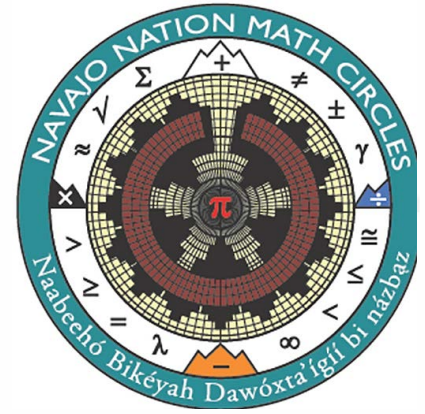


Baa Hózhó

Math Camp West

2022



May 31 - June 9, 2022
Coconino Community College, Page Center
Page, Arizona

Application Packet

Application Checklist-Completed applications must include the following:

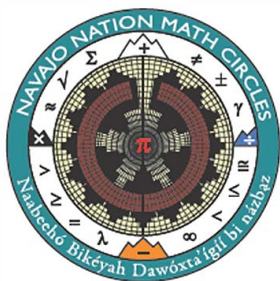
- ✓ 2022 Application Form
- ✓ Letter of Interest (from a student)
- ✓ Quiz Solutions
- ✓ Emergency Form
- ✓ Appearance Release Form
- ✓ Liability Form
- ✓ Evaluation Consent

Your complete application is due by **May 13, 2022**.

Submit completed application using **one** of the following:

- Email scanned or photographed copies to: navajomath@gmail.com
- Paper copies may be submitted to your school's office at Page Middle School or Page High School. Paper copies may also be returned to the Coconino Community College Page Center.
- Text to: (785) 473-0273





Baa Hózhó Math Camp West 2022

Application Form

If printed, use pen and print legibly



STUDENT PORTION

Student's Name: _____ Nickname: _____

Gender: _____ Date of Birth: ____/____/____

School: _____ Grade (2021-2022 school year): _____

Attended Baa Hózhó Camp Before? _____ Years attended: _____

Student Signature: _____

TEACHER PORTION

Recommended by (Teacher): _____ Teacher Email: _____

Recommender's Signature: _____ Date: _____

GUARDIAN PORTION

Parents/ Guardian name(s): _____

Mailing Address: _____

Daytime Phone: _____ Email: _____

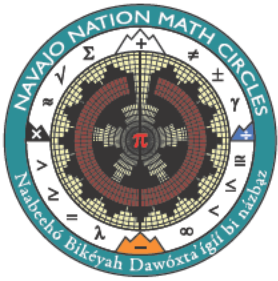
Parent/ Guardian Signature: _____ Date: _____

Highlight or circle:

What is your t-shirt size? Small Medium Large X-Large

Acceptance of application constitutes a learning commitment contract that the student will attend the 2022 Baa Hózhó Math Camp West to be held at Coconino Community College, Page May 31 to June 9, 2022 from 8am to 4pm T -F (Week One) and M-TH (Week Two) with special events on the middle weekend, June 3rd and 4th.

Breakfast and lunch will be provided for the student and that this math camp is offered free of charge and that the student agrees to abide by the rules and regulations of the camp. Further, the signatures above indicate that you understand that lunch will be provided for the student and that this math camp is offered free of charge and that the student agrees to abide by the rules and regulations of the camp.



Baa Hózhó Math Camp West 2022

Letter of Interest (to be completed by student)

If printed, use pen and print legibly



Please, tell us:

1. Why does Math Camp and mathematics interest you?

2. What are your future goals (in school and beyond)?

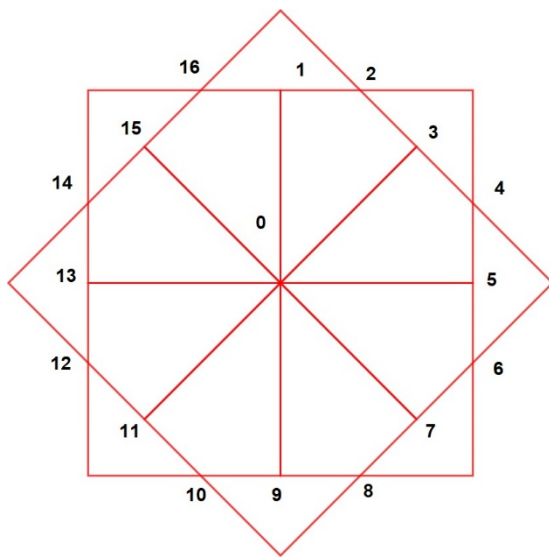
3. Anything else you want to share with us.

Application Puzzles 2022

Puzzle 1: It is not possible to trace the following figure with one continuous path that does not repeat edges. What is the minimal number of paths that are required to trace this figure without repeating edges?

List the paths that you use. To do so, you could color each path in a different color. List each path by listing the starting number, and the numbers that it meets in order. For example, you could list one path as

Path A: 3, 4, 6, 7, 0, 15, 16, 1, 0, 9, 10, 11, 0, 3.



The minimal number of paths is:

My paths are:

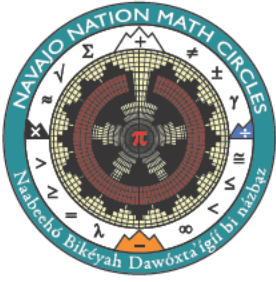
No fewer number of paths would work because:

Puzzle 2: A mean space alien is testing the logical abilities of subjects. It has two rooms – one on the left and one on the right. In each room it either puts wonderful food, and money OR a horrible monster. It truthfully tells each test subject that if the food and money are in the left-hand room, the sign to be posted on that door is true, and if the monster is in the left-hand room, the sign to be posted on that room is false.

The first sign lists: This room contains a monster.

The second sign lists: Both rooms contain monsters.

Given that the test subject sees these signs and wants the food, which door should the test subject pick? Why? (The alien always tells the truth and the test subject knows this.)



Baa Hózhó Math Camp West 2022 Emergency Form

(to be completed by guardian)
If printed, use pen and print legibly



Information valid from May 31 to June 3, 2022

Student Name: _____ Date: _____

The information on this card will be held confidential for use in case of an emergency.

In case of an emergency, please contact:

Name: _____ Phone1: _____

Relationship: _____ Phone 2: _____

Name: _____ Phone 1: _____

Relationship: _____ Phone 2: _____

Please list any significant health conditions that we should be aware of. For example, allergies (including allergies to medications or food), diabetes, heart or circulatory conditions, epilepsy.

Please list any medications your child is currently taking including the name of the medication, the dosage, and the frequency of use.

Coconino Community College

Informed Consent, Assumption of Risk, Liability Release and Indemnity Agreement



Name of Participant: _____

CLASS: Navajo Math Camp West Coconino Community College, Page Center
Instruction provided by Navajo Nation Math Circles May 31 – June 3, 2022

DESCRIPTION OF ACTIVITY: In classroom projects, hands on experiences, outdoor projects and field trips

Because of possible risks, my child and I are obligated to perform all activities in a safe and careful manner. I agree that Coconino Community College may immediately remove me from participating for any failure to perform any activity in a safe and careful manner at its discretion. I agree that Coconino Community College may revoke the privilege of volunteering without notice for any reason.

I hereby agree to assume all of the risks and to accept personal responsibility for any and all injuries and damages that my child or I may sustain as a result from participation in any of the activities, including the risks associated with the novel COVID-19 virus. I hereby release, waive, discharge and agree not to sue the Coconino Community College and its employees, agents, representatives, and volunteers for all demands, losses or damages, including personal injury and death, caused by or alleged to be caused, in whole or in part, by any actions or by the negligence of the released parties.

I understand that my child will be associating with staff and other children and may contract COVID-19, and other viruses and diseases, through my child's participation in the camp. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household.

I agree to defend and indemnify Coconino Community College and its employees, agents, representatives, and volunteers from and against any claims arising from or related to my acts or omissions while participating in any and all activities. I also agree to pay for any and all property damage caused by my child or me negligently, willfully, or otherwise.

I am aware that Coconino Community College does not provide accident or health insurance coverage for me or my child. I am responsible for any health care required as a result of our participation in any of the activities. I certify that my child is in good health, has no fever, and has no current issues that make it unsafe for my child to participate in the camp, which may not have a medical professional on staff. I will notify the school and not send my child to the camp if my child develops a fever or illness or tests positive for COVID-19. I acknowledge that my child and I are responsible for ensuring that he or she takes any necessary medication, and for avoiding any allergies. In the event of a medical emergency, 911 will be called and I will be responsible for any and all costs of medical treatment.

If any term or provision of this Informed Consent, Assumption of Risk, Liability Release and Indemnity Agreement is held to be illegal, invalid, or unenforceable, or the application thereof to any person or circumstance shall to any extent be illegal, invalid, or unenforceable, then it is the express intention of the parties that the remainder of this agreement, or the application of such term or provision other than to those as to which is held illegal, invalid, or unenforceable, shall not be affected thereby and shall remain in full force and effect.

I understand that photographs, videotapes, and other recordings will be made of students in the program. I consent to those photographs, videotapes, and other recordings and the use thereof as part of a record of the Program and to promote CCC Summer Camps and Programs.

Please see other side for more information



CLASS: Navajo Math Camp West Coconino Community College, Page Center
Instruction provided by Navajo Nation Math Circles May 31 – June 9, 2022

Name of Participant: _____

I have read this agreement and understand that it relates to surrendering and releasing valuable legal rights. I do so freely and voluntarily.

Participant's Signature

Printed Name

Date

Parent/Guardian Signature

Printed Name

Date

Emergency Information:

Please include the information prompted below in case of a student emergency.

Family Doctor:

Phone Number of Family Doctor:

Additional Contact Person:

Phone Number of Additional Contact Person:

Any special needs or medical conditions/allergies of which we should be aware?

School Child will attend Fall 2022?

Grade:

Please see other side for more information



Parent/Guardian Consent Form for Student Participation in an Evaluation of the Navajo Nation Math Circles

Your child(ren) is/are being invited to participate in an evaluation of the Navajo Nation Math Circles project, which ICF is conducting through a contract with Kansas State University, funded by the National Science Foundation. We are conducting this study to learn more about how the Navajo Nation Math Circles project works, how it could be improved, and how it affects students and teachers. Your child(ren) may be invited to join in a talking circle with other students to discuss their experiences with the Navajo Nation Math Circles project. Your child(ren) will also be asked to complete a 10-minute student survey. Next summer, we will invite your child(ren) to complete the student survey again. They may be invited to join in a second talking circle as well.

I have checked the correct space below and signed this form to indicate my willingness to have my child(ren) participate in the evaluation described above.

My child(ren) may participate ____

My child(ren) may not participate ____

Child's name

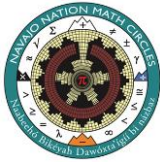
Child's name

Child's name

Your name

Your signature

Date



Below are answers to questions you may have about this study. At the end of this form are names, emails, and phone numbers of people to contact if you have more questions.

Why my child(ren)?

Your child(ren) is/are invited to participate in this study because they may participate in the Navajo Nation Math Circles Summer Program. There are no known risks for your child's/children's participation in this study. We will also seek your child's/children's agreement to participate before he or she begins the study.

What will be done with the research results?

Research results will be shared with project staff in a written report to 1) help them improve project services and 2) understand project outcomes. Your child's/children's name(s) will never be associated with their answers to the survey or statements they make during a talking circle. The results of the evaluation may be published but will never include your child's/children's name or any identifiable references to them.

Who will be helped by this research?

Although there are no direct benefits to you or your child/children for participating in this study, the information they provide will help us improve the project for other Navajo Nation participants and expand the project's services to other tribal nations.

What if my child wants to quit?

Your child's/children's participation is entirely voluntary and they may withdraw at any time without any penalty. This study will not be used to positively or negatively impact grades or participation in other programs.

What if I have more questions?

You have the right to ask questions about this research study, or have concerns, to report injuries, problems, or grievances, and to have those questions answered by the Navajo Nation Human Research Review Board, Mrs. Beverly Becenti-Pigman, Board Chair, email: bbp_pqh@yahoo.com, (928) 871-6929, Fax 928-871-6255, PO Box 1390, Window Rock, AZ 86515 before, during or after the research.

You may also contact the program director, David Auckly, navajomathcircles@gmail.com, 785 473 0273.