

Arconic STEM Club

In partnership with Lethbridge School District –
Lethbridge

Parent Information and Registration Package



Bringing STEM to Youth and Youth into STEM...

Why have a gender balanced STEM club?

Gender equity in STEM is an issue that needs to be addressed by everyone! The low number of girls in science, technology, engineering and math (STEM) fields is an ongoing issue. Over half of the post-secondary population in Canada is female, yet only a small portion of these young women choose to pursue STEM in their studies, which often results in them missing out on a variety of rewarding and in demand career options. We believe it is important to teach students (both boys and girls) at a young age how to encourage one another in the STEM field. Removing the intimidation and gender barriers that have traditionally discouraged young women from pursuing STEM can open so many doors and amazing career options for our daughters and can encourage our sons to be supportive of women in STEM. STEM is for everyone!

Who is coordinating this program?

This program is being offered by the University of Lethbridge's Destination Exploration youth science programs. We have two dedicated instructors who will be ensuring that activities are diverse and engaging and who will make sure that parents stay informed about what their child is doing during this program. This program was made possible by the Arconic Foundation, which is generously sponsoring this initiative.

What do we do at club meetings?

- ***Hands on STEM activities and experiments***
- ***Mentor presentations***
- ***Teamwork and problem solving***
- ***Explore the importance of gender parity in STEM***
- ***Science career awareness***
- ***Community action plans***

When and where do we meet?

- Fridays, 12:30pm-3:00pm (bring a lunch!)
- September 28, October 5, 12, 19, 26, November 2, 9, 23
- At your child's school – ***Father Leonard Van Tighem***

What are the fees?

- \$30.00 per student
- Families who may have difficulties paying the fees can qualify for subsidy by contacting Greg Kostiuik kostiukg@holyspirit.ab.ca

How do we register?

- Fill out the registration form, consent form, use of likeness form and return to Mr. Kostiuik by September 24, 2018
- Payment can be made by cash, cheque or credit card.

Need more Information?

Contact Destination Exploration at 403-382-7121

After-School STEM Club Registration Form



Fill in all of the fields and return to your child's school

Participant Information:

Participant's Name:		Date of birth: / / mm dd yyyy
Mailing address:		Postal Code:
City:	Province:	AHC Number:
Home Phone:	Grade:	School:
Email (up to three email addresses may be included)*:		

*electronic copies of newsletters, online feedback surveys, club reminders and general info may be sent via email

Parent/Guardian Information:

Parent/Guardian Information		
Name:	Work/cell phone:	
Name:	Work/cell phone:	
Other Emergency Contact (family, friend, etc.)		
Name:	Home phone:	Work phone:
Allergy/Health Conditions of Participant:		

Tell us what you are interested in learning about! Check all that apply:

- Biology Chemistry Engineering Physics Agriculture Computer Science & Technology
Environmental Science Neuroscience Geography Psychology Health Sciences
 Science Careers Taking Science in college or University Other: _____

Payment Information - \$30.00 (refundable until October 4, 2018)

Type of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Cheque (Cheques are payable to the University of Lethbridge) <input type="checkbox"/> Subsidy (Contact Ms. Lothian at lothianc@holyspirit.ab.ca)

We are able to accept MC or Visa as an alternate payment type. Spaces are held only upon confirmation of payment.

- Alternate payment type required (credit), please contact Laura at 403-382-7121.



INFORMED CONSENT, RISK ACKNOWLEDGEMENT & INDEMNITY AGREEMENT

University of Lethbridge STEM Club



WARNING: By signing this document you, the Parent/Guardian of the child, are: allowing your child to participate in the STEM Club; accepting the risks associated with the Club and those risks to which your child may be exposed; authorizing the University to secure medical services for your child should it be required, and agreeing to be financially responsible for any such medical services; and assuming financial responsibility for any damage to third persons or their property caused by your child. **PLEASE READ CAREFULLY!**

INITIAL:

TO: THE UNIVERSITY OF LETHBRIDGE (The “University”) & ACTUA (A National Organization to which the University is a member),

CHILD’S FIRST NAME: _____ SURNAME: _____ DOB: _____

GUARDIAN’S/PARENT’S NAME: _____ SURNAME: _____

1. AUTHORIZATION TO PARTICIPATE: In accordance with my child’s registration, I have reviewed the description of the University of Lethbridge STEM Club program (Science, Technology, Engineering, Math) at St Francis Junior High School in Lethbridge, AB between the months of September and December of 2018 and feel that I am sufficiently informed about the nature of the program’s activities. I further consent to my child’s voluntary participation in the program which may include, but is not limited to activities involving STEM exploration through hands on simple scientific experiments, demonstrations and games. I understand participation is subject to the terms and conditions as registered, is voluntary and may be withdrawn at any time and in writing to the program leader (all hereinafter referred to as “the Program”).

2. DESCRIPTION OF RISK: While it is understood the University implements procedures for safety, I appreciate and agree that there are hazards and risks not all of which can be listed, that are inherent to my child’s participation in the Program, any of which could cause bodily injury or permanent disability or loss of life and/or loss or damage to property; I understand that THE UNIVERSITY cannot accept financial responsibility for my child’s medical treatment, should it be required in connection to the Program and **accept that I am responsible for my child’s health, medical, dental and property insurance** and any associated costs above and beyond such insurance coverage. I further authorize the University to secure medical advice and services as it, in its sole discretion, may deem necessary for my child’s health and safety and I shall be financially responsible for such advice and services. I also appreciate and agree that it is my child’s responsibility to abide by the rules and regulations imposed upon the Program participants and have explained to my child the need to follow the instructions given to them by the Program leaders as failure to do so may result in removal from the Program.

3. RELEASE OF LIABILITY AND INDEMNITY AGREEMENT: I hereby release ACTUA and the University, its directors, officers, employees and agents (the “Released Parties”) of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from my child’s voluntary participation in the Program.

On behalf of my child, I hereby waive any and all claims that my child has or may have in the future against the Released Parties, and hereby release and forever discharge the Released Parties from all actions, suits, proceedings or liability for personal injury, illness, death or property damage sustained by my child, and all costs, expenses or losses resulting therefrom, as a result of participation in the Program and activities undertaken thereunder, due to any cause whatsoever including, without limitation, negligence, breach of statutory duty or otherwise. None of the Released Parties referred to herein will bear any liability whatsoever should any injury, illness or death occur to my child while s/he is participating in the Program, or at any time afterwards as a result of that participation.

I agree to indemnify and hold harmless the Released Parties from and against all loss, liability and damage and costs suffered by any third party resulting from my child’s participation with the Program including but not limited to the cost of defense, settlement and/or payment of claims or judgments.

Signature of Parent/Guardian: _____ Date: _____ Telephone: _____

Witness Name: _____ Signature: _____ Date: _____

The personal information is collected under authority of the *Alberta Post-secondary Learning Act* and the *Freedom of Information and Protection of Privacy Act*. The information is collected for the purpose of determining participation in University programs and activities and emergency notification should it be required. Questions related to the collection, use or disclosure of your personal information can be directed to the University of Lethbridge *Privacy Office 4401 University Drive W, Lethbridge, AB T1K 3M4, 403-332-4620*



**USE OF LIKENESS/VOICE/ NAME
MARKETING & ADVERTISING PURPOSES
UNIVERSITY OF LETHBRIDGE
STEM CLUB 2018**

TO: The Governors of the University of Lethbridge

As parent or guardian to (Minor Participant's name): _____
Given Name Surname

I hereby grant or do not grant my consent without compensation to me

To take and use:

Listing of photographs, videotapes or audio tapes to be disclosed:

Photographs and audio/video recordings of my child, whether in whole or in part, during his/her participation in the 2018 U of L's Destination Exploration STEM Club.

For the purpose(s) of:

State specific use/purpose of information release:

Promotional, educational and research purposes of the University of Lethbridge and for promotional purposes of the University's Destination Exploration Youth Programs' national organization (Actua). Specific use is to showcase, market, advertise and promote youth educational programs and enrichment experiences.

Distributed through

State Method by which the material will be distributed (i.e. website, e-mail, social networking):

Promotional materials or publications such as program brochures, posters, or otherwise displayed to the public or used for educational purposes, including the University of Lethbridge website, other organizational and public websites, mass media outlets, and social media.

For the following period

5 years

Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____

FOIP Notification

The personal information requested on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act* (Alberta). This personal information will be used for the purposes stated above. If you have any questions about the collection, use and disclosure of this information, please contact the University's FOIP Coordinator at 4401 University Drive West, Lethbridge, AB T1K 3M4; email: foip@uleth.ca; tel.: 403-332-4620.



**UNIVERSITY OF LETHBRIDGE
PARENTAL CONSENT FOR MINOR CHILD:
CONSENT TO COMPLETE SURVEY AND TO RECEIVE PROGRAM MATERIALS**

Please check applicable box to give consent to the following activities:

I consent to Destination Exploration, of the University of Lethbridge, sending me future Program material.

I consent to my minor child completing the Program Evaluation Survey.

Full name of Minor Child: _____

Name of Parent/Legal Guardian: _____

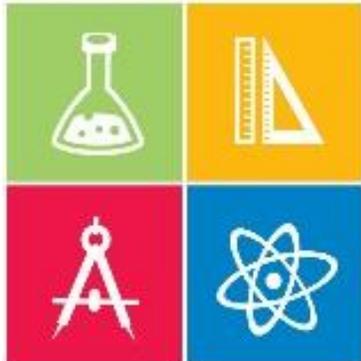
Signature of Parent/Legal Guardian: _____

Date: _____

FOIP Notification

The personal information is being collected in accordance with the Freedom of Information and Protection of Privacy Act (FOIP) to contact you for statistical purposes, send you information materials about future programs, and to request completion of surveys about our programs. If you have any questions about the collection and use of this information, please contact University of Lethbridge FOIP Coordinator at 4401 University Drive W., Lethbridge, AB, T1K 3M4; (403) 332-4620; foip@uleth.ca.

destination
exploration



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<http://www.uleth.ca/destination-exploration>



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