



Youth Sustainability Summer Camp 2009

“Sustainability”

What is it?

Why does it matter?

Where is it happening?

How do you know it when you see it?



This week-long enrichment camp is designed to help youth experience the concept “sustainability” when put into action.

We’ll explore local ecosystems, build a micro-hydro generator, investigate sustainable food products, calculate ecological footprints, see how local businesses reduce their environmental impacts, and we’ll serve our community through restoring a wetland or harvesting produce for a local farm.

July 20-24

Portland State University

9 a.m. to 5 p.m.

Ages 14-16

\$350 (scholarships available)



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Registration Information

Step One: Register!

Space is limited and we expect the camp to fill quickly. Registration is due June 26. Parents, please complete the form on the next page, fill out the liability and medical information forms and include your payment. Please note that each camp participant must fill out the participant questions and include them with the registration. There are two easy ways to submit the forms and your payment:

Mail: PSU Youth Sustainability Summer Camp or **Fax:** 503-725-5199
College of Urban & Public Affairs
Office of the Dean—UPA
750 Urban Center
506 SW Mill St.
Portland, OR 97201

Step Two: Confirm

Registration is completed on a first come, first serve basis. You will receive a confirmation by email, if provided, or by mail within two weeks of our receipt of your completed registration and payment. Please do not consider your enrollment complete until you have received confirmation from us.

Step Three: Camp!

Packets with the confirmed week's schedule of activities and locations of field sites will be mailed out to participants a week before camp begins.

Cancellations/Refunds:

Cancellations must be submitted in writing (mail, e-mail, or fax). There will be a \$75 cancellation fee. If you cancel 5 days or less prior to when the camp starts, no amount will be refunded.

Questions? Call 503-725-5170 and leave a message for Camp Director Tia Henderson. You can also email tsh@pdx.edu with "summer camp" in the subject line.

Scholarship Information

Limited scholarships are available based on need and student response to registration questions. The scholarships will be awarded in the form of waived registration fees. If you would like to apply for a scholarship, please check the box in the registration form and fill out the additional income information. Please complete the application in its entirety — incomplete applications will not be considered.



Youth Sustainability Summer Camp 2009

Registration Form

(Due June 26)

Name of Participant: _____ Birth Date: _____
Sex: M F Grade (Fall 2009): _____ Email: _____
Primary Contact: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Alternate Phone: _____
Secondary/Emergency Contact: _____
Home Phone: _____ Alternate Phone: _____

Participant Questions

1. On a separate sheet of paper, please respond to the question: Why do you want to attend a camp on “sustainability”? In your answer explain what this concept means to you (150 words max).
2. Include a picture that you draw, a photograph, or an image clipped from a magazine that illustrates sustainability in some way. In your caption for the image, describe what the picture shows about sustainability. Pretend it was on a wall in an art gallery and nobody knew what it was and had never heard of the word “sustainability” – what would you tell them so they would understand “sustainability”(50 words max)?

Method of Payment:

- Check or Money Order enclosed (\$350 Payable to PSU Foundation)
 Visa MC Card #: _____ Expiration date: _____
3-digit code on back of card: _____
Billing Address: _____
Signature: _____ Name on the card: _____

If we can not accommodate your registration, your check will be returned.

- I would like to apply for a full scholarship, deposit not required.

Fill out the Scholarship information below.

Scholarship Information

I certify that our household income for 2008 was:

- less than \$20,000 \$21,000-\$40,000 \$41,000-\$60,000 \$60,000 +

Number of people living in the household _____
(and will provide documentation upon request).

Parent/Guardian Signature: _____ Date: _____

PSU promotes equal opportunity for all individuals without regard to age, color, disability, marital status, national origin, race, religion or creed, sex or gender, sexual orientation, or veteran status.



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Mandatory Liability Form and Photo Release (Due June 26)

Dear Parent/Guardian:

Please sign this form to give your child permission to participate in the PSU Sustainability Youth Summer Camp activities.

I am the parent or legal guardian of _____, a minor, who wants to participate in the PSU Youth Sustainability Summer Camp activities.

I understand there could be a risk of injury to my child at this Camp. The program will be based out of the Urban Center on the Portland State University campus. The program includes field trips to off-site locations including canoeing on the Willamette, visiting the local farmers' market and visits to different buildings in downtown Portland with sustainable features. Risks might be present even though there will be teachers and adult volunteers available to help youth. I will instruct my child to pay attention in order to avoid the risk of injury.

Because my child or ward is allowed to participate in these activities, even though I know there are risks, I agree to assume all the risks and responsibilities surrounding my child's or ward's participation in the Camp. I release the law firm Schwabe, Williamson and Wyatt P.C., all camp sponsors or partners, and the State of Oregon, the Oregon State Board of Higher Education, Portland State University and all of its schools or units and their respective members, officers, employees and agents and the PSU Youth Sustainability Summer Camp (collectively, the "University Group") from all responsibility or liability for damage to my child, my child's personal property, or me arising out of the Camp _____ INITIAL.

Because the University Group will allow my child or ward to join in Camp activities, I grant to the University Group the right to photograph my child or ward during participation in the activities giving the University Group the right to use the photographs of my child without compensation _____ INITIAL.

I also grant the University Group the right to use photographs or art created by my child during the Camp for public relations and education purposes without compensation _____ INITIAL.

I, the undersigned, am at least eighteen (18) years of age and have read this document and understand all of its terms.

Parent/Guardian Signature _____

Student's Name and Age: _____

Address: _____

Telephone: Home _____ Alternate Number _____



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Mandatory Medical Information (due June 26)

I give my permission for Camp staff to administer non-prescriptive (over-the-counter) medication for minor injuries or insect bites to the participant while he/she is attending the summer camp.

Parent/Guardian Signature _____ Date _____

Please check box if your child may NOT receive an age-appropriate dose of over-the-counter pain medication for minor injuries or insect bites.

Please check if participant is subject to the following and attach explanation:

- ADD/ADHD Asthma Seizures
 Depression Diabetes Low blood sugar
 Autism Heart Condition

Other: _____

Is your child current on all school-required immunizations? Yes No

Month/Year of Last Tetanus Shot: _____

List any allergies to food, insects, or medications: _____ Carries epinephrine? Yes No

Please identify any special adaptations or accommodations necessary to assist your child with participation in programs: _____

THIS MUST BE FILLED OUT IF PARTICIPANT IS TAKING PRESCRIBED MEDICATION

Participant Name _____ Medical condition _____

Name of medication _____

Frequency of administration _____

Route of administration _____

Side effects _____

Additional instructions/information _____

A prescription label will meet the requirement for the physician's written signature in most cases. The label must include the name of the student, name of the medication, proper dosage to be administered, and frequency of administration. If you do not have this, please have your physician sign below.

Physician's signature _____ Date _____

Camp policy is to allow individual staff to voluntarily act under the statute ORS 30.800 or 30.807 and administer requested injections or other medical procedures, should they individually choose to do so on a case-by-case-basis. Instructions as to requested injections or medical procedures must be provided by the physician.

Medication must be brought to Camp staff in the original container by the parent. Stimulants, sedatives, analgesic narcotics, anti-convulsants, and psychotropic drugs must be counted by staff and parent when brought to camp. Please call Tia Henderson (503-725-5170) regarding any medications your child needs to take!

I hereby request and authorize the Camp staff to administer medication to my child as described above.

Parent/Guardian Signature _____ Date _____