Come Flex your Mathematical Mind at G.I.M. Camp

Registration: Girls Interested in Mathematics Camp, July 24-27, 2017
- Registration form and payment (required to hold a camp reservation)
  mail to Bonnie Spence, University of Montana Math Department, 32 Campus Drive,
  Missoula, MT 59801 or scan and email to Bonnie.spence@umontana.edu
- Medical Form (due by first day of camp)
- Parental Consent (due by first day of camp)

Payment: Payment can be made by check, cash, or credit card. Please complete the following
form and send it to the address above along with your check for $75 payable to UM Math
Department. Payment can also be made in cash at the Math Department office or with credit
card by calling Indy Singh 243-4171 in the Math Department Office. Spaces are reserved in the
order payments are received. Registration is open until class is filled.

Camp Description: This camp will explore topics in number theory, algebraic thinking, problem
solving, and geometry through a variety of activities and group work. Maximum 15 students.

About the Instructor: Bonnie Spence is a Lecturer with the University of Montana Mathematics
Department. She has over 20 years of experience as a Middle School Mathematics Teacher and
currently teaches Math courses for prospective K-8 teachers. Bonnie holds a degree in
Secondary Mathematics Education and a Master’s Degree in Gifted Education. She has taught in
Oklahoma, Colorado, Montana, The Netherlands, Argentina, and China.

Please note: Camp will begin at 9 am in the Mathematics Building at the University of Montana
and end each day at 12 pm (or 1 pm for optional lunch stay.) Parents are responsible for all
transportation and meals. Students may bring water bottles and snacks.
Questions can be directed to bonnie.spence@mso.umt.edu, 406.243.4808.

-------------------------------- Return this form along with payment --------------------------------

Student Name: __________________________________________ Grade entering in fall: 5 or 6

Student T-shirt size: Child S M L Adult XS S M L XL

Address: ________________________________________________________________

Parent Name: ______________________________ phone: __________________

Email Address: __________________________________________________________
UM Girls Interested in Mathematics 2017

Parent/Guardian Consent & Contact Form

Print Child’s Name: ___________________________________________________________________

Parent’s Name:______________________________ Phone #________________________

Address:____________________________________________________________________________

E-mail Address: _______________________________________________________________________

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, THE CUSTODIAL PARENT AND/OR LEGAL
GUARDIAN MUST SIGN AND DATE THE FOLLOWING STATEMENTS OF CONSENT. PLEASE INITIAL
NEXT TO EACH STATEMENT BELOW.

Parent/Guardian Consent:

__________ I/we give our son/daughter permission to participate in the UM Mathematics Camp at the
University of Montana, Missoula, Montana.

__________ I/we agree to assume all risks involved in participation in the workshop. In consideration
for The University of Montana’s effort in providing the program, I/we further agree to hold
the University, its employees and other said agents harmless from any and all liability for
injuries that result from my son’s/daughter’s participation in the program.

__________ I/we consent to the provision of any necessary emergency treatment to my son/daughter
during the program by UM Mathematics staff, local physicians, and/or hospital personnel,
in the unlikely event of an emergency.

__________ I/we agree to allow UM Mathematics Department to use photos and/or video of my
son/daughter engaged in mathematics for promotional materials and grants.

__________ I/we understand that violent or unsafe behavior is cause for dismissal from the UM
Mathematics Camp.

Parent/Guardian Name (Printed) __________________________________________________________

Parent/Guardian Signature ____________________________ Date ____________________________

Relationship to student _______________________________________________________________
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Health History Form & Permission to Receive First Aid

Name: __________________________________________________ Date of Birth: _____/_____/_____

We require full disclosure of your child’s current health, and health care provider information. The information that you provide may assist people in the unlikely event of an accident while participating in the UM Mathematics program. Therefore, before you fill out this form, please read it carefully. Full and accurate completion of all sections is very important.

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: ________________________________________ Relationship: __________________________
Home Phone: ___________________ Cell Phone: ____________________ Work Phone: _____________

PLEASE LIST ALL INFORMATION REGARDING THE FOLLOWING:

All known allergies:
_____________________________________________________________________________________
(E.g. peanuts, bees)
Disabilities:
_____________________________________________________________________________________

Heart Conditions: ___________________________ Phobias/Fears: ______________________________
Past Injuries/Illnesses/Seizures and Dates:
_____________________________________________________________________________________
Past Operations and Dates:
_____________________________________________________________________________________
Current Medications:
_____________________________________________________________________________________
Contacts/Glasses:
_____________________________________________________________________________________

Other Important Medical Information, Not Previously Mentioned:
_____________________________________________________________________________________
Primary Doctor’s Name: ___________________________  Phone: ______________________

Doctor’s Address:
_____________________________________________________________________________________

Insurance Policy/Provider: ___________________________ Group Number: ______________________

Blood Type: ___________________ Height: ________________ Weight: ___________________
(if known)

PERMISSION TO RECEIVE FIRST AID & TO SECURE MEDICAL HELP

My child is sufficiently fit to participate in this program. The health history information I provided is accurate, complete, and true to the best of my knowledge. I agree to notify the program facilitators of any changes to my child’s health and fitness, which may occur before or during the program. Should my child become ill or injured, I give my permission for any representatives of the UM Math Department Camp or The University of Montana to render first aid and seek emergency medical or rescue services, as they see fit and at my expense.

______________________________  ______________________________
Parent/Guardian Name (Printed) (if student is under the age of 18)  Date

______________________________  ______________________________
Parent/Guardian Signature (if student is under the age of 18)  Date

Please note:
Emailing this form might not ensure privacy of medical information.
If preferred, the medical form may be delivered to camp the first day.