
<td>Hepatitis</td>
<td>Yes</td>
</tr>
<tr>
<td>Hay Fever</td>
<td>Yes</td>
<td>No</td>
<td>Malaria</td>
<td>Yes</td>
</tr>
<tr>
<td>Tumor</td>
<td>Yes</td>
<td>No</td>
<td>Severe Malaria</td>
<td>Yes</td>
</tr>
<tr>
<td>Cancer</td>
<td>Yes</td>
<td>No</td>
<td>Herbal Medicine</td>
<td>Yes</td>
</tr>
<tr>
<td>Paralytic</td>
<td>Yes</td>
<td>No</td>
<td>Blood Infection</td>
<td>Yes</td>
</tr>
<tr>
<td>Throat Disease</td>
<td>Yes</td>
<td>No</td>
<td>Kidney Stones</td>
<td>Yes</td>
</tr>
<tr>
<td>Endocrine Disorder</td>
<td>Yes</td>
<td>No</td>
<td>Kidney Stones</td>
<td>Yes</td>
</tr>
<tr>
<td>Thyroid Trouble</td>
<td>Yes</td>
<td>No</td>
<td>Poison Infection</td>
<td>Yes</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>Yes</td>
<td>No</td>
<td>Exercise Regularly</td>
<td>Yes</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered yes to any of the above, please provide dates/details/explanation. Attach additional pages, if needed.

Have you ever experienced adverse reactions (hypersensitivities, allergies, upset stomach, rash, hives, etc.) to any of the following? If yes, please explain the type of reaction, your age when the reaction occurred, and if the experience has occurred more than once.

<table>
<thead>
<tr>
<th>Personal</th>
<th>Adverse Reactions to:</th>
<th>Yes</th>
<th>No</th>
<th>Details/Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penicillin</td>
<td>Yes</td>
<td>No</td>
<td>Details/Explanation</td>
<td></td>
</tr>
<tr>
<td>Sulfur</td>
<td>Yes</td>
<td>No</td>
<td>Details/Explanation</td>
<td></td>
</tr>
<tr>
<td>Other Antibiotics (Specify)</td>
<td>Yes</td>
<td>No</td>
<td>Details/Explanation</td>
<td></td>
</tr>
<tr>
<td>Aspirin</td>
<td>Yes</td>
<td>No</td>
<td>Details/Explanation</td>
<td></td>
</tr>
<tr>
<td>Codeine or Other Pain Relievers</td>
<td>Yes</td>
<td>No</td>
<td>Details/Explanation</td>
<td></td>
</tr>
<tr>
<td>Other Drugs, Medicines, Chemicals (Specify)</td>
<td>Yes</td>
<td>No</td>
<td>Details/Explanation</td>
<td></td>
</tr>
<tr>
<td>Insect Bites</td>
<td>Yes</td>
<td>No</td>
<td>Details/Explanation</td>
<td></td>
</tr>
<tr>
<td>Bee Stings</td>
<td>Yes</td>
<td>No</td>
<td>Details/Explanation</td>
<td></td>
</tr>
<tr>
<td>Environmental Allergies</td>
<td>Yes</td>
<td>No</td>
<td>Details/Explanation</td>
<td></td>
</tr>
<tr>
<td>Food Allergies (Specify)</td>
<td>Yes</td>
<td>No</td>
<td>Details/Explanation</td>
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</tbody>
</table>
Do you have or ever had any of the following? If yes, please provide details/explanation.

<table>
<thead>
<tr>
<th>PERSONAL</th>
<th>Yes</th>
<th>No</th>
<th>Details/Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any conditions or disabilities that limit your physical activities?</td>
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<tr>
<td>Have you ever been a patient in any type of hospital?</td>
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<tr>
<td>Has your academic career been interrupted due to physical or emotional problems?</td>
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<tr>
<td>Have you ever been hospitalized for mental or emotional illness?</td>
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<tr>
<td>Have you ever been treated or hospitalized for eating disorders, alcohol or drug abuse, etc.?</td>
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<tr>
<td>Have you ever had any serious illness or injuries other than those already noted?</td>
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<tr>
<td>Other than for routine check-up have you seen a physician or health-care professional in the past six months?</td>
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</table>

List any medications, vitamins, and herbal/natural products you use and how often (prescription and nonprescription).

<table>
<thead>
<tr>
<th>PERSONAL</th>
<th>Name</th>
<th>Purpose</th>
<th>Dosage/Frequency</th>
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<tbody>
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<td></td>
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**STATEMENT BY STUDENT AND PARENT/GUARDIAN:**

I have personally supplied (reviewed) the above information and attest that it is true and complete to the best of my knowledge. I understand that the information is strictly confidential and will not be released to anyone without my written consent, unless otherwise required by law. If I should be ill or injured or otherwise unable to sign the appropriate forms, I hereby give my permission to the institution to release information from my (son/daughter’s) medical record to a physician, hospital or other medical professional involved in providing (him/her) with emergency treatment and/or medical care.

I hereby authorize any medical treatment for myself (son/daughter) that may be advised or recommended by the physicians of the SVSM Campus Student Health Service or local medical/hospital facility. Where practical, parent(s)/guardian(s) will be notified by telephone before any procedures are done. A photocopy of this permission is to be considered as valid as the original. A front/back copy of health insurance card (if applicable) is attached.

__________________________
STUDENT SIGNATURE

__________________________
DATE

__________________________
PARENT/GUARDIAN SIGNATURE

__________________________
DATE

[After completing the above, please take this form to your physician for review/completion of the remaining sections.]
**PHYSICIAN EXAMINATION**

When completing this physical examination record, please comment on all positive responses in the space provided or on an additional sheet. The information you furnish is intended solely for the use of the health center professional staff associated with the Summer Ventures in Science and Mathematics campus in the continued medical care of the student or for medical staff at other medical facilities as needed.

[If physician determines there is not a specific need for tests indicated below, then he/she must initial.]

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>Height (inches):</th>
<th>Blood Pressure:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weight (pounds):</td>
<td>Pulse:</td>
</tr>
<tr>
<td></td>
<td>Vision (corrected):</td>
<td>Hearing: Gross – Right:</td>
</tr>
<tr>
<td></td>
<td>Vision (uncorrected):</td>
<td>Hearing: Gross – Left:</td>
</tr>
</tbody>
</table>

| Urinalysis: Sugar: | Hematocrit (%): |
| Urinalysis: Albumin: | Hemoglobin (%): |
| Urinalysis: Micro: |               |

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>Yes</th>
<th>No</th>
<th>Description/Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there any abnormalities of any of the following systems?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head, ears, nose or throat?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Gastrointestinal?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitourinary?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metabolic/endocrine?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuropsychiatric?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Complete an evaluation to determine if the student should be tested for Tuberculosis (TB):

Some Risk Factors to consider:

- Positive TB skin test
- Close contact with someone with infectious TB
- Employee/volunteer in a high-risk congregate setting
- Born in a country with high-prevalence rate
- Travel to/within a country with high-prevalence rate
- Medical condition associated with increased risk of progressing to TB disease if infected
- Organ transplant recipient/Immunosuppressed
- Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease
- BCG vaccination
Student Name ______________________________

Determination:
Student should be tested for TB: □ Yes □ No

If Yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

Tuberculin Skin Test (TST)
(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.)**

Date Given: ______/_____/______
Result: _______ mm of induration

M D Y

Date Read: ______/_____/______
Interpretation:* positive _____ negative _____

M D Y

Chest x-ray or IGR (required if TST is positive)
Date of chest x-ray: ______/_____/______
Result: normal _____ abnormal _____

M D Y

Recommendations for Treatment (if TST, IGR or chest x-ray are positive):

__________________________________________________________________

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>Please answer the following:</th>
<th>Yes</th>
<th>No</th>
<th>Description/Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there loss or seriously impaired function of any paired organ?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the student under treatment for any medical condition?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the student under treatment for any emotional condition?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any instructions or recommendations regarding restrictions, limitations, treatments or follow-ups that are deemed necessary or helpful for the student?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note to examining physician (please initial & sign below):

_____Review the student’s health history and medications (pages 2 – 3)

_____Complete the physical examination (pages 4 – 5)

_____Complete/review Immunization Record (page 6) and/or attach any immunization documents, if needed

It is my opinion that this student is physically able to engage in Summer Ventures in Science and Mathematics campus activities except as noted above.

__________________________________________________________________

EXAMINING PHYSICIAN’S SIGNATURE _______________________________ DATE ________

Summer Ventures in Science and Mathematics Medical Form——North Carolina School of Science and Mathematics  Page 5
# IMMUNIZATION HISTORY

Proof of immunization is required by the University of North Carolina and North Carolina law (G.S. 130-A-152-157).

This page must be completed and a physician/medical staff must review and initial at bottom (or provide official medical office stamp). The student’s official immunization record may be attached, but is not required unless physician fails to initial/review.

North Carolina House Bill 825 requires public and private institutions with on-campus residents to provide information about meningococcal disease. The following information about meningococcal disease and meningococcal vaccine is based on guidelines established by the American College Health Association and the Centers for Disease Control and Prevention (CDC).

Meningococcal disease continues to pose a small but definite risk to college students, with 100 to 125 cases occurring on campuses across the nation each year, resulting in 5 to 15 deaths. The disease is caused by the bacteria, Neisseria meningitidis, and is transmitted through the air by tiny droplets from the respiratory tract of an infected person, through sharing contaminated items such as cigarettes or drinking glasses, or by direct contact, such as kissing. If infected, a person may experience any of the following: high fever, rash, nausea, vomiting, severe headache, neck stiffness, lethargy, and light sensitivity. The disease tends to occur in late winter and early spring, overlapping the flu season. The infection progresses rapidly, making early medical care essential. The vaccine against meningitis is 65% to 100% effective for the group of germs that account for 70% of the disease. Immunity begins 7-10 days after vaccination and lasts 3-5 years.

<table>
<thead>
<tr>
<th>REQUIRED IMMUNIZATIONS</th>
<th>M/D/Y</th>
<th>M/D/Y</th>
<th>M/D/Y</th>
<th>M/D/Y</th>
<th>M/D/Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, Tetanus and acellular Pertussis (DTaP/Per Td or Tdap) – 5 doses</td>
<td>#1</td>
<td>#2</td>
<td>#3</td>
<td>#4</td>
<td>#5</td>
</tr>
<tr>
<td>Tdap (tetanus, diphtheria, acellular pertussis) – 1 dose</td>
<td>#1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio (IPV) – 4 doses</td>
<td>#1</td>
<td>#2</td>
<td>#3</td>
<td>#4*</td>
<td></td>
</tr>
<tr>
<td>MMR – 2 doses (or separate vaccines)</td>
<td>#1</td>
<td></td>
<td>#2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles – 2 doses (or lab proof of immunity)</td>
<td>#1</td>
<td></td>
<td>#2</td>
<td></td>
<td>Titer Date &amp; Result <em>Must submit lab report</em></td>
</tr>
<tr>
<td>Mumps – 2 doses (or lab proof of immunity)</td>
<td>#1</td>
<td>#2</td>
<td></td>
<td></td>
<td>Titer Date &amp; Result <em>Must submit lab report</em></td>
</tr>
<tr>
<td>Rubella – 1 dose (or lab proof of immunity)</td>
<td>#1</td>
<td></td>
<td>#2</td>
<td></td>
<td>Titer Date &amp; Result <em>Must submit lab report</em></td>
</tr>
<tr>
<td>Hepatitis B Series – 3 doses</td>
<td>#1</td>
<td></td>
<td>#2</td>
<td></td>
<td>#3</td>
</tr>
<tr>
<td>Varicella (chicken pox) – 1 dose (or documentation of disease history)*</td>
<td>#1</td>
<td></td>
<td>#2</td>
<td>(recommended)</td>
<td>Disease Date Titer Date &amp; Result <em>Must submit documentation</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RECOMMENDED IMMUNIZATIONS</th>
<th>M/D/Y</th>
<th>M/D/Y</th>
<th>M/D/Y</th>
<th>M/D/Y</th>
<th>M/D/Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningococcal (MCV4) – 1 dose (and/or booster)</td>
<td>#1</td>
<td></td>
<td>#2</td>
<td></td>
<td>Vaccine Name</td>
</tr>
<tr>
<td>Hepatitis A series only</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A/B combination series</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib (Haemophilus influenzae type B) – 3 to 4 doses</td>
<td>#1</td>
<td></td>
<td>#2</td>
<td></td>
<td>#3</td>
</tr>
<tr>
<td>Pneumococcal (PCV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1Not required if dose #4 was after age 4
2Not required if dose #3 was after age 4 and dose #3 was given 6 months after dose #2
3Not required if born before April 1, 2001
4REQUIRED for 1st grade or 12 years or age, whichever comes first, on or after July 1, 2010. Individuals who entered seventh grade before July 1, 2010 are not required to receive the first dose. A booster dose is required for individuals entering the 12th grade or 17 years of age, whichever comes first. The booster dose does not apply to individuals who entered the 12th grade before August 1, 2020. If the first dose is administered on or after the 12th birthday, a booster dose is not required. Not required if born before January 1, 2000.
PARTICIPANT CONSENT, RELEASE AND WAIVER OF LIABILITY ONLINE PROGRAMMING

In consideration of the University of North Carolina at Wilmington ("UNCW") allowing my minor child to participate in the __________________, hosted by UNCW’s Youth Programs ("Program"), I, for myself and on behalf of the minor child below listed ("Minor"), agree and acknowledge the following:

The Minor is participating in the Program for his/her own personal benefit. I understand that the online Program will consist of synchronous interaction using a video conferencing tool and give permission for the Minor to engage in educational activities using such platforms. I understand that the Minor and I are required to be familiar with and abide by the any rules and regulations of the Program.

I agree to monitor the Minor’s online activities in this Program. I understand that UNCW may withdraw the Minor’s participation if these programs are disrupted or altered in any way by the Minor’s behavior or any occurrences or other persons at the Minor’s location. I take full responsibility for the behavior and conduct of the Minor and any consequences resulting from his or her actions.

I understand that participation in these activities carries certain inherent risks, including but not limited to the risk of data mining, phishing, viruses, malware, data breach of online information, cyberbullying, exploitation, victimization, cyber stalking, online grooming, cyber predators, and image replication. I voluntarily assume responsibility for all risks, known and unknown, involving the Minor’s participation in the Program’s activities, and I voluntarily authorize his/her participation in reliance upon my own judgment and knowledge of the Minor’s experience and capabilities.

On behalf of myself and the Minor, I hereby agree to indemnify and hold harmless UNCW and its trustees, officers, directors, employees and agents (the “Released Parties”) from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys’ fees, arising from, resulting from, or relating in any way to the Minor’s participation in the Program.

I agree that the University may collect information from me and my child through an online platform, for the limited purpose of Program registration and participation. I understand that this information will not be shared with any third- party, unless otherwise required by the third-party platform provider for participation.

I agree to allow UNCW or its agents to photograph or record the Minor during the Program. I further agree that the Minor’s image or likeness in photographs, videos, or audio may be used for educational or promotional purposes, including posting on the Internet with permission (see UNCW photo release).

I agree that should there be disagreements or problems with the implementation of this agreement, the laws of North Carolina will govern any resolution. I further agree that should litigation or grievances result, the forum for any lawsuit, hearing or adjudication shall be in North Carolina.

IN SIGNING THIS PARTICIPANT CONSENT, RELEASE AND WAIVER OF LIABILITY, I ACKNOWLEDGE AND REPRESENT THAT

I have read the foregoing and understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me or my participant child. I am eighteen years of age or older, I am the parent or guardian of the child participant, and I have full capacity to enter into this agreement and do so voluntarily. My electronic signature on this document shall carry the same force as a physical signature.

Printed Participant Name: _________________________________________________________________

Printed Parent or Guardian Name: _____________________________________________________

Signature of Parent or Guardian: _______________________________ Date: _________________
UNCW Program Expectations and Parental Permission

Program/Activity Name: Summer Ventures in Science and Mathematics

Participant Name: ________________________________

Parent/Guardian Name: ________________________________

The Program has established standards of conduct for all Participants. It is the responsibility of the Parent/Legal Guardian and the Participant to review the Program rules and standards of conduct. Dismissed Participants may not be eligible for a refund of any fees or expenses.

The Program agrees to:
- Provide course syllabus outlining the activities of the Program including the times, days, and how to access content.
- Collect registration information such as participant name, address, phone number, parents/guardian(s) name(s), phone number(s) and email(s).
- Provide a supply list and recommendations for setting up the home work space to help participants fully engage in the program.
- Take attendance and only allow registered participants to participate.
- Only communicate with participants through official Program platforms.
- Ensure that two or more Program staff are present for the duration of the program.
- Keep conversations and interactions focused on the Program goals and objectives.
- Create an environment where everyone is welcomed and given the opportunity to succeed.
- Ensure that all participants are treated with dignity, fairness and respect. Harassment will not be tolerated. Hazing of any kind is prohibited. Cyberbullying is prohibited.
- Address problems that are brought to their attention.
- Will not share personal information, email, or social media accounts with minor participants.

The Participant agrees to:
- Participate in the digital environment to the same standard as a physical environment, including participating when called on, listening attentively, and minimizing distractions to others.
- Not share links or passwords for Program meetings or content.
- Challenge themselves to engage, be present and learn.
- Complete assigned projects on time.
- Request help if needed.
- Mute when not talking.
- Dress appropriately when on video.
- Not take inappropriate screenshots or images.
- Assume good intentions and have fun!
The Parent/Legal Guardian(s) agrees to:
- Assist the participant in setting up the home environment to meet the goals of the Program.
- Ensure the participant logs in on time and is prepared for the Program.
- Limit distractions and keep the participant safe throughout the duration of the Program.
- Allow time for the participant to complete required assignments.
- Communicate with staff prior to Program start time if the participant must be absent.
- Work with Program staff to resolve issues that may arise.
- Report illegal or inappropriate online behavior by program participants, including their own child to program staff, or by program staff to university police (910) 962-2222
  https://uncw.edu/policies/documents/02.250_minorpolicy_122212final.pdf

The following may result in being dismissed from the program:
- Bullying, harassing or using derogatory language towards another person or group of people.
- Being under the influence of alcohol or drugs.
- Repeated absences or failure to meet agreed upon program work requirements.
- Violation of a University code, policy, or regulation.

What are the consequences if the participant does not meet Program expectations?
- Staff will give a verbal or written warning regarding behaviors and actions that are not allowed and in most cases give the participant an opportunity to correct the behavior.
- Depending on the behavior, they may also contact the parent or legal guardian.
- In some cases, staff may require a corrective action plan in order to stay in the program.
- Some behaviors may result in immediate suspension or termination.

PARTICIPANT AGREEMENT
I understand that I must abide by the Program’s expectations.

Participant Signature: ____________________________ Date: ____________

PARENT/LEGAL GUARDIAN AGREEMENT
I understand that my child and I must abide by the Program expectations. I understand that Dismissed Participants may not be eligible for a refund of any fees or expenses.

Parent/Guardian Signature: ____________________________ Date: ____________

Parent/Guardian Name ____________________________ Date ____________
Responsible Use of Electronic Resources for Minors
UNCW and all Activities Involving use of Government Computer by Minors
Memorandum of Understanding
https://uncw.edu/stem/documents/i40east/i-40-responsibleuseofelectronicresourcesforminors.pdf

Minor Student:
I understand and will abide by the provisions set forth within UNCW Policy 07.100, Responsible Use of Electronic Resources Policy. I further understand that any violation of this policy may constitute a breach of promise between myself and UNCW and could result in my online privileges being terminated. I further understand that additional disciplinary action and/or appropriate legal action could be taken against me.

User Signature: ________________________________

Name (print): ________________________________

Date: ________________

Parent or Guardian:
As the parent/guardian of this student, I have read the aforementioned UNCW Policy 07.100, Responsible Use of Electronic Resources Policy. I further understand that the electronic data processing equipment (EDPE) used at UNCW is intended for the use of students above the age of 18 years and is not content filtered as is the case for those systems within the K-12 system. I will not hold UNCW responsible for any questionable materials that my child acquires on their technological network. I accept full responsibility for supervision if and when my child’s use is not within a school setting. I hereby grant permission to UNCW to issue an account for my child and certify that the information contained within this form is correct.

Parent/Guardian Signature: ________________________________

Name (print): ________________________________

Date: ________________
Summer Ventures- Randall Library Privileges

In order for Summer Ventures students to have online privileges at Randall Library, he/she and the parent/guardian must review the information provided and sign below. Students who choose not to complete the below information will be restricted from using Randall Library.

Students are allowed to check out books from Randall Library to support their research needs while on campus. By doing so, students accept the responsibility of the items and their return. All students must return checked out books and pay any overdue or damage fees prior to closing ceremonies and checkout on **August 1, 2020**. If, for any reason, a student is assessed library fines during Summer Ventures or after the conclusion of the program, then he/she and/or parent/guardian is responsible for the payment of such fines. All overdue, lost, or damaged charges will be assessed according to the library guidelines. Randall Library and Summer Ventures will not accept any liability for items checked out by Summer Ventures students.

Students will use their UNCW ID to check out books. If the ID is lost or stolen, it is the responsibility of the student to notify the Summer Ventures Director immediately in order to have that ID number removed from the Library’s circulation records. According to Randall Library policy, the person to whom the ID is issued is responsible for its use, including any misuse.

Summer Ventures students authorized to use the library are subject to all policies and regulations of the library.

Library information including hours and policies may be found here: [https://library.uncw.edu/](https://library.uncw.edu/)

Please read the above regulations/policies and complete the information below.

I, ________________________________, agree to the Randall Library Use/Circulation Policies.

______________________________    __________________
Signature of Student       Date

______________________________    __________________
Signature of Parent/Guardian      Date
ASSUMPTION OF RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS, PHOTO & MEDIA RELEASE AND INDEMNITY AGREEMENT FOR UNCW PROGRAM

PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of ________________________ being allowed to participate in the Summer Ventures in Science and Mathematics (hereinafter referred to as the ‘Program’) as well as the use of any of the facilities and the use of the equipment of the below listed releases, as his/her custodial parent/guardian, I hereby agree as follows:

I, ____________________________, do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks to my minor student associated with online learning during the Program. Despite potential hazards associated with the Program, I voluntarily authorize my minor student’s participation in reliance upon my own judgment and knowledge of my student’s experience and capabilities.

Despite the potential hazards and dangers, I voluntarily agree to allow my student to participate in the Program and hereby accept and assume all such risks, known and unknown, and assume all responsibility for the losses, costs and/or damages following such injury, disability, paralysis or death of my student and damage or destruction to my student’s property, even if caused, in whole or part, by the negligence of the staff member and volunteers of the Program or the University of North Carolina at Wilmington (hereinafter “UNCW”) with the exception of willful or gross negligence.

I understand that I may inspect the facilities and equipment to be used or with which my minor student may come in contact. If I believe anything is unsafe, I will immediately refuse to allow my student to participate further in the Program activity. By entering into this agreement, I am not relying on any oral or written representation or statements made by UNCW, other than what is set forth in this agreement.

I give permission to any doctor, hospital, or other medical agency to release confidentially to the treating physician(s) for my minor student any information they may have concerning his/her medical condition and their professional contact with him/her. I hereby grant my permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my child. (Where practical, you will be notified by telephone before any procedures are done.) A photocopy of this permission is to be considered as valid as the original. I further understand that treatment for any medical problems my minor student may suffer is my responsibility and will be paid by me and/or covered by my insurance.

I shall indemnify, defend and save harmless UNCW, its officers, directors, employees, representatives, agents and volunteers from all liabilities, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorney’s fees, arising or claimed to have arisen out of personal injuries or death, or property damage or loss, sustained by my minor student or me as a result of negligence on the part of any of the entities or individuals identified above as a result of my minor student’s own negligence or intentional acts, during my child’s participation in this Program, including travel to and from the activity sites.

I have read the Code of Conduct (Rules & Regulations) and hereby accept the regulations of the program described therein. I understand that the Program has the authority to establish and enforce other regulations in addition to these.
While I **acknowledge** that my minor student may be photographed, audio or videotaped during the program,

☐ **I DO**  ☐ **I DO NOT** *(check one)* **agree** that my minor student’s image(s) and information that corresponds with the photographic image(s) may be disseminated for any public release usage by the Program or UNCW.

I further agree that this agreement shall be governed by and interpreted in accordance with the laws of the State of North Carolina, United States of America. If any provision of this release is found to be unenforceable or invalid, that provision shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable provision had never been contained in this document.

With the Program and activities having been fully explained to me and all of my questions answered to my satisfaction, I agree to participate in the Program, fully aware of the activities and risks that may be involved. I also understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, have full capacity to enter into this Agreement, and do so voluntarily.

**I HAVE READ THIS AGREEMENT; I UNDERSTAND IT AND I AGREE TO BE BOUND BY IT.**

---

**CUSTODIAL PARENT’S OR GUARDIAN’S SIGNATURE**  **DATE**

(Signature of one parent binds both parents)

---

**PRINTED NAME OF PARENT**  **PRINTED NAME OF MINOR**

---

**Summer Ventures**  
Name of program your child is attending
**UNCW Student Code of Conduct**

To ensure that everyone has a positive experience while participating in a camp or program located at facilities of the University of North Carolina Wilmington (“UNCW”), students attending the Program are expected to behave in a disciplined, responsible and respectful manner when on or off the UNCW campus. Failure to follow these rules and regulations will subject the students to immediate disciplinary action as described more fully below.

*As a condition of the student’s participation, both parents/guardians and students must agree that neither UNCW nor the instructors, staff members, resident assistants and desk staff are guarantors of the safety of the students, particularly for the students’ unsupervised time and instances where the students fail to follow applicable rules and regulations.*

Students will:

- respect Program staff requests and follow their directions with a positive attitude;
- respect all safety guidelines required by program staff, particularly as they relate to an online learning environment;
- respect all rules and boundaries related to where you may go online as part of the program;
- participate in the online environment to the same standard as a physical environment, including participating when called on, listening attentively, and minimizing distractions to others (including background noise);
- practice appropriate online etiquette as described in the welcome packet;
- maintain the privacy of any links or passwords for program logins;
- respect the access you are being provided to UNCW learning platforms (i.e. Canvas);
- respect all UNCW property you may be allowed to use (ex. Laptop);
- respect your program schedule including log-on times and activity deadlines (attendance at all sessions is expected);
- respect all attendance policies;
- notify program staff prior to taking any non-scheduled breaks while logged into a session, or if you have to miss a session;
- leave settings to video “on” and audio “mute” unless otherwise directed by program staff;
- establish a learning space in the home that meets the goals of the program, including use of any online safety protocols, reliable internet, and computer access; a cellphone should not be part of the learning space.
- respect the dress code and wear appropriate clothing during online instructional time (See dress code);
- respect the differences in other people, try to include everyone;
- respect other people’s personal privacy (this includes their image as it appears on screen);
- immediately report cyber-bullying to your parent/guardian and program staff;
- respect the differences in other people; make an effort to include everyone in an attempt to build community;
- be respectful of UNCW students, staff, and guest speakers who participate in your program;
- tell your parent/guardian and/or program staff if you are having any challenges with the online learning experience and/or technology;
- let their Program staff know if you are not having a quality experience/good time;
- immediately bring disagreements to the attention of Program staff;
- immediately let program staff know if you are not feeling included in group or shared activities;
- behave in an age-appropriate manner.

Students will **not**:

- use electronic equipment or the access provided to online learning at UNCW inappropriately;
- share links or passwords for program meetings or content;
- invite others into the program session and field of sight;
- use the online environment to put any fellow campers or program staff at risk;
- miss or arrive tardy to a session/program day without parental consent and informing staff beforehand.
- take or share screenshots, images, or videos of fellow participants or program staff (cellphones should not be part of the learning space or used during the program)
- engage in cyber-bullying
- fight, tease, bully, or intimidate other students using any part of their body, gestures or words;
- put themselves, other students or Program staff at risk
- use derogatory terms or offensive language at any time;
- bring inappropriate items into program learning space (weapons, drugs, cigarettes, R-rated materials, etc.)
- alter, damage, destroy, and/or deface the University brand and/or logo
- have a personal cell phone in their possession at any time during the online portion of camp for any reason
- in any way encourage others to violate the Code of Conduct

Parents will:

- provide all necessary student information (related to differences in behavioral, physical, and/or learning abilities) to ensure that their student has a safe and positive program experience and informs the program staff of the best way to interact with/manage their student;
- review the Student Code of Conduct and all policies with their student prior to arrival at the Program.
- attend mandatory program orientation Sunday prior to program
- set aside a learning space in the home environment that meets the goals of the program, including use of any online safety protocols, reliable internet, and computer access. A cellphone should not be part of this space.
- be responsible for troubleshooting any technical difficulties originating within the learning space device or internet service
- inform program staff if your student is having any challenges with the online learning experience and/or technology
- ensure a parent/guardian or designated emergency contact is available during program session to communicate with program staff if needed
- ensure the participant logs in on time and is prepared for the program each day
- limits distractions (i.e. cellphone usage) and keeps participants safe throughout the participation of the program
- ensures there is time for the participant to complete any assignments
- communicate with staff prior to program staff start time, if student is going to be absent
- work with program staff to resolve issues that may arise
- respect intellectual property rights of program materials
- report illegal or inappropriate behavior by program participants (including their own child) to program staff
- report illegal or inappropriate behavior by program staff to university police (910) 962-2222

Parents will not:

- interact with program staff in a threatening/abusive manner at any time or their student will be dismissed from the program
- interact with students or their parents in a threatening/abusive manner at any time or their child will be dismissed from the program
- interrupt program sessions in person or by phone (unless it is a true emergency)
- take nor share screenshots or images of your student, other minor participants, or program staff
- invite others into the program session and field of sight
- provide access to program materials to others
- share links or passwords for program meetings or content
I understand and acknowledge (with my signature below) that if I choose not to follow the Student Code of Conduct that on my:

First offense – If not already disabled, my audio will be suspended. If I continue to be a visual distraction, my video will also be suspended for the remainder of the session. Access to online materials may be temporarily suspended. At the conclusion of the session, program staff will contact parent/guardian to discuss offense.
Second offense - I will be suspended from all online program activities and materials for the day. Again, parent/guardian will be contacted.
Third offense - My parent/guardian(s) will be called notifying them of my dismissal from the program.

Furthermore, I understand that the program has a zero-tolerance policy for some actions. In these cases, students will be immediately dismissed, even if it is their first offense. Please note, any violation of rules, regulations, or policies governing the program may result in a Zero-Tolerance offense. However, the following are absolute Zero-Tolerance offenses:

- cyber-bullying to include any harassing, threatening, or intimidating behavior based on the program’s interpretation
- any violation of local, state, or federal laws
- introduction of inappropriate materials
- any conduct judged by the directors and staff of the Program or UNCW to be inappropriate, immature/attention seeking/harmful to oneself or others, dishonest, disruptive, disrespectful or otherwise unacceptable.

Student’s Signature ___________________________________________ Date ____________

Parent/Guardian’s Signature ________________________________ Date ____________
Campus Kindness Compact

Remember the proverbial golden rule – do unto others as you would have them do unto you.
Respect the differences in people – recognize that being part of the diverse SVSM community is an opportunity for you to grow as a person.
Listening is the gateway to understanding and communicating.
Try to be mindful - think before you act or say something that might offend or hurt others.
If you unintentionally offend or hurt someone, offer a sincere apology and do not do it again!
If you are unintentionally offended or hurt by someone else, let them know it. If they offer a sincere apology, please do your best to accept it.
If you feel an apology was insincere, please allow your SVSM support team to help navigate the situation.
If you feel that you were intentionally offended or hurt, please know that this is unacceptable. The Code of Conduct is clear –

- respect the differences in other people and make an effort to include everyone
- respect other people’s personal property and privacy
- never fight, tease, bully, or intimidate other students using any part of their body, gestures or words
- never behave in a manner that may hurt another student or staff member’s emotional well being

People make mistakes. Do your best to forgive and move forward.
Be accountable – apologize, then learn and grow from your mistake.
Be willing to help others learn and improve themselves.
Speak up for yourself when you can. When you can’t, your SVSM support team is here for you. You have worked hard and deserve the right to have the very best experience with Summer Ventures that we can provide for you. We support you and will help you advocate for yourself.
To maintain the safety of our participants and integrity of UNCW, all program participants must abide by the following policies and procedures.

**UNCW Protection of Minors Policy**
UNCW is committed to the safety of minors during their participation with SVSM. As such the University employs effective measures to safeguard any young people visiting or involved in activities with our campus. The University’s obligation to these minor visitors (including your child) must ensure our programs address the elements necessary to prevent or reduce the opportunities that can lead to an incidence of abuse. For more information including reporting mechanisms; complaint forms and reporting information; listing of the contacts to whom reports/complaints may be made; process for anonymous reporting; best practice resources and information for programs involving minors; and Title IX and Clery Act compliance information please visit [www.uncw.edu/marinequest/minorspolicy.html](http://www.uncw.edu/marinequest/minorspolicy.html).

SVSM works exclusively with minors and as such many of its rules, policies, and regulations are designed to promote the protection of these participants. Participants are encouraged to remember that UNCW takes this Minors Protection Policy very seriously, and that enforcement of these rules and policies are designed to keep them safe while in UNCW’s care. **These policies are not designed to inhibit participant independence or treat them as immature**, they are simply for their safety and protection as well as the University’s. This includes protecting our program participants from one another; therefore, SVSM participants are expected to respect the privacy of their fellow participants.

**Harassment Policy**
UNCW defines harassment as any aggressive pressure or intimidation by one individual on to another, such as bullying and including Title IX infractions and discrimination. Title IX infractions and discrimination are defined as treating an individual differently than another based on one or more of the following identifiers: race, gender identity, age, color, ethnicity, religion, disability, sexual orientation, or political affiliation. Bullying is defined as the use of forceful, threatening, or abusive behavior to intimidate or dominate others. Fighting, teasing, or bullying an individual using any part of one’s body, gestures, or words is classified as harassment. Similarly, any action that may hurt another student or staff member’s feelings is classified as harassment. This harassment policy is subject to zero tolerance and immediate dismissal from the program.

**No Program participants who are minors will be allowed to engage in online learning unsupervised.**
While online during the program students will be chaperoned by program staff. Any online activity that takes place during non-programmatic time is the responsibility of the parent/guardian.

**Dress Code**
In an attempt to create a safe, productive, and positive environment, we require that all clothing be non-controversial, modest and appropriate for a young up-and-coming scientists and mathematicians. A student’s appearance, mode of dress, or condition of personal hygiene will not be permitted to disrupt the academic experience or constitute a threat to the health or safety of the participant or others.
Property
UNCW cannot be held responsible for loss, damage, and/or destruction of personal items used by any participant for their participation in the Program. Students are expected to use good judgment, respect, and consideration for others and their property while participating in the Program. Students are expected to use all equipment (including any belonging to UNCW) in the proper manner it is intended for, following their instructor’s directions. This may include use of a university laptop, access to university software, and textbooks. Monetary assessments for damages may be made to an individual, or to individuals or to the group.

Photography/Camera Policy
Per the Code of Conduct students are not allowed to take or share screenshots, images, or videos of fellow participants or program staff. Students/Parents/Guardians are reminded that not all participants have signed media releases, therefore if a student innocently takes a photo of another student and then places it on their social media site, they could risk legal action by that student’s parents/legal guardians. To avoid any issues, we suggest talking to your student about accepting a student’s request not to be photographed.

Cell Phone Policy
Cell phones should not be part of the students learning space. They serve as a distraction and can be misused. Cell phones should not be used as a camera. UNCW has zero tolerance for misuse of cell phones to engage in sexting, social media bullying, or the taking and posting of photos of people for whom you do not have permission to do so. We encourage students to develop friendships (non-romantic) while in the program.

Laptops and Electronic Devices
Computers and laptops are required for academic purposes. If a participant chooses to use their laptop for other purposes, they must adhere to campus policies. UNCW requires that you complete the Responsible Use of Electronics Resources for Minors form (a copy of which is included in this packet).

https://uncw.edu/policies/documents/07.100_Resp_Use_of_Elec_Resources0807.pdf

Pre-existing Condition
UNCW must be notified of any pre-existing conditions. Pre-existing conditions may involve learning or behavioral differences/abilities that require some form of accommodation during online learning. Please let us know at your earliest convenience if this is the case so that we have time to try and make the accommodations. Pre-existing conditions also include illnesses or injuries that have occurred recent to the beginning of program and that could impact the student’s ability to participate in the program fully. For example, if a student has been sick or has an injury that requires a break during an online session to rest or take medication, please let the instructor know.
**Zero Tolerance Policy & Dismissal**

To ensure the safety of all participants of the Program, UNCW reserves the right to discipline, up to and including dismissal of any minor student whose attitude, class attendance, work habits, relations with fellow students, faculty, staff, or general conduct is judged by the UNCW staff to be unsatisfactory or unacceptable.

Determination of whether a student qualifies for dismissal is at the discretion of the Program. **This discretion is absolute and is not subject to appeal or challenge.** Under the “Zero Tolerance” policy, the Program reserves the right to summarily dismiss and expel any student for the following violations:

- any violation of rules, regulations or policies governing the Program.
- any violation of local, state or federal laws.
- any harassing, threatening or intimidating behavior - including cyber bullying - based on the Program’s interpretation.
- any physical, verbal or substance abuse.
- any behavior that causes emotional/psychological abuse.
- any possession of firearms or other weapons.
- any use, possession, or sale of tobacco, drugs, inappropriate visual materials, or alcohol while attending the Program.
- any conduct judged by the directors and staff of the Program or UNCW to be inappropriate, immature/attention seeking/harmful to oneself or others, dishonest, disruptive, disrespectful or otherwise unacceptable.

All violations covered by North Carolina law, including but not limited to certain infractions involving alcohol, tobacco and illegal drugs, hazing and sexual assault may be reported to local law authorities.

The following activities are of particular concern: Program participants involved in such activities will be subject to summary dismissal from the Program and removal from the residence halls:

a. Actions which are directly detrimental to the physical safety or health of other guests;
b. Use or possession of fireworks, explosives, flammable materials, firearms, weapons or other objects which are potentially harmful to the physical welfare of other participants;
c. Capturing and sharing images of other guests without their express permission

The following infractions will result in disciplinary action and may result in dismissal from the Program: violation of policies on dating or visitors; sharing logon information with anyone outside of the program; threatening or otherwise disruptive behavior; unethical use of the Internet or equipment; cutting classes, non-participation in activities.

Students may be disciplined or dismissed for any single violation or for repeated violations of any nature.

UNCW requires that the parents or legal guardians of any discharged student or any student who voluntarily decides to leave the Program to arrange for the student’s return home within 24 hours of the dismissal and that the parents or guardians bear full financial responsibility for the discharged student’s transportation from UNCW campus and/or Wilmington. It is the university’s practice to summon police authorities to manage situations involving illegal activity on or off UNCW premises by any individual. **All fees and payments paid on behalf of any discharged student or student who decides to voluntarily leave will not be refunded.**