Registration Form

Designed for students entering grades 9 – 12, the 2016 Western Pennsylvania Summer STEMM Academy Sampler Package is a 3-day series that features career exploration through hands-on activities with experts in STEMM (Science, Technology, Engineering, Mathematics, Medicine) fields. Students may elect to participate in one or all of the sampler sessions. The cost is $30 per session or $85 for all three. This is a great opportunity to gain further insight into the many career pathways that exist in STEMM fields.

Name: __________________________________________________________

Address: ___________________________________________________________________

City, State, Zip: ___________________________________________________________________

Telephone: (_____) _________________  Cell Phone: (_____) _________________

Student Email Address: ___________________________________________________________________

Parent Email Address: ___________________________________________________________________

Current Grade: _______  School District: _____________________________________

Please mark the session(s) you wish to attend.

SPACE IS LIMITED AND PRE-REGISTRATION IS REQUIRED!

______  Monday, June 27th – Environmental Sustainability

______  Tuesday, June 28th – Health Sciences

______  Wednesday, June 29th – Robotics, Engineering, and Advanced Manufacturing

Transportation to and from each site visit will be provided. Students should check-in at the Fox Chapel Area High School Large Group Instruction room (LGI) at least 15 minutes prior to bus departure time. Times, locations, and details are available at http://stemm.fcasd.edu

Complete both sides of this registration form and return it with a check, payable to Fox Chapel Area School District, to:

Ms. Lisa Giguere, Director
Western Pennsylvania Summer STEMM Academy
c/o Fox Chapel Area High School
611 Field Club Road
Pittsburgh, PA  15238
Field Experience Permission Form

Bus transportation will be provided to the STEMM Sampler students from Fox Chapel Area High School to the site of each field experience. Students will be returned to the high school at the conclusion of each field experience. Departure and return times are detailed on the STEMM Academy website. Students should arrive at least 15 minutes prior to departure time to ensure participation in the day’s events. Buses will not be held for students who are late.

I, ______________________________, give permission for my child to attend each assigned field experience in association with participation in the Western Pennsylvania Summer STEMM Academy. In the event of an emergency, if treatment is required and parents/guardians cannot be notified immediately, I give consent for emergency treatment and transport to the nearest emergency room.

Does your child have any health concerns that would hinder participation in the field experience?

______ No       ______ Yes. If yes, please complete the following:

Please indicate if your child has any of the following health concerns:

_____ Asthma       _____ Inhaler needed
_____ Life-threatening allergy to bee sting       _____ Epi Pen
_____ Life-threatening allergy to food       _____ Benadryl needed
_____ Seizure disorder       _____ Diabetes
_____ Allergy to ___________________       Other ___________________

Emergency treatment (if needed) ______________________________________________________________

My signature confirms that my child has permission to utilize the provided bus transportation and attend the above field experiences on the specified dates. Permission is also granted to share this information with appropriate academy personnel.

Parent Signature________________________________________________   Date_________________

Cell Phone #:  ______________________________  Work Phone #: ___________________________

 Please list two persons who can arrange transportation and care for your child when you are not available.

Relative or Friend: _______________________________________ Phone: _________________________
Relative or Friend: _______________________________________ Phone: _________________________

PHOTOGRAPH / MEDIA RELEASE AGREEMENT

I understand and consent that photographs and/or video of me may be electronically displayed by the Fox Chapel Area School District, the Western Pennsylvania Summer STEMM Academy, the news media, or others. I also understand that the display of photographs/video of me on the Internet and/or in news media and/or in other displays will allow the photographs/video to be viewed by the general public.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

Student’s Signature: ___________________________________________ Date: ___________

If this release is obtained from a student under the age of eighteen (18), then the signature of that student’s parent or legal guardian is also required.

Parent’s Signature: ___________________________________________ Date: ___________