

**Young Scientists Research Experience**

As a Young Scientist, your student will explore and carry out an entire research project. They will engage in inquiry-based, hands-on learning as they develop their own research questions, collect and analyze data, and present their results, all under the guidance of an experienced mentor.

The goal of this program is to inspire future scientific study by:

1. Inspiring feelings of curiosity and asking questions about the natural world
2. Exploring the ecology of our region
3. Fostering scientific and critical thinking skills
4. Exposing students to each step of the research process and experiencing methods of fieldwork
5. Encouraging students to think about how their own research interests relate to current environmental issues and biodiversity conservation

**PLEASE NOTE: You will not be considered fully registered until we have received both 1) your payment, and 2) your completed paperwork (included below).**

* The Clifton Institute respects the rights and dignity of all individuals.
* Cancellation Policy: Cancellations prior to 30 days before the start of camp will receive a full refund, minus a $50 nonrefundable registration fee. Notice of cancellation must be submitted in writing. Full refunds will be given in the event that camp is canceled, by us, due to COVID-19. Refunds within 30 days will be handled at our discretion.
* Make sure your student is dressed appropriately in long pants and sturdy shoes. Masks are required. We also recommend they bring: sunscreen, bug spray, a hat, sunglasses, a re-useable water bottle, and any necessary medication.
* Enter the property each morning from the driveway with the rectangular-shaped sign. Exit by taking a right at the fork toward the driveway with the oval-shaped sign. We will do our best to control traffic flow, but there is the possibility that you will have to back up or pass another car on the one-way stretch of our driveway. Thank you for your patience.
* Drop-off is at 9am and pick-up is at 4pm. Please be punctual.
* Lunch is not provided. Your student should bring a packed lunch to camp each day. Refrigeration is available in the farmhouse.
* Remind your student to check for ticks each night.
* Occasionally, and based on our discretion, older students may be out on the field station unattended, in small groups, for pre-determined amounts of time. In this case, we will discuss safety concerns beforehand and always have a reliable way to communicate with them.
* Students will present their research for family and friends on the **evening of June 25th**. Please save this date as it will be both a presentation of the hard work they put in over the course of the week and a celebration of their accomplishments.
* Program happens rain or shine!
* Our contact information, if you need to get ahold of us during the camp day:
	+ Office (540)341-3651
	+ Alison’s cell phone (813)833-7105 (Please note, this is a FL area code)
	+ Eleanor's cell phone (860)707-2194 (Please note, this is a CT area code)

**What we will do to keep campers and families safe and healthy this summer:**

* Require revised medical forms from each camper with complete and updated information
* Implement a plan of action, informed by the CDC and the American Camp Association, in the event that a communicable disease outbreak occurs
* Train camp staff in cleaning, disinfecting, and other illness-reducing strategies recommended by the CDC and the American Camp Association
* Post signs about hand-washing technique, social distancing, and other COVID-19 related information around the camp facilities
* Ensure the availability of cleaning, disinfecting, and personal protective equipment necessary to maintain a safe, clean camp environment
* Plan camp activities that reduce the need for shared materials and allow for social distancing
* Discuss these guidelines with students at the beginning of each week of camp
* Enforce camp rules against sharing personal items (clothes, water bottles, etc.) and food
* Share camp dates and the scope of our programming with local emergency officials
* Reserve the right to refuse camp participation to anyone who poses a communicable disease risk to others

**What you can do:**

* Ensure your student arrives at camp each day well rested, nourished and hydrated.
* DO NOT bring student to camp if they feel ill.
* Monitor your student’s temperature for the two weeks leading up to camp, and every morning of the camp week to ensure it stays below 100°F.
* Monitor your student for additional symptoms of concern such as coughing and shortness of breath.
* Monitor the health of everyone in your household and report any concerns of disease transmission risk to camp staff prior to your arrival.
* Check your email regularly and be prepared for the possibility of a delayed camp start, early camp closure, or camp cancelation as the situation changes.
* Designate one parent/caregiver for drop-off and pick-up, whenever possible.
* Demonstrate and encourage coughing and sneezing into your sleeve/elbow.
* Discuss the importance of social distancing with your student.
* Contact Alison Zak at azak@cliftoninstitute.org if you have questions or concerns.

Thank you for working with us to help prevent the spread of COVID-19 and other diseases and for your support of our summer camp programs in these uncertain times.

**Young Scientists Research Experience Registration**

*Please simply type your responses into this document and return to Alison via email at* *azak@cliftoninstitute.org**. A printed copy will be provided for you to sign on the first day of camp. If registering siblings, please fill out one form per student. Thank you!*

This form is kept confidential and used by staff or emergency medical personnel to keep your student safe. Each student needs to submit a completed health form to participate in this program. Please fill out this form as completely as possible. If there are any basic first aid treatments that you would NOT like us to administer to your student without permission, please let us know.

Student’s full name:

Nickname:

Gender:

Date of birth:

Age:

Entering Grade:

Home address:

Phone number where we can reach you during camp:

Email:

How did you hear about us?

Do we have your consent to the unrestricted use by the Clifton Institute of any photographs, recordings, interviews, videotapes, motion pictures or similar visual recordings of your student? (Please indicate one.)

Yes No

**REQUIRED MEDICAL INFORMATION**

Emergency contact #1, and relationship to student:

Emergency contact #1 phone number:

Emergency contact #2 and relationship to student:

Emergency contact #2 phone number:

Medication(s):

Allergies (describe reaction and treatment):

Dietary restrictions:

Past medical treatments:

Immunization history (REQUIRED- The Clifton Institute reserves the right to refuse anyone who poses a communicable disease risk to others. Please include a photo of vaccination records here or send as attachment):

Please describe any activity restrictions or other pertinent information related to your student’s health:

**The following additional information will assist in treatment, but is not required.**

Blood type:

Physician:

Phone #:

Insurance:

Policy #:

Preferred hospital:

**COVID-19 HEALTH SCREENING**

Do you agree to monitor your student’s temperature **every morning** of the program to ensure it is less than 100°F before arriving?

Yes No

Do you agree to stay home if, at any point during the 14 days prior to the camp start date your student or anyone in your household has experienced the following symptoms: fever (100°F or greater), shortness of breath, or cough?

Yes No

In consideration of the opportunity afforded my student to participate in activities at the Clifton Institute, I hereby agree that I, my student, my assignees, heirs, guardians, and legal representatives, will not make a claim against the Clifton Institute, or their employees or agents collectively or individually, or any of their volunteers, or the supplier of any materials or equipment that is used by the Clifton Institute, for the injury or death to me or my student or damage to our property, however caused, arising from his or her participation in activities at the Clifton Institute. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or death to me or my student, or damage to our property, sustained in connection with his or her participation in activities at the Clifton Institute. I further release and forever discharge the Clifton Institute from any claim whatsoever which arises or may hereafter arise on account of any first aid treatment or other medical service rendered in connection with an emergency during participation in activities at the Clifton Institute.

I hereby give The Clifton Institute permission to provide minor, routine healthcare as needed and to administer medication per the instructions detailed above.

I hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my student while said student is under the care of The Clifton Institute, Inc. and I am not reasonably available by telephone to give consent.

I acknowledge that no guarantees have been made to me as to the effect of such care or treatment on my student’s condition.

I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered.

I have read and understood this form and certify that the information provided above is accurate. This authorization is effective from **June 1, 2021 to August 1, 2021**.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*We will provide a printed copy of your completed form to sign on the first morning of camp.*