

MONTVERDE ACADEMY
17235 7TH ST
MONTVERDE, FL 34756

CAMP INVENTION - EXPLORE
JUNE 6-9, 2022
8AM - 4PM

[drop off 8:00-8:15/pick-up 3:45-4:00]

Dear Parent/Guardian,

We look forward to seeing you this summer at CAMP INVENTION - EXPLORE. **Your child's experience will be greatly enhanced by careful preparation for the program, as outlined below.**

What to bring to the program:

- Lunch is provided. However, you may choose to send a packed lunch & beverage (lockers available for storage). Please provide a daily snack for the designated morning snack time prior to lunch.
- Closed-toe shoes/sneakers for participation in instruction and activity time.
- Bags will be provided on the last day of camp for bringing home take-home items.

What you can do to facilitate an easier check-in on the first day:

- If your child has any special needs, such as severe allergies that warrant the administration of epinephrine, please contact me at jonathan.stalma@montverde.org as soon as possible to make any necessary arrangements;
- Identify and prepare your child's Take-Apart item in accordance with the guidelines on the next page;
- Start collecting materials to upcycle that will be shared by all. See the guidelines on the next page.

Additional Information

To better inform you about the program, we will distribute a Newsletter allowing you to fully understand how we view the creative process and learn a little more about the day's highlights.

The Daily Newsletter is also meant to encourage conversations with your child about his or her experience, so we share fascinating tidbits and activities that will help your family keep up the spirit of camp at home.

Please remember that your child's work is more than just boxes and tape; it's a tangible representation of his or her own creative thinking skills. By looking at the bigger picture, you might just learn something new, too!

The 4-day camp session will be held in the MacKenzie Upper School building. Turn into the "Upper School Loop" off of 455, and find available parking for drop-off/pick-up. The entrance will be on the left side of the building and clearly marked with guiding signs, when facing the main entrance. We thank you for your commitment to your child and your involvement in the program experience.

Jonathan Stalma
Camp Invention, Camp Director

SELECTING AND PREPARING YOUR CHILD'S TAKE-APART

At Camp Invention, we want children to explore the world around them. What better way than opening up everyday items to see what's inside? How do things work? What makes things tick? Turning a screw to reveal hidden mechanisms could be a child's first realization that everything we see has hidden layers!

Over the last 25 years, Camp Invention has been featuring hands-on, reverse engineering activities for children. It's been one of the most enriching and entertaining portions of our programs. Children are asked to bring a used/broken appliance item from home so they can tinker and explore!

They will be instructed in the safe use of hand tools and then guided through the Take Apart portion, where they disassemble the appliance. In teams, the children will begin the process of creating a new invention prototype using the parts from within the item.

Why do we feel the freedom to reverse engineer is important? Research of our world's greatest innovators showed a commonality that as children, they all took apart household items, re-imagining them into new prototype concepts! Our Collegiate Inventors Competition finalists, NeoVent, used a yogurt container and duct tape to create their prototype which later became a lifesaving infant respirator used in third world countries.

In preparation for the program, help your child to acquire a broken or unusable household appliance or other mechanical device for him or her to take apart during the Take Apart module. Also, you can visit local second hand stores to find Take Apart items to bring to camp. Please refer to the items below when determining whether the appliance is appropriate. During the Take Apart module, children will work in teams to brainstorm and create.

It is extremely important that you prepare your child's Take Apart item by loosening any screws or components prior to the week of the program.

Carefully unplug and cut all electrical cords and place the item in a bag clearly labeled with your child's name. Be sure to remove all other components that may potentially cause harm, including glass, blades or heating components. This will not only provide for an additional degree of safety but will allow your child more time to have fun investigating their Take Apart's inner gears and gadgets. Sending your child with safety gloves is allowed and encouraged! Please be sure that if you

send safety gloves with your child that you label them with your child's name so they can be returned at the end of the program.

***To view a more comprehensive list of recommended Take-Apart and Recyclable Materials visit: campinvention.org/parents/resource-center.**

****Please be advised this item will not be returned to you in working condition. Children will work in groups to disassemble their items to be used in a group project.**

ACCEPTABLE TAKE-APART ITEMS:

CD players, Corded Telephones, DVD Players, Tape Players, VCRs, Wind-Up Clocks

UNACCEPTABLE TAKE-APART ITEMS:

Cameras, Cell Phones, Irons, Laptop Computers, Microwaves, Monitors, Printers, Rotary Phones, Televisions, Toasters, Vacuums, Video Game Consoles

IDENTIFYING AND COLLECTING ITEMS TO UPCYCLE

Help our program participants' with their prototypes by collecting upcyclable materials to use and share. These items are an important component to the prototype design process. Please refer to the listed items below when determining whether an item is acceptable or unacceptable.

ACCEPTABLE ITEMS FOR UPCYCLING:

Beads, Buttons and Craft Supplies, Boxes (shoe, cereal, etc.), Bubble Wrap, Building Blocks, CDs, Fabric, Film Canisters, Foam Trays, Game Parts, Miscellaneous Paper (magazines, newspaper, kraft etc.), Milk/OJ Cartons/Jugs (rinsed), Oatmeal Canisters, Paper Towel Tubes, Pinwheels, Plastic Bottle Caps, Containers/Lids, Pulleys, Rubber Bands, Springs, Sporting Goods and Balls (No golf clubs or bats), Strainers, String, Washers

UNACCEPTABLE ITEMS FOR UPCYCLING:

Batteries, Cords, Glitter, Liquids, Medicine Containers, Paint, Prescription Bottles, Soda Pop Cans, Packing Peanuts, Wire Hanger

IMPORTANT: Please thoroughly wash out all bottles, containers, foam trays and/or any other items, as needed.

ACCEPTABLE BEHAVIOR POLICY

It is important to Montverde Academy that all campers receive a positive and rewarding experience while attending our program. In order to ensure a safe and fun environment for all, children are expected to behave in an acceptable manner and use appropriate language. ANY behavior deemed to be detrimental to or in violation of Camp Invention standards will be dealt with by the staff and/or Director. Unacceptable behavioral instances include, but are not limited to: any form of intended harm to another camper or staff member, bullying or any form of aggression.

Any situation that involves distracting other participants or disrupting camp activities will not be tolerated. It is important to remember that there are NO REFUNDS if a child is asked to leave Camp Invention due to unacceptable behavior. By paying your registration fee in full, you signify that you understand and agree to, the Acceptable Behavior Policy.

I have read and will abide by the Camp Invention rules. I understand that Camp Invention staff have the right to remove any person from the program that does not abide by these rules. If I am asked to leave, I understand that my tuition is nonrefundable.

Child Signature

Parent/Guardian Signature

PARTICIPANT INFORMATION FORM

Child's Name

Date of Birth

Program Location

City and State

Grade Level Next Fall

Parent/Guardian Name

Street Address

City, State and Zip Code

Parent/Guardian Home Phone Number

Parent/Guardian Work Phone Number

Parent/Guardian Cell Phone Number

PHOTOGRAPHY RELEASE

I authorize the Montverde Academy to obtain, store and/or use (without payment) any photographs, slides and/or videotapes of my child for public relations, marketing/advertising and/or internal training purposes.

Parent/Guardian Signature

Date

LIABILITY WAIVER

MUST be signed in order for your child to participate.

I am the parent/legal guardian of ("child"). On my own behalf and as parent and guardian, I acknowledge and agree that there is the possibility of physical injury or loss associated with my Child's participation in the Camp Invention program (the "Camp Invention Program"). I hereby release, discharge Montverde Academy, its affiliated organizations, employees and associated personnel including the owners of the camp facility against any and all claims, liabilities and/or damages as a result of my Child's participation in the program, including but not limited to, any claim that the program was negligent. I further agree to defend and indemnify Montverde Academy, its affiliated organizations and employees and associated personnel if any claim is made against them by or on behalf of my Child. I understand that my Child will not be permitted to participate in the Program without my signing this Agreement.

Camp Invention at Montverde Academy is operated by Montverde Academy, an independent licensee of Camp Invention programs.

Parent/Guardian Signature

Date

**ALTERNATIVE CONTACTS/
TRANSPORTATION ARRANGEMENTS**

In the event of an emergency, I authorize the following individual(s) to pick up my child from the program:

Name/Relationship

Phone Number

Name/Relationship

Phone Number

My child may:

Walk *and/or* Ride his/her bicycle home

Parent/Guardian Signature

Date

EMERGENCY MEDICAL CONSENT

In the event that reasonable attempts to contact me and the two alternate individuals that I have designated at the phone numbers that I have provided on this form have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the physician, dentist and/ or hospital, as applicable, listed below:

Preferred Physician

Phone Number

Preferred Dentist

Phone Number

Preferred Hospital

Phone Number

In the event that the designated preferred physician, dentist and/or hospital, as applicable, is not available, I hereby give my consent for the administration of any treatment deemed necessary by another licensed physician or dentist at any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists (as applicable), concurring in the necessity for such surgery, are obtained before surgery is performed.

Parent/Guardian Signature

Date

EMERGENCY MEDICAL REFUSAL

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Do not sign if Emergency Medical Consent was authorized above.

Parent/Guardian Signature

Date

PARTICIPANT MEDICAL INFORMATION

Allergies (food, medication, etc.)

Activity restrictions or precautions

List any medication child is currently taking

List any special needs, important medical history/behavior and/or accommodations that can be made to make your child's experience more successful

My child is carrying an inhaler and is authorized to self-administer as needed. (Physician's order has been completed at the bottom of this form.)

My child is attending with an epinephrine syringe to be administered in the event of a severe allergic reaction.

IMPORTANT: Epinephrine administration authorization forms must be completed by parents and the physician, and the Director must be trained in the administration of the epinephrine syringe prior to the start date of the program.

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**PHYSICIAN'S ORDER FOR
PRESCRIBED ORAL MEDICATION**

All medication must be delivered in the original container in which it was dispensed and administered by a pre-authorized individual designated by the parent/guardian. No member of the Camp Invention program is permitted to administer medication.

I have arranged, and hereby authorize, the administration of prescribed medication for my child to be handled as follows:

Name of Medication

Name of Authorized Individual
to Administer Medication

Name of Issuing Physician

Dosage

Date(s) and Time(s) of Administration by aforementioned individual

Issuing Physician Emergency Phone Number
Significant side effects (adverse reactions) that should be reported to the physician:

Issuing Physician Signature Date

Parent/Guardian Signature Date