

Arconic STEM Club

In partnership with Holy Spirit Catholic School Division No. 4

Parent Information & Registration Package



ARCONIC
Innovation, engineered.



Destination Exploration
4401 University Drive
Lethbridge, AB T1K 4R6



(403) 382-7121
destination.explor@uleth.ca
uleth.ca/Destination-Exploration

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. STEM is for everyone!

Who is coordinating this program?

This program is being offered by the University of Lethbridge's Destination Exploration youth science program. 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, 1:15pm-3:45pm (bring a lunch!)
- September 27, October 4, 11, 18, November 1, 8, 29 & December 6
- 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 Kostiuk; kostiukg@holyspirit.ab.ca

How do we register?

- Fill out the registration form, consent form, use of likeness form and return to Mr. Kostiuk by September 20, 2019
- Payment can be made by cash, cheque or credit card

Need more Information?

Contact Destination Exploration at 403-382-7121

Arconic 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:	
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:

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 3, 2019)

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. Thorsen at Catherine.thorsen@lethsd.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 Steph at 403-382-7121.



CONSENT, RISK ACKNOWLEDGEMENT & INDEMNITY AGREEMENT U of L's Destination Exploration Arconic STEM Club



By signing this document you, the Parent/Guardian of the child, are: allowing your child to participate in the Program; accepting the risks associated with the Program 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.

INITIAL:

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

CHILD'S FIRST NAME: _____ SURNAME: _____ Date of Birth: _____

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 Father Leonard Van Tighem in Lethbridge, AB between the months of September and December of 2019 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 AND ASSUMPTION OF RISKS: 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 participation in any and all of 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 further 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: _____



**USE OF LIKENESS/VOICE/NAME
MARKETING & ADVERTISING PURPOSES
UNIVERSITY OF LETHBRIDGE
ARCONIC STEM CLUB 2019/2020**

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 2019/2020 U of L's Destination Exploration Arconic STEM Clubs.

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, Actua 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 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.



**UNIVERSITY OF LETHBRIDGE
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: _____

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