2015 Girls Day Out

For more information contact:
Anishi Scott:
anishi.scott@navy.mil
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Camp Registration:
Application processing ends June 19, 2015

TRIDENT TECHNICAL COLLEGE

COLLEGE OF CHARLESTON

SPAWAR

Systems Center Atlantic via ONR, College of Charleston, Trident Technical College via ACE and NUCOR presents:
Welcome
To The
Girls’ Day Out
Summer Camp!

Mission: To inspire, attract and empower girls to explore Science, Technology, Engineering, & Mathematics (STEM) majors and careers.

Sponsored by SPAWAR Systems Center Atlantic (SSC-LANT) via ONR, NUCOR, College of Charleston and Trident Technical College via ACE, Girls Day Out is designed to inspire, educate and attract girls to pursue STEM careers. Girls Day Out provides opportunities for participation in hands on STEM activities from a diverse spectrum of STEM organizations. STEM professionals from businesses and organizations throughout the low country present interactive activities that bring excitement and STEM relevance to many of the tools that are used in their daily occupations. The professionals take the time to share with the girls how they can have meaningful careers in the fields of science, technology, engineering and mathematics. Parents will also be afforded the opportunity to hear from colleges and universities the requirements for their students to be accepted in these educational institutions.

A recent study showed that women currently constitute 48 percent of the U.S. workforce, but hold just 24 percent of the U.S. jobs in STEM. Fewer than 15 percent of American engineers are women. In April 2014, President Obama hosted the Council on Women and Girls in STEM in an effort to get government organizations and private businesses interested in increasing the number of females in STEM. According to a national study, the number one reason why girls choose STEM careers is due to the influence of a teacher or class. The camp organizers support providing opportunities for Girls Day Out participants to connect with women working in STEM-related careers with the hope that it will make a difference and impact in their lives.

Sometimes girls need to discern their own unique path toward STEM careers. They need to know that women can excel in science and engineering and what this can eventually lead to in terms of career choices. The purpose of this girls-only event is to answer some of those questions these young ladies may have and overcome some of the uncertainties that keep many smart and capable females from pursuing STEM careers. For the past three years, the College of Charleston, Trident, NUCOR and SSC-LANT have hosted Girls Day Out, which includes female engineers and local industry partners who share their backgrounds, explain their work, and urge the girls to think about STEM careers. The admissions offices from the College of Charleston and other surrounding colleges emphasize the importance of taking the proper courses in middle school and high school needed to prepare for STEM majors. Interactive learning stations and exhibits appealing to girls drives home the point that women too can find exciting careers in science and engineering. This fun-filled event inevitably conveys to young women that STEM careers are undoubtedly cool.
Dear Parent(s):

Thank you for your interest in our fourth annual Girls Day Out (GDO) Summer Camp! The two-day, fun-filled event is scheduled for July 24-25, 2015 at the College of Charleston. The camp is designed to educate rising 8th and 9th grade girls on Science, Technology, Engineering, and Math (STEM) related degrees and career opportunities, all while having fun!

During the two-day event, participants will stay on campus for ONE NIGHT ONLY. If you do not wish for your child (ren) to stay overnight, please indicate this on the registration application (NOTE: Campers are not required to stay overnight). For those girls staying overnight, chaperones will be assigned. All chaperones will have completed a thorough background investigation.

Over the course of the camp, participants will:

- Tour a college campus and museum
- Participate in hands-on computer science and cyber security activities
- Meet with college admissions advisors
- Learn valuable interpersonal skills and techniques for choosing appropriate attire for all occasions
- Meet women in STEM careers

All girls attending the camp are REQUIRED to have a least 1 parent/guardian present during the day camp on July 25th. On that day, the parent only session(s) will be conducted to walk parents/guardians through the process of preparing their child (ren) for college.

Transportation to and from the camp will be the responsibility of the parent/guardian. The College of Charleston is reserving the George Street Parking Garage and St Philip Street Parking Garage for those attending the GDO summer camp. Parking during July 25th will be a reduced Fee of $5.00. However, parking tickets are required to be presented to the registration desk to receive a stamp in order to receive discounted price.

Included in this packet you will find a Campus Map, Registration Form, Media Release, Liability Release, Overnight Stay Checklist, Food Allergy, and the Emergency Medical Authorization and Agreement. The girls need to be dropped off at Liberty Hall on July 24th and picked up from the College of Charleston Math and Science Building on July 25th. See Campus Map for the building addresses.

While Girls Day Out is a free event, space is limited. Students ARE NOT automatically admitted into the camp, but must apply. Upon completion and submittal of the application, the Girls Day Out committee will review and notify the applicant of their decision as soon as possible. A completed application file includes the following: Registration Form, Media Release, Liability Release, Food Allergy Form and the Emergency Medical Authorization and Agreement. All applications must be completed and submitted online, email or mailed to Space and Naval Warfare System Center by June 19, 2015. Please send the completed package via email to Anishi Scott (anishi.scott@navy.mil) and Jenifer Jenkins (jenifer.t.jenkins@navy.mil). If you do not have access to the internet or email, you can mail the application to:

Science Research Corporation Inc.
Attn: Anishi Scott Girls Day Out 2015
1101 Remount Rd
North Charleston, SC 29406

Mailed applications must be post marked no later than June 19th. If you have any questions, feel free to contact Anishi Scott and/or Jenifer Jenkins. We sincerely hope you and your child will be able to attend this exciting event. We look forward to hearing from you soon!

Sincerely,

Anishi Scott
SPAWAR Systems Center Atlantic
GDO Program Coordinator
Email: Anishi.Scott@navy.mil
Phone: 843-801-4929

Jenifer Jenkins
SPAWAR System Center Atlantic
GDO Program Coordinator
Email: jenifer.t.jenkins@navy.mil
Phone: 843-218-5658
Girls’ Day Out

SCHEDULE

Friday, July 24
1:30-2:30 pm 12:00-12:30 pm
2:30-3:30 pm Registration/Check-in
3:30-4:30 pm Residence Hall Set Up/Lunch
3:45-4:15 pm Jr. Cyber Security
4:15-5:15 pm Break
5:00-5:30 pm Campus Tour/Techie Etiquette & Tools
5:30-6:00 pm Dinner
8:00-8:15 pm *What is STEM?
8:30-9:45 pm College Admissions Session
8:15-10:00 pm Welcome/Orientation
10:00 pm-10:15 pm Break
10:15-12:00 pm Break
12:00-1:00 pm Parent Information session
1:15-1:30 pm Lunch

Saturday, July 25
7:00-8:00 am Wake Up Call/Check Out
7:00-8:00 am Breakfast
8:00-8:30 pm Hands-On Exhibits (Students Only)
9:00-9:45 am Introductions/Keynote Speaker
2:30-3:00 pm Presentation of Awards (Parents Only)
10:15-12:00 pm Parent Information session
2:30-3:30 pm Closing Remarks/Departure

Lights Out
Jr. Cyber Security
(Summer Housing)

1. I, the undersigned program participant, desire to participate in the following program ("Program"), which will include overnight housing in a College of Charleston Residence Hall. I fully understand and appreciate the dangers, hazards, and risks inherent in the Program, in the transportation to and from the Program, and in any other endeavors I may undertake supplemental to the Program. These dangers, hazards, and risks can result in injury and impairment to my body, general health and well being, and could include serious or even fatal injuries. I also understand that these dangers, hazards, and risk could include loss or damage to my personal property.

2. Knowing the dangers, hazards, and risks of such endeavors, and in consideration of being permitted to participate in the Program, on behalf of myself, my family, spouse, heirs, and personal representative(s) (the "Releasors"), I agree to assume all the risks and responsibilities surrounding my participation in the Program, the transportation to and from the Program, and in any or other acts undertaken as supplemental to the Program, and on behalf of myself and the Releasors I hereby release, waive, forever discharge, and covenant not to sue the State of South Carolina, the College of Charleston, and its trustees, officers, agents, employees and any students acting as employees ("Releasors" or "College"), for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me or a Releasor, arising out of or related to the Program, to my occupancy in a College of Charleston Residence Hall, any act supplemental to the Program, or for any occurrence while I am in transit to or from the premises where the Program or act supplemental to the Program is being conducted.

3. I further agree to indemnify and hold harmless the Releasors from and against any loss, liability, damage or cost, including court costs and attorneys’ fees, that the Releasors may incur arising from my participation in the Program.

4. In case of damage of any kind to the Residence Hall or other property of the College arising out of any act or omission of the Releasor, the Releasor shall pay such amounts as shall be necessary to put the said Residence Hall or other property, as the case may be, in as good an order and condition as the same were at the commencement of the this Agreement.

5. I acknowledge and agree that as a participant in Program, I am expected to maintain very high standards of conduct and to follow the rules and guidelines as outlined in the 2013-2015 Guide to Residential Living and all other applicable rules, policies, and laws (including state laws). By signing this LIABILITY RELEASE, EMERGENCY MEDICAL AUTHORIZATION, AND AGREEMENT (the “Agreement”), I acknowledge that I have carefully reviewed the Residence Life and Housing information and Policies from A-Z Manual and agree to be bound by the same. I agree to comply with the Residence Life and Housing information and Policies from A-Z Manual and all other College regulations regarding conduct, comportment, health, and safety. I understand that failure to abide by the College rules or guidelines can result in my immediate dismissal from the program. I further understand that if any action shall, in the reasonable judgment of the College, be in any way contrary to law or adverse to the objectives or the polices of the College, or otherwise improper or detrimental to the reputation of the College, the College without notice shall have the right, at its option, to dismiss the program participant. In the event of such dismissal, I shall forfeit all my fees and other payments to the College that are associated with the Program and I shall be responsible for the payment of my transportation expenses to return to Charleston, South Carolina.

6. It is my expressed intent that this this Agreement shall bind me, the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed a legally binding release, waiver, discharge and covenant not to sue the Releasors.

7. I understand, agree and hereby grant Releasors permission to authorize emergency medical treatment for me, if necessary, during the conduct of the Program and that such action by Releasors shall be subject to the terms of this Agreement. I understand and agree that Releasors assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.
8. By signing this Agreement, I acknowledge and represent that I have carefully read this Agreement and understand its contents and that I sign this document as my own free act and deed. I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement or that I will ask my parent or legal guardian to sign the same. I execute this Agreement for full, adequate, and complete consideration fully intending to be bound by the same. I have no health-related reasons or problems which preclude or restrict my participation in the Program, and I have adequate health insurance necessary to provide for and pay any medical costs that may arise as a result of an injury to me. I recognize that the College of Charleston (“College”) is not obligated to provide for any of my medical or medication needs or insurance and that I assume all risk and responsibility for those needs. If I am a driver and will be driving a vehicle (other than a College vehicle) during the period first stated above, I certify that I will, during such period, personally carry automobile liability insurance that includes medical payments coverage.

9. I further agree that this Agreement shall be construed in accordance with the laws of the State of South Carolina. If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Name of Student (Print): ________________________________________________________________

Signature of Student: ________________________________________________________________

Date: ____________________________________________________________________________

If under 18, this form must ALSO be signed by a parent or legal guardian before student may participate in the Program.
I AM THE PARENT OR LEGAL GUARDIAN OF THE STUDENT STATED ABOVE AND I AFFIRM THE TRUTH OF EACH REPRESENTATION MADE BY THE STUDENT AND ON BEHALF OF THE STUDENT AND ALL “RELEASORS,” AS DEFINED IN PARAGRAPH 2 ABOVE, I AGREE TO EACH AND EVERY TERM AND CONDITION OF THIS LIABILITY RELEASE, EMERGENCY MEDICAL AUTHORIZATION AND AGREEMENT.

Name of Parent/Guardian (Print): __________________________________________________________

Signature of Parent/Guardian: __________________________________________________________

Date: ____________________________________________________________________________

Name of Insurance Group: ______________________________________________________________

Policy No: ___________________________________________________________________________

Emergency Contact Name and Relationship: ________________________________________________

Phone: ____________________________________________________________________________
EMERGENCY CONTACT AND RELEASE AUTHORIZATION

Please list in order additional names other than the parent/guardian listed above, 16 or older, that are authorized to be contacted in case of an emergency and allowed to pick-up the participant. Authorized individuals will be required to show a picture ID. Please print all names.

1) Name ___________________________ Relationship to child ___________________________

Address __________________________ City _______ State _______ Zip _______

Home # __________________________ Work # __________________________ Mobile # __________________________

**Signature is required to complete the registration process.** Note: Camp staff will only allow the parent/guardian whose signature appears on this registration form to make changes to the form and staff will only release information about the participant to those person(s) listed.

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Signature</th>
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Student Photo/Video Release
United States Navy

EVENT: GIRLS DAY OUT
DATE: July 24-25, 2015

The Space and Naval Warfare Systems Center (SSC) Atlantic command may gather still image recordings (e.g., photographs), video recordings, or audio recordings highlighting a sponsored event and/or your child’s participation in this event. SSC ATLANTIC would very much appreciate permission to use your child’s name, likeness, voice, and/or interview in connection with this event, if necessary, for the purposes of highlighting this event in SSC ATLANTIC newsletters, web site postings, and other related communications.

In consideration for being still image recorded (e.g., photographed), video recorded, or audio recorded or for attending this event, I grant permission for my child to be interviewed and/or recorded by an SSC ATLANTIC employee, and approve the use of such recordings in command newsletters, web site postings and/or other related communications.

As the parent/guardian, I affirm that I have the authority to grant permission under this agreement. I hereby relinquish any right to examine or approve the completed product. I fully understand the contents thereof.

Student’s name (please print) ____________________________________________________________

Parent/Guardian’s name (please print) ____________________________________________________

Parent/Guardian’s signature _____________________________________________________________

Date __________________________________________
FOOD ALLERGY NOTICE

A. NOTICE OF FOOD ALLERGIES
All students must complete section A and have a signed food allergy notice on file to participate.

☐ No, ____________________ does not have any food allergies.
   (Student’s name)
   If no, complete section C and submit.

☐ Yes, ____________________ has a food allergy.
   (Student’s name)
   If yes, complete sections B and C before submitting.

B. ALLERGY DESCRIPTION
List food allergies or relevant dietary restrictions:


List any available dietary substitutions:


C. SIGNATURE

Parent/Guardian’s name: _____________________________ Parent/Guardian’s primary phone: _____________________________
   (Please print.)

Parent/Guardian’s signature ____________________________ Date ____________________________

Student’s signature ____________________________ Date ____________________________
Girls’ Day Out

CAMP CHECKLIST

ATTIRE
✓ Comfortable walking shoes
✓ School clothes (shorts must be appropriate length)

PAJAMAS PARTY
- Pajama pants or shorts
- top with sleeves (no spaghetti straps)

Note: All students must dress appropriately at all times. Refrain from short shorts, halter tops, spaghetti strap, or strapless dresses/tops.

INCLEMENT WEATHER (OPTIONAL)
✓ Sweater or lightweight jacket
✓ Umbrella
✓ Raincoat
✓ Rain boots

DOCUMENTATION AND OTHER
✓ Identification card
✓ Copy of health insurance card (front and back)
✓ Spending money
✓ Room key

Note: It is recommended that students have the above listed items with them at all times. The Office of Summer Housing will issue room keys upon arrival. Students are responsible for room keys as well as securing personal belongings. Doors must remain locked.

PERSONAL ITEMS
✓ Bath towels
✓ Washcloths
✓ Shower caps
✓ Shower shoes
✓ Toiletries (bath soap, toothpaste, shampoo, deodorant, Lysol, etc.)
✓ Medication (Tylenol, allergy, etc.)
✓ Extra-long twin bedding:
  ▪ sheets
  ▪ pillow
  ▪ pillowcases
  ▪ comforter and/or blanket

Note: Consider using flat sheets as opposed to extra-long sheets as a cost-saving measure.

SUPPLIES (OPTIONAL)
✓ Notebook paper
✓ Pens and pencils
✓ Calculator
✓ Camera
CAMPUS MAP

Drop Off: Liberty Resident Hall
8 Liberty Street
Charleston, SC 29424

Pick Up: College of Charleston School of Sciences and Mathematics Building (11)
Calhoun Street
Charleston, SC 29424

Parking: George St. Parking Garage (PG - located on St. Philip St. between George St. and Liberty St.)
34 St. Philip Street
Charleston, SC 29424

Parking: St. Philip Street Parking Garage (PG - located on St. Philip St. between Vanderhorst St.
and Calhoun St.)
81 St. Philip Street
Charleston, SC 29424