Girls Interested in Mathematics

Summer G.I.M. Camp at the University of Montana
For Challenge and Extension

Entering Grades 5-6: July 22-25
Entering Grades 7-8: July 29-Aug 1

When: 9 am – 12 pm*

Where: The University of Montana
Mathematics Building

Who: Any girl entering Grades 5 – 8 who has
an interest in exploring more
challenging mathematics

Why: Because it’s fun to be
mathematically challenged!

How: To register go to: http://hs.umt.edu/math/events/GIM.php
Or contact: Bonnie.spence@mso.umt.edu 406.243.4808

Camp cost: $95 payable by cash or check to Bonnie Spence

*Optional lunch and learn from 12-1 pm offers campers the option to stay and
play fun strategy games or math puzzles while they eat lunch.

Come Flex your Mathematical Mind at G.I.M. Camp!
Activities will focus on Geometry, Algebraic Thinking,
Problem Solving, Statistics, and Number Theory
Registration: G.I.M. (Girls Interested in Mathematics)

Students entering Grades 5-6: July 22-25
Students entering Grades 7-8: July 29-Aug. 1

- Registration form and payment are required to hold a camp reservation (last year had a wait list)
- Medical Form (due by first day of camp)
- Parental Consent (due by first day of camp)

Payment: Payment can be made by check or cash. Please complete the following form and send it to Bonnie Spence, Math Department, The University of Montana, 32 Campus Drive, Missoula, MT 59812 along with your check for $95 payable to Bonnie Spence. Payment can also be made in cash at the Math Department office. Spaces are reserved in the order payments are received. Registration is open until class is filled. Maximum 20 students.

Camp Description: This camp will explore topics in number theory, algebraic thinking, problem solving, statistics, and geometry through a variety of activities and group work. Grades 7/8 campers will also include a focus on questions they have about mathematics.

About the Instructor: Bonnie Spence has over 20 years of experience as a Middle School Mathematics Teacher and currently teaches K-8 Math Methods and Gifted Education courses for prospective 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 are also encouraged to 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: ________________________________

Enrolling for (circle one): Grade 5/6 Camp July 22-25 Grade 7/8 Camp July 29-Aug 1

Parent Name: ________________________________ phone: __________________

Email Address: ________________________________
UM Girls Interested in Mathematics 2019
Parent/Guardian Consent & Contact Form

Print Child’s Name: ___________________________________________________________________

Enrolling for (circle one): Grade 5/6 Camp July 22-25 Grade 7/8 Camp July 29-Aug 1

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

UM Girls Interested in Math Camp 2019

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/Ilinesses/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)

____________________________________________________________

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.