Summer ICE@Tech
Computing Camps
Session I: June 5th - June 9th
Session II: July 10th – July 14th

• Program Handbook
• Application
• Forms

Institute for Computing Education
College of Computing

and

School of Electrical and Computer Engineering

Georgia Institute of Technology
Atlanta, Georgia 30332-0280
Telephone (404) 385-2273
Fax (404) 385-0965
http://www.cc.gatech.edu/campice
Summer ICE@Tech
Program Handbook
Summer ICE@Tech is a computing and technology program for students entering 10th, 11th, and 12th grades. The Georgia Tech College of Computing Institute for Computing Education (ICE) and the School of Electrical and Computer Engineering sponsor these sessions. The mission of ICE at the pre-college level is to advocate and participate in partnerships that foster systemic change; ensure academic success for all; and improve student appreciation, achievement and performance in science, mathematics and computing.

The specific purpose of Summer ICE@Tech is to
1) provide students not necessarily adept at computing with hands-on computing experience; and
2) to engage them in the exciting ways computing is used as a problem solving tool in a variety of career fields, including art, biology, psychology, sociology, sociobiology, environmental studies, and medicine.

Summer ICE@Tech is a hands-on, experience-based week of exposure to the computing future and how it makes a difference in our lives. Creative thinking and problem solving will be a major focus.

This handbook is designed to provide program information about the 2006 Summer ICE@Tech. If you have additional questions, please contact Chelcea Warren at (404)385-2273 or ice@cc.gatech.edu.

2006 Program Dates

Accepted applicants will be placed into sessions (30 students per session) on a first-come, first-serve basis. Please apply early. Sessions fill-up very quickly. Applications will be accepted from February 15th until May 2nd. Applicants will be notified of their acceptance status after April 15th. Once sessions are full, a waiting list for each session will be established. Please check the session you wish to attend.

___ Session I: June 5- June 9, 2006

___ Session II: July 11 - July 14, 2006

Instructional Hours: 9:00AM to 3:00 PM
Morning Drop Off: 8:15 AM to 8:55AM
Afternoon Pick Up: 3:15 PM to 5:15 PM

Program Fees

The total Summer ICE@Tech fee is $75. This fee includes daily lunches, materials and supplies, lab tours, field trips, and the $10 deposit.
Application Information

All applications to the 2006 Summer ICE@Tech program must include a $10.00 non-refundable application fee and the following supporting documents:

- Application Form
- Parent or Guardian Information Form
- Student Essay
- Teacher Recommendation Form - This can be sent directly to us by a science, mathematics or technology teacher.
- A copy of the first semester report card.
- Financial Assistance Application Form and supporting documents (if applicable).
- Standardized test scores

Acceptance letters will be mailed after applications are reviewed (earliest notification on April 15th). All remaining forms (the Release and Waiver of Liability Form, the Health Form and Authorization to Pick Up Student Form) are due three weeks after the date on the acceptance letter. All forms must be completed and all fees paid in order for students to attend Summer ICE@Tech (no later than May 5th for Session I and May 26th for Session II). Requests for scholarship assistance are based on need and the availability of scholarship support.

Make checks or money orders payable to “Georgia Tech” and mail with the completed application and all supporting documents to: Summer ICE@Tech, College of Computing, Georgia Institute of Technology, Atlanta, GA 30332-0280. NEW – Summer ICE@Tech fees may now be charged using VISA, MasterCard, American Express or Discover. Please review the Summer ICE@Tech Credit Card form (attached) for additional information.

Space is limited. Please be sure to include all required information so that we may process your application promptly.

Student Essay Topic

Please complete one of the following and send it in with your completed application:

You may already wear an iPod or cell phone. In the future, what computing would you like to have access to, as part of your clothing?

If you could design a computer you wear, what would it look like and why?

Write an essay of one page or less describing the future computer you would wear and why.

OR

Draw a series of diagrams portraying a future computer you would wear, including what it would look like, what it would do, and showing why you chose this design.
**Academic Curriculum**

**Summer ICE@Tech** students will take part in a variety of hands-on computing activities, guest lectures and field trips to research labs on-campus and technology sites off-campus.

Staff:
- Suzy Crowe - Camp Director
- Sheena Lewis - Assistant Camp Director
- Barb Ericson - Director of CS Outreach, ICE@Tech
- Dr. Maureen Biggers - Asst. Dean for Diversity and Special Programs
- GT Student Counselors – ratio 1:8

**DAILY SCHEDULE**

8:15 AM – 8:55 AM    Drop-off

9:00 AM - 11:30 AM   Morning Session 1

10:30 AM - 10:45 AM  Break

11:30 AM - 12:30 PM  Lunch

12:30 PM - 3:00 PM   Afternoon Session

3:15 PM -  5:15 PM   Pickup and extracurricular lab time

Students will be divided into groups of thirty for academic instruction. The student/teacher ratio will be 16:1; the student/student assistant ratio will be 8:1. Students will be **supervised at all times** by college students who have been trained for mentoring and supervision.

**Lunch and Snacks**

Students will eat lunch in the College of Computing Commons Area. A variety of foods will be catered from campus eateries, please advise of any dietary restrictions. Students will also be given a morning snack break from 10:30 - 10:45 daily and may bring a snack if they choose. There is no refrigeration available.

**HEALTH INSURANCE AND MEDICAL PROCEDURES**

First aid kits for minor injuries will be available. Students requiring medical assistance for any injury other than a minor cut will be transported by ambulance to the nearest appropriate treatment hospital as determined by ambulance personnel. **All students attending Summer ICE@Tech** must have health insurance. Health information forms are included in the forms packet and should be returned prior to the start of the camp.
Students taking medication during the day will need to bring a doctor’s note or a copy of the prescription and leave their medication with the **Summer ICE@Tech** staff when he or she arrives each morning. The staff will then dispense the medication to the student as appropriate. Students will **not** be allowed to keep medication of any kind with them during the program.

**VALUABLES**

Students should not bring **any** valuables (including electronic equipment, video games, or toys/sports equipment) to camp with them. We cannot guarantee the security of valuables, and we would not want to see anyone’s **Summer ICE@Tech** experience ruined by the loss of some special item(s). For similar reasons students should not bring money to camp with them. Normally students will not need to purchase anything. When they are going to have the opportunity to buy snacks or souvenirs, students will be asked to bring money in sealed, labeled envelopes which camp staff members will collect and redistribute at appropriate times.

**Student Expectations**

**Summer ICE@Tech** has high expectations for each student. These expectations are designed to promote the well being of each student and to insure that each child is able to reach his/her fullest potential.

Each student will be expected to do the following:

1. Respect the property and feelings of fellow **Summer ICE@Tech** students, teachers and student assistants as well as all others not directly associated with **Summer ICE@Tech** (bus drivers, dining hall staff, etc.).
2. Always act in a manner that will promote a classmate’s opportunity to learn.
3. Have a positive attitude about learning and involvement with **Summer ICE@Tech**.
4. Politely communicate any concerns directly to **Summer ICE@Tech** teachers or student assistants.

- **No “horseplay” of any kind will be tolerated. Students are representatives of Georgia Tech during their involvement with the Summer ICE@Tech program.**
- **No weapons of any kind are permitted on the Georgia Tech campus. This includes guns, knives, switchblades, pocketknives, and any other instruments that could be used as weapons. Any student who brings a weapon to Summer ICE@Tech will be dismissed from the program immediately. Because the duration of Summer ICE@Tech is so short (one week), students not able to meet these expectations will be asked to leave the program.**

**DROP OFF/PICK-UP PROCEDURES**
Day 1: All parents are asked to bring students to the Summer ICE@Tech on-campus location (TBD) between 8:15 AM and 8:55 AM and sign-in with a Summer ICE@Tech staff member. This will give the Summer ICE@Tech staff an opportunity to meet parents and provide them with a daily detailed schedule of the program.

Days 2-5: Students can begin arriving at the Summer ICE@Tech on-campus location beginning at 8:15 AM. A Summer ICE@Tech student assistant will meet students. For safety reasons, please do not drop your student off early. No arrangements can be made to provide supervision until 8:15 AM.

Daily Parents may pick-up students beginning at 3:15 PM. All students must be picked up by 5:30 PM. Students not picked up by 5:30 PM will not be allowed to return to the program. Parents (or other authorized adults) must sign students out on a daily basis. Only people authorized to pick up students are allowed to do so. Anyone not listed on the Parent Authorization form attempting to pick up a student is reported to the Georgia Tech Police Department. Students sixteen and older may drive themselves with prior written notice from parents or other authorized adults.

Friday, Afternoon We will have a special Open House for parents and other guests, 3:15 – 4:15. The Summer Ice@Tech students will share their project work for the week. Our guests will get a mini-glimpse into a day of Ice@Tech and some of our field trips.
Summer ICE@Tech
Application and Forms
**Student Information** (please type or print)

Last Name____________________  First Name __________________  Nickname______________________________
Address ________________________________________________________________
City_________________________  State______  Zip _____________________________
Home Phone ( _____ ) _______________ Home e-mail _____________________________

**School Information**

Current School______________________________________________________________
School Address ___________________________________________________________
City_________________________  State______  Zip _____________________________
School Phone ___________________________  School System________________________
Type of School: Public □  Private □  Parochial □  Home School □
What size adult T-Shirt do you wear?  Small□   Medium□   Large□   X-Large□
Which session will you attend (1= first choice)?   ___June 5 - 9   ___ July 10 – 14
Grade Level – Fall 2006
□  10 □  Yes   when________
□  11 □  No
□  12

Have you attended SummerICE@ Georgia Tech in the past?
□  Yes   when________
□  No

Have you attended SummerScape at Georgia Tech in the past?
□  Yes   when________
□  No

Gender □  Female □  Male
### Teacher Recommendation Form

Student’s Name____________________________

School____________________________________

**Current Grade**  □ 9th  □ 10th  □ 11th

The above-named student is applying for Georgia Tech’s 2006 Summer ICE@Tech program. This program of computing enrichment courses is open to students currently enrolled in the 9th, 10th, or 11th grade who display an interest in problem solving, mathematics, science or technology. **This program is NOT exclusively for the gifted and talented. In fact, we wish to encourage students of average ability who might benefit from the recognition and enrichment this program offers. This experience is open to ALL, but female and minority students are encouraged to apply.** Your comments count heavily in our selection process, so please take time to write fully and candidly about this student. Recommendations should be completed by a science, mathematics or technology teacher and mailed directly to:

**Summer ICE@Tech**  
College of Computing  
Georgia Institute of Technology  
Atlanta GA 30332-0280

After checking the appropriate boxes in the grid provided, please use the back of this form to give more detailed information about why you believe this student is a good Summer ICE@Tech candidate. If you have checked any box “below average”, please explain. Thank you for your help in evaluating this student.

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<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
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<tbody>
<tr>
<td>Works well with others</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Respects authority</td>
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<tr>
<td>Adapts easily to new surroundings</td>
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<tr>
<td>Has positive attitude towards school</td>
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<tr>
<td>Mathematics achievement</td>
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<tr>
<td>Science achievement</td>
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<tr>
<td>Handles conflicts appropriately</td>
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<tr>
<td>Accepts responsibility for behavior</td>
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<tr>
<td>Follows written and oral directions</td>
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<tr>
<td>Seeks new challenges</td>
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Please write any comments on back of this form.

**Subject________________________**

Teacher’s Name____________________________  Date__________________
Student Information (please type or print)

Last Name ___________________________  First Name ___________________________

Financial Assistance

Limited financial assistance is available for students who meet ICE Breaking’s financial need requirements and who otherwise could not attend. All financial information will be kept strictly confidential and applying for aid will in no way affect the evaluation of your child’s application.

Eligibility

To be eligible for financial assistance one of the following guidelines must be met:

A. Student is on the free or reduced lunch program at school, please provide copy of lunch card.
B. Student lives in a two-person family with an income of less than $25,000 per year, please provide a copy of tax form or W2 form.
C. Student lives in a three or more person family with an income of $30,000 or less per year.
D. Please contact the Summer ICE@Tech Program Coordinator, Chelcea Warren at (404) 385-2273 or ice@cc.gatech.edu if other special circumstances exist.

Financial Assistance Request

I am requesting Financial Assistance for ________________________________ name of student.
He/she meets ___ A, ___ B, ___ C ___ D ___ (check one) of the guidelines above.

I am requesting $ __________ towards Summer ICE@Tech tuition.

Parent’s/Guardian’s Signature ___________________________ Date _______________________

Please attach a copy of letter from school cafeteria indicating free/reduced lunch status, tax form or other confirming document. Financial assistance cannot be awarded without supporting documentation.
## Parent or Guardian Information Form

<table>
<thead>
<tr>
<th>Mother’s Name</th>
<th>Last</th>
<th>First</th>
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</thead>
<tbody>
<tr>
<td>Mailing Address</td>
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<tr>
<td>Place of Employment</td>
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</tr>
<tr>
<td>Home Phone</td>
<td>Work Phone</td>
<td></td>
</tr>
<tr>
<td>Father’s Name</td>
<td>Last</td>
<td>First</td>
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<tr>
<td>Mailing Address</td>
<td></td>
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<tr>
<td>Place of Employment</td>
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<tr>
<td>Home Phone</td>
<td>Work Phone</td>
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</table>

Who is the applicant’s legal guardian  
- [ ] Father  - [ ] Mother  - [ ] Other  
(If other, please complete information below)

<table>
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<tr>
<th>Legal Guardian</th>
<th>Last</th>
<th>First</th>
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<tbody>
<tr>
<td>Mailing Address</td>
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<tr>
<td>Home Phone</td>
<td>Work Phone</td>
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</tbody>
</table>

Parent or Guardian Signature
HEALTH FORM

Name of Participant _____________________________________________________________

Please Print

Date of Birth ________________________  Age _________  Gender_________

Home Address _________________________________________________________________

Number & Street       City               State  Zip

Home Phone Number _________________

Name of Parent or Legal Guardian _________________________________________________

Please Print

Home Address _________________________________________________________________

Number & Street      City               State         Zip

Telephone Number _________________________   __________________________

Home           Work

In Case of Emergency we may call ______________________________ _______________

Please Print   Phone Number

Family Physician ______________________________________  _________________

Please Print         Phone Number

Medical Insurance ___________________________________  __________________________

Name of Company   Group Number

NOTE: PARTICIPANTS MUST HAVE MEDICAL INSURANCE

The following Immunizations are required (Give Dates)

Measles_________  Mumps_________ Last Tetanus Booster______________

Rubella_________  Rubella Booster____________

Polio___________  Polio Booster_________

DPT Basic Series ______________ Booster ______________

Allergies: (Please Check)

1. Penicillin _____    2. Sulfa _____

3. Pollens    _____  4. Insect Bites or Stings _____

5. Foods (Please List) ____________    ____________    ____________    ____________

6. Others (Please List)____________    ____________    ____________    ____________

Do you have any condition either medical or emotional that may produce:

Fainting ________ Convulsions _________ Seizures _________ Unconsciousness __________

(Please List) ___________________________________________________________________
List all past surgical operations or procedures _________________________________________
______________________________________________________________________________
List all medical / emotional illnesses / disabilities _____________________________________
______________________________________________________________________________
List conditions currently being treated ______________________         ____________________
Medications being taken ___________________________         __________________________
Are you in good physical condition? _______ If not, please explain _______________________
______________________________________________________________________________
List any abnormality, physical or emotional that would make participation in aerobics, or
competitive sports hazardous ______________________________________________________
______________________________________________________________________________

AUTHORIZATION FOR MEDICAL TREATMENT
(The completed form must be on file before treatment is administered.)

I give my permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son / daughter / ward.

Parent or Legal Guardian's signature is REQUIRED below if the student is less than eighteen years of age.

_________________________________________  ________________________________
Signature of Participant                          Date

_________________________________________  ________________________________
Signature of Parent or Legal Guardian            Date
NOTICE TO ALL PERSONS PARTICIPATING IN ATHLETIC, RECREATIONAL AND ADVENTURE PROGRAMS, WORKSHOPS AND OTHER ACTIVITIES INVOLVING RISK OF BODILY OR PERSONAL INJURY AND/OR PROPERTY DAMAGE

Many programs, activities and workshops involve substantial risks of injury, property damage and other dangers associated with participation in such activities. Dangers peculiar to such activities include, but are not limited to: Hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack and heat exhaustion.

Each participant in the following activity: Summer ICE@Tech should realize that there are inherent risks, hazards and dangers involved including the training, preparation for, and travel to and from such activities. It is the responsibility of each participant to engage only in those activities and programs for which he/she has the prerequisite skills, qualifications, preparation and training.

The Institute does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, instructor, or individual participant in any athletic, recreational, adventure program or workshop.

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<th>Parent Initials</th>
<th>Date</th>
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ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

I have read the above notice carefully and acknowledge receipt of a copy thereof. In consideration of the benefits received, I hereby assume all risks of damages or injury, including death that I may sustain while participating in or as a result of, or in any way growing out of any aforementioned activity or program, or in travel to and from such activity.

Further I hereby certify that I am covered by an accident and health insurance policy that will be in effect at any time I am participating in the Institute related activities or programs.

<table>
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<tr>
<th>Parent Initials</th>
<th>Date</th>
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</thead>
</table>
RELEASE AND WAIVER OF LIABILITY AND COVENANT NOT TO SUE

(READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in risk-oriented programs and activities involves an inherent risk of physical injury and assumes all risks. The undersigned hereby agrees that for the sole consideration of the Georgia Institute of Technology allowing the undersigned to participate in these programs and activities for which or in connection with which the Institute has made available any facilities, equipment, grounds, or personnel for such programs or activities or to the undersigned while participating in any such programs for activities, the undersigned does hereby release and forever discharge the Georgia Institute of Technology and the Board of Regents of the University System of Georgia, its member individually, and its officers, agents and employees of any and from all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from any participation in any way connected with such programs and activities.

I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in above said activities. I understand that the acceptance of this release and covenant not to sue the Institution or the Board of Regents of the University System of Georgia shall not constitute a waiver in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees. Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective during the entire period of my enrollment at the institution or participation in risk related activity. I have received a copy of this document and I certify that I am_____________ years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

Name__________________________
(Please Print)

S.S.# (last four digits)______

_______ 2006

Date

______________________________
Signature

______________________________
Signature of Parent or Guardian if participant is under 18 years of age

Signatures witnessed by:____________________________

Witness signature:____________________________

The signatures on this form must be witnessed. A family member can witness them. Notarizing is not necessary.
AUTHORIZATION TO PICK UP STUDENT

We will not release your child to anyone not previously authorized by you. Please complete this form and return it with your release and other enclosed forms. We must have this form on file before your child’s begins Summer Ice@Tech.

Student Name:________________________________________

Transportation Mode:

Public Transportation ______
Parents ______

Names of Parents Authorized To Pick Up Child:
_____________________________________________________
_____________________________________________________
_____________________________________________________

Names of Others Authorized To Pick Up Child:
_____________________________________________________
_____________________________________________________
_____________________________________________________

My son/daughter will be driving to the camp. Please send parking information.

Parent’s Signature:________________________Date:________________

Please return application packet to:

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Atlanta, Georgia 30332-0280
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Fax (404) 385-0965