Mad Science Summer Camps
through Nicolet Recreation

Calling All Junior Scientists!
Mad Science® offers fun, inquiry-based, hands-on, summer camps that cover a wide range of science topics.

Eureka! – The inventor’s Camp
Inspire the inventor and scientist in you! Campers will overcome a series of challenges using basic materials, simple machines, tips from famous inventors and the most important of all----their mind! With a little bit of ingenuity children will create catapults and forts, and even construct their own working Light Sabers to take home!! While Thomas Edison said "invention is 10% inspiration and 90% perspiration", this camp is 100% FUN!

When: Monday – Friday, August 6 – 10
Time: 8:30 am – 12:30 pm
Where: Nicolet High School – Rm C111
Ages: 5 – 12 years old

Crazy Chemworks Camp
Shake up a flask of fun in the lab and become a junior chemist! Learn to recognize chemical reactions and mix up a few reactive ingredients for some sensational results. Check out the colors of chemistry with the power of pH paper and create a stopper-popping reaction. Probe the properties of light and discover some unusual applications of glow-in-the-dark technology. Campers have a blast as they make some crazy concoctions. Take home projects include a reaction tube kit, atomic coins, thermocolor cup, slippery slime, Professor Beakerdude and more!

When: Monday – Friday, August 6 – 10
Time: 1:00 pm – 5:00 pm
Where: Nicolet High School – Rm C111
Ages: 5 – 12 years old

To register visit the
Nicolet Recreation Website
Or call directly at 414-351-7566
Household Information:  Date:__________________________  Alumni___

Name (person filling out form):________________________________________________________________

Address:___________________________________________________________________________________

City:__________________________________________ State:______ Zip:___________

Home Phone:________________________________Cell Phone:_____________________________________

E-mail Address:_____________________________________________________________________________

Unless otherwise notified, assume that you are enrolled in the program.

Waiver and Release of Claims

“As a participant/parent/guardian in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which my/our child may incur or sustain as a result of participating in any and/or all activities connected with or associated with such a program. I agree to release and indemnify all claims by my/our child, my/our parents or guardians, my/our coaches, teachers, or any employees from any and all claims from injuries, damage or loss which my/our child may incur or may sustain on account of my/our participation in this program.

I further agree to indemnify and hold harmless and defend the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages or losses sustained by my/our child in any way associated with the activities of this program. I have read and fully understand the above program details and waiver and release of claims.”

For the activities that apply:

Concussion & Head Injury Disclosure

“As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By agreeing to this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion.”

For more information go to: http://www.nicolet.k12.wi.us/cms_files/resources/concussion.pdf

Parent Agreement:
I have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand that my child cannot return to practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider before returning to practice/play. I understand the possible consequences of returning to practice/play too soon.

Athlete Agreement:
I have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that I must be removed from practice/play if a concussion is suspected. I understand that I must be cleared from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider before returning to practice/play. I understand that I may provide written clearance from an appropriate health care provider before returning to practice/play. I understand the possible consequences of returning to practice/play too soon.

Signature____________________________________________________________  Date_______________