

February 11, 2020

Dear Catalyst Parent/Guardian:

Thank you for registering your child for the Catalyst. The purpose of this letter is to convey very important program information to you. Please help us prepare you for the Catalyst by providing important information about your child. The following attached important documents that require your attention and signature.

1. Catalyst Contract
2. Liability Waiver, Assumption of Risk, and Indemnification Agreement
3. Health History and Medical Contact
4. Medicine Notification, Administration, and Consent Form
5. Parental Consent, Release, and Liability Waiver Form for Publication
6. Emergency Contact Information
7. Vehicle Release
8. NC Division of Vocational Rehabilitation Pre-ETS Forms (4 pages)

Please return these to the program coordinator as soon as possible. Failure to return forms will result in your child not being able to participate in the program. **Deadline for turning in the forms is May 25, 2020. Payment will be due on Tuesday, June 6, 2020 at the Science House, at a required Parent/ Student Orientation from 9 AM-10 AM. A \$50 registration fee will be required to submitted on that day.** If forms are not completed and turned in by the Parent Orientation, the camper will not be able to attend. All forms must have actual signature, typed signatures will not accepted.

There are two Summer Sessions either: June 15-19th or July 6-10th, 2020.

We ask that you drop your child (ren) off at 8:15 AM on Monday and 8:30 AM on Tuesday through Friday. At the end of each day please pick your child up between 5:00 and 5:10 pm each day. Pick-ups after 5:10 may be charged fees for additional care. Be prepared to show valid identification to pick up any child from camp. Please provide the names of other individuals authorized to pick up your child (a form is provided in this packet). Drop off and pick up locations and driving directions will be sent to you about one week before camp starts.

Each day to camp your child will be required to wear a nametag that is provided. Please prepare your child by having them wear comfortable clothes, closed toed shoes (i.e. tennis shoes) and sunscreen. You should send a refillable water bottle along with a non-perishable lunch. We will provide snacks, but its best to prepare in case we provide something your child dislikes or if your child has allergies.

If you have any questions about these documents or Catalyst, Joann Blumenfeld, Catalyst Program Director at: jblumenfeld@wpcss.net or 919-633-3120.

We are excited to engage your child in Catalyst and look forward to seeing you grow this year!

Sincerely,



Jason Painter, PhD
Director, The Science House

1. Catalyst Contract

Completion of Forms

This contract and all associated forms must be completed, signed, and returned to program coordinator prior to child participating in any activities of the program.

Participation

All participants are required to engage and remain engaged as group members in all activities and events. Participants who refuse to engage and participate in the planned activities may be sent home.

Behavior Expectations

Participants in NC State Programs are expected to behave in a dignified manner and conduct themselves in a manner consistent with the rights and needs of other individuals on campus. The safety, security, or privacy of other participants should not be disturbed. Participants are also expected to be respectful of and follow all directions given by program staff. Participants are expected to adhere to behavior guidelines below:

1. Maintain appropriate social conduct. Public displays of affection or other intimate contact is considered inappropriate by the director and staff and will be grounds for disciplinary action;
2. Never throwing objects out of/at windows or off balconies;
3. Not use or be in possession of fireworks, explosives, flammable materials, firearms, weapons or other objects which are potentially harmful to the physical welfare of other participants;
4. Removing, damaging, or in any way tampering with fire safety equipment or triggering false fire alarms;
5. Misusing or vandalizing elevators, elevator equipment, or elevator locks;
6. Deliberate or malicious vandalism or theft of University furnishings and/or equipment;
7. Actions which are directly detrimental to the physical safety or health of other participants;
8. Propping open any door or using any mechanical device to hold open an exterior access door;
9. The use of illegal drugs, alcohol, or the possession and/or use of any type of firearm or weapon while participating in an NC State Program is not permitted under any circumstances. Possession of any of the above-mentioned items is cause for immediate dismissal;
10. Smoking, vaping or chewing tobacco will not be permitted inside any building at NC State University by participants;

Behavior and conduct that is deemed inappropriate by camp staff may be grounds for dismissal and the individual participant may be sent home early at his/her parent/guardian's expense. See Dismissal procedure in this contract.

Cell Phones and Electronic Devices

Participants are permitted to bring cell phones and other such electronic devices, but usage is limited. These items may not be used during scheduled events except by permission of the program staff. The university does not insure such personal items and assume no responsibility for theft, damage, or loss. Unapproved use of cell phones or electronics may result in their confiscation.

Confiscated Items

Items that have been confiscated from campers will be returned to a parent/guardian at the activity. This includes but is not limited to unauthorized medications, inappropriate clothing, and offensive, inappropriate, or dangerous items.

Dress Policy

Participants are expected to dress appropriately for daily activities and weather. Participants should refer to the schedule and directions regarding clothing preparation for lab activities, field experiences, and field trips. Participants may be warned, asked to change clothing, have items confiscated, and/or dismissed at the discretion of the program director if these rules are not followed.

1. Pants/shorts/skirts must be worn at or above the hip line and should not extend below the shoes due to safety reasons.
2. Shirts, blouses, and dresses shall cover the abdomen, back, and both shoulders. There will be no see-through clothing. Shirts and tops must meet the waistband of pants, shorts, or skirts at all times with no midriff, cleavage, or underwear visible at any time.
3. Skirts, dresses, and shorts must be no more than a hand length above the top of the knee.
4. Footwear is required and must be safe and appropriate for classroom and outdoor activities. With the exception of medically prescribed footwear, heels should not be worn.
5. Any clothing, jewelry, accessories, or book bags that depict, advertise, or promote gangs, drugs, alcohol, or tobacco or that convey sexually explicit, inflammatory, or vulgar language or images are prohibited. There will be no trench coats.
6. Jewelry and accessories that could be used as weapons are prohibited.

Dismissal

The program director reserves the right to dismiss any participant when staff deem dismissal necessary for the safety and/or best interests of the program. In the case of behavior problems, staff will submit one warning to the parent/guardian before dismissing a participant, unless the behavior in question endangers the participant or other participants, in which case, a participant may be dismissed immediately without a prior warning to the parent/guardian. The parent/guardian will be responsible for making immediate arrangements to pick up the participant at his/her expense.

Property Damage

The rooms and residence hall where participants are residing belong to NC State University. All participants are responsible for respecting and not damaging property. If damage occurs, the participant will be held liable for paying such damage. You will be held liable for any damages that occur to your residence hall room by visitors or other participants. Check your room before you move in or any pre-existing damages and report these damages to the staff upon check in.

Keys

If a participant loses a room key and/or suite key, a temporary key can be obtained. Due to security precautions, if the original key is not returned, the appropriate locks will be changed and new keys issued. NC State University will bill the participant \$50 for each lost key. Keys may not be duplicated.

Health & Safety Considerations

It is the responsibility of the participant to advise the Program at NC State University of any safety and health-related concerns affecting the participant. You will be held liable for withholding information that may affect the safety and health of participants.

Quiet Hours

Quiet hours are in effect at 10:00 p.m. Participants are expected to respect these hours by avoiding loud noises.

Vehicles

Participants will not be allowed to drive personal vehicles during their participation in the program. If participants do not adhere to this restriction, NC State University, will not be held responsible for any damages or accidents which may occur.

Authorized Pick Up

I authorize Catalyst to release my participant to the following individuals at the end of the camp or if situations dictate earlier release. List all authorized parents/guardians including yourself.

Myself: _____ Relationship to Participant _____

1. _____ Relationship to Participant _____

2. _____ Relationship to Participant _____

Parents/guardians and authorized adults will be asked to show valid identification at pick up. If an authorized individual without valid identification or an unauthorized individual comes to pick up the participant, parents/guardians will be contacted at the provided emergency number to verify their identity.

Emergency Phone Number of Parent/Guardian: _____

Parent/Guardian Signature: *I am the legal guardian of _____ (participant) and I have read, understood, and agree to Catalyst policies written in this Camp Contract.*

Parent/Guardian Signature

Date

Please note:

Students agree to attend 1 week summer session, 8 monthly sessions on Saturdays during the School Year and participate either in a 8 monthly session Internship at the NC Museum of Natural Science on Saturdays or a one week Internships in a STEM Setting (which internship will be determined by the Program Director based on school grade and workforce readiness of the student).

Student’s missing any session will be required to complete a makeup activity. Any student who misses more than 2 sessions and does not complete a make-up work will be dismissed from the program.

Initials

I prefer Session: (check which applies)

June 15-19: _____

July 6-10: _____

I can attend either: _____

2. Liability Waiver, Assumption of the Risk, and Indemnification Agreement

In consideration for NC State allowing my minor child to participate in the **Catalyst** (hereinafter "Program"), I, for myself and on behalf of the minor child below listed ("Minor"), agree as follows:

I affirm and acknowledge that the Minor is participating in the Program for his/her own personal benefit. I understand that the Minor will participate in recreational and other activities as part of the Program, and that such activities have inherent dangers and physical risks. I understand and acknowledge that the inherent dangers and physical risks involved in these activities are such that no amount of care, caution, instruction or expertise can eliminate them. These dangers and risks include, but are not limited to, loss of or damage to personal property, strains, sprains, bruises, heat exhaustion, and other personal injuries, or even death, that could result from tripping, falling, contact with other individuals, and equipment failure, among other causes. I assume responsibility for all risks, known and unknown, involving the Minor's participation in the aforementioned activities, and I voluntarily authorize his/her participation in reliance upon my own judgment and knowledge of the Minor's experience and capabilities.

I represent that I am the parent or legal guardian of the Minor and I have authority to enter this Agreement. I also represent that the Minor is in proper physical and other condition to participate in the Program. I understand that it is my sole responsibility to determine whether the Minor is sufficiently fit and healthy enough to participate in the Program, and if necessary, I will consult with the Minor's physician for appropriate guidance.

I give permission to any doctor, hospital, or other medical facility to release confidentially to the treating physician(s) for the Minor any information they may have concerning his/her medical condition and their professional contact with him/her for treatment purposes. I hereby grant my permission for such diagnostic, therapeutic, and operative procedures as deemed necessary for the Minor. I further understand that treatment for any medical problems the Minor may suffer is my responsibility and will be paid by me and/or covered by my insurance. A photocopy of this permission is to be considered valid as the original.

On behalf of myself and the Minor, I hereby agree to indemnify and hold harmless NC State University and its trustees, officers, directors, employees and agents (the "Released Parties") from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys' fees, arising from, resulting from, or relating in any way to the Minor's participation in the Program. I further agree that if, despite this Agreement, the Minor, or anyone on the Minor's behalf, makes a claim against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any liabilities which may be incurred as a result of such claim.

I understand that the Minor and I are required to be familiar with and abide by the Program's rules and regulations, including any safety regulations established for the benefit of all participants. I accept sole responsibility for the conduct and actions of the Minor while s/he is participating in the Program.

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

PRINT Minor's Full-Name

Parent/Guardian's Full-Name Signature

Today's Date

Printed Parent/Guardian's Full-Name

3. Health History and Medical Contact

Catalyst: _____ Date(s) of Program: _____

Full Name of Participant: _____ Participant's Date of Birth: _____

Home Street Address: _____

Home City: _____ State: _____ Zip: _____

In case of emergency, we must be able to contact you. Please list a home and work number where you could be reached. Please circle who the Primary Emergency Contact will be.

Father's Name: _____ Mother's Name: _____

Father's Home#: _____ Mother's Home#: _____

Father's Work#: _____ Mother's Work#: _____

Father's Cell#: _____ Mother's Cell#: _____

Known allergies (foods, drugs, insects, EpiPen)? _____

Any dietary restrictions due to allergies, religious customs or strong taste preferences? _____

Any required medications that your child will be required to take during camp? _____

Does your child regularly take any medications that will not be taken during camp? _____

Will your child require any special assistance or have any restrictions on activity while at camp? _____

In order to better accommodate your child's needs, please circle any conditions that your child has or is experiencing and elaborate below as needed.

Full Name of Policy Holder: _____

Policy Holder Phone Number: _____

Employer Name (if insured through company): _____

Insurance Company / Plan Name: _____

Phone Number: _____

Health Insurance Policy Number: _____ Insurance Group Name or Number: _____

4. Medicine Notification, Administration, and Consent Form - Catalyst

Camper Name:

First

Middle

Last

I, the undersigned, give permission for my child to self-carry and self-administer the following medicine(s) for the following time frame:

From:

To:

Medicine	Route (<i>Oral?</i> <i>Topical?</i>)	Dose	Time	Refrigeration?
1.			: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> yes <input type="checkbox"/> no
2.			: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> yes <input type="checkbox"/> no
3.			: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> yes <input type="checkbox"/> no
4.			: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> yes <input type="checkbox"/> no

Specific Instructions:

Please note that any medicine not listed on this form will be confiscated from your child. If you would like for your child to be able to bring his/her own ibuprofen or acetaminophen products in case of headache or muscle aches, you **MUST** note it on this form. You must also list any vitamins, herbal supplements, or other products that could be mistaken for medication. A new form will be required if instructions or medicine change.

Program staff cannot dispense any medications or products to your camper without your authorization. Some common products frequently needed that we do keep on hand are listed below. Please check all that you authorize us to administer (as per product package instructions):

- _____ Sunscreen, aerosol, SPF 30
- _____ Bug Repellent (contains ethyl alcohol, DEET, fragrance, aloe)
- _____ Ibuprofen (Advil, Motrin), 200 mg
- _____ Acetaminophen (Tylenol), 500 mg
- _____ Triple Antibiotic Ointment (for minor cuts and scrapes)
- _____ TUMS ultra-strength antacid tablets, 1000 mg

Parent/Guardian Name(s):

Parent Signature

Date

NOTE: This form is still required even if your child will not be taking any medications while in the program.

5. Parental Consent, Release, and Liability Waiver Form for Publication

I give permission to NC State University to take and publish photographs, video, audio or other impressions of my image or voice (collectively "photographs"). I understand that I will not be compensated for any photographs or other likeness that may be used in this capacity.

I give permission for my photographs or other likeness to be used by NC State and its affiliates without compensation for noncommercial news, advertising, publications, editorial, promotions and/or any other purpose in print and electronic media (including the World Wide Web) and to copyright the same. I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I expressly release NC State, its agents, officers, licensees and assigns from any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such photographs. I have read the foregoing, and I fully understand the contents, meaning and impact of this release.

If the participant is under the age of 18, a parent or legal guardian must sign.

_____ Yes, I agree to photo/media use for any public release by NC State.

_____ No, I DO NOT agree to photo/media use for any public release by NC State.

I HAVE READ THIS AGREEMENT; I UNDERSTAND IT AND I AGREE TO BE BOUND BY IT.

PRINT Participant's Full-Name

Parent/Guardian's Full-Name Signature

Today's Date

Parent/Guardian's Full-Name Printed

Today's Date

Catalyst

6. Emergency Contact Information

The information required below is needed in the event of an emergency. Print legibly.

Participant Full Name: _____

Emergency Contact 1:

Full Name: _____

Relationship: _____

Home Address: _____

Email Address: _____

Home/Cell Phone #: _____

Work Phone #: _____

Place of Employment: _____

Title: _____

Can the participant be released to this individual?

Yes or No (circle one)

Emergency Contact 1:

Full Name: _____

Relationship: _____

Home Address: _____

Email Address: _____

Home/Cell Phone #: _____

Work Phone #: _____

Place of Employment: _____

Title: _____

Can the participant be released to this individual?

Yes or No (circle one)

Emergency Contact 1:

Full Name: _____

Relationship: _____

Home Address: _____

Email Address: _____

Home/Cell Phone #: _____

Work Phone #: _____

Place of Employment: _____

Title: _____

Can the participant be released to this individual?

Yes or No (circle one)

To be completed by Parent or Guardian:

I _____ (print name) authorize the contacts above to pick up the participant listed above if indicated by circling "yes".

Signature _____ Date _____

Catalyst

7. Vehicle Release

I do hereby give my child, _____ (print full name) permission to be a passenger in vehicles driven by North Carolina State University employees or volunteers associated with this program.

Parent/Guardian Signature

Date

Catalyst



NC Division of Vocational Rehabilitation Pre-Employment Transition Services (Pre-ETS) Referral and Consent to Participate

Purpose: This form must be completed to be considered for Pre-Employment Transition Services (Pre-ETS) for students who are not already served by NCDVR with an approved Individualized Plan for Employment (IPE). For more information about Pre-ETS, refer to the *VR Youth and Student Services: Skills, Experience, Options* flyer or contact your nearest VR office. If you are already receiving VR services under an IPE, see your VR Counselor to request Pre-ETS.

Program Information: Pre-employment Transition Services (Pre-ETS) is a subset of vocational rehabilitation services designed to help students with disabilities identify and explore career interests that may be further explored through other vocational rehabilitation services. Students with disabilities may access one or more of the following Pre-PETS activities:

1. Job exploration counseling: includes exploring in-demand industry sectors and occupations, labor market composition, and career pathways. It may include interest or career assessments and counseling on assessment results.
2. Work-based learning experiences: includes researching employers, touring work sites, shadowing workers, connecting with a career mentor, and participating in work experiences such as job sampling or internships.
3. Counseling on postsecondary training opportunities: includes exploring postsecondary training options and the requirements for various career pathways, the college application and admissions process, information on applying for financial aid, and accessing educational supports, including disability support services.
4. Workplace readiness training: includes developing social and independent living skills for work, such as communication, soft skills, financial literacy, and job seeking skills.
5. Instruction in self-advocacy: includes instruction on one's rights, responsibilities, and how to request accommodations, services, and supports in educational and employment settings. It may include peer or disability mentoring and leadership training.

Options for Pre-ETS vary from location to location. Some Pre-ETS services can be delivered by NCDVR staff. Other Pre-ETS services may be available by NCDVR contracted providers or in partnership with your (your child's) school.

Consent: By signing this form, you are consenting for you (your child) to be recommended for and participate in Pre-ETS activities that are available in your area. Your local Vocational Rehabilitation Counselor, in partnership with your school and/or your transition team, will provide more detailed information about the specific Pre-ETS activities prior to these events, including the time, date, location, and any other participant details. Additional consent will be requested if you (your child) are (is) required to leave the school campus to participate.

You understand that Pre-ETS are services offered by the NC Division of Vocational Rehabilitation to students with disabilities between the ages of 14 and 21 as authorized by Title IV of the Workforce Innovation and Opportunity Act of 2014. Students must be enrolled in a secondary, postsecondary, or other educational program. Postsecondary students must be enrolled in programs that result in a degree or industry-recognized credential. Students shall either be receiving services under an Individualized Education Program (IEP) or be considered to be an individual with a disability under Section 504 of the Rehabilitation Act. Services are provided at no cost to the participant.

You acknowledge that pre-employment transition services may be provided without requiring that you apply for other VR services that lead to a job. Students are not required to apply for and be determined eligible for individualized vocational rehabilitation services to receive Pre-ETS. For students who do wish to apply for an individualized program of VR services with the goal of preparing for a specific employment outcome, there is a separate referral process. Contact your school or local VR office to learn how to apply.

You acknowledge that you (your child) are (is) a student with a disability between the ages of 14 and 21 and consent to providing the information on page 2 required for participation, tracking, and reporting of services.

(continued on next page)

THIS PAGE MUST BE COMPLETED FOR ALL REFERRALS

(continued from page 1)

You give the school named here permission to verify information contained in your (your child's) student records or, if a request is made by NCDVR to the school, you give permission to allow access to and/or for the school to release all student records about you (your child) to NCDVR, including but not limited to:

- Student Name and Demographic Information
- Work experience portfolio and evaluations
- Individual Education Program (IEP)
- Student disciplinary records
- Psychological Evaluation and Reports
- School grade reports
- 504 Accommodation Plan
- Cumulative grade reports, including standardized tests

You may end this consent at any time by providing NCDVR with a signed and dated statement to that effect. This consent will otherwise end one year from the date you no longer receive NCDVR services.

Student's Name (Last, First, MI)	DOB	School	Grade

Student's Race					Student's Ethnicity				
White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Cuban	Puerto Rican	Mexican American	Other Hispanic/Latino	Not reported

Name of Parent/Legal Guardian (for minors)	Phone	Email

Address

Student's Disability	Student with a Disability Status (check all that apply)		
	Is an individual with a disability under Section 504	<input type="checkbox"/>	Has an Individualized Education Program (IEP)

TO BE SIGNED BY STUDENT AND PARENT/GUARDIAN (IF APPLICABLE)

Signature for Release of Student Information and Consent to Participate:

Student Signature	Date	
Parent Signature (for minors)	Relationship to Student	Date

(continued on next page)

THIS PAGE MUST BE COMPLETED FOR ALL REFERRALS

(continued from page 2)

Student's Name (Last, First, MI)

TO BE COMPLETED BY SCHOOL/EDUCATIONAL INSTITUTION

Verification of Student Status: By signing below, you verify that the student named above is enrolled in your school/educational institution or has been accepted for enrollment in the next term. You also verify that to the best of your knowledge, the information provided on page 2 of this form is true and accurate and that the student is either a secondary student receiving IDEA services for the disability named on page 2 or that the student may be considered an individual with a disability under Section 504 of the Rehabilitation Act of 1973, as amended.

Teacher/School Representative Name (print)	Phone	Email
Teacher/School Representative Signature		Date

(continued on next page)

THIS PAGE MUST BE COMPLETED FOR STUDENTS WHO REQUIRE Pre-ETS FROM A PARTNER AGENCY

Student's Name (Last, First, MI)

TO BE COMPLETED BY VR REPRESENTATIVE

Name of NCDVR Partner Agency to Provide Pre-ETS	
Partner Agency Contact Name	Agency Contact Phone

Arranging for Pre-ETS by a NCDVR Partner Agency: The partner agency named above has been identified by NCDVR as an entity that can provide Pre-ETS services to you (your child). By signing the section below, you consent for NCDVR to re-release any and all of the student record information named on page 2 to this partner agency in order to arrange for Pre-ETS. NCDVR will not re-release the student records it receives from the above-named school to any other person, program, or agency without your written consent unless it is required by law. You may end this consent at any time by providing NCDVR with a signed and dated statement to that effect. This consent will otherwise end one year from the date you no longer receive NCDVR services.

TO BE SIGNED BY STUDENT AND PARENT/GUARDIAN (IF APPLICABLE)

Signature for Re-Release of Student Information to NCDVR Partner Agency:

Student Signature		Date
Parent Signature (for minors)	Relationship to Student	Date