



g e m s
girls engineering math science

Event Registration

ONE-DAY CONFERENCE FOR GIRLS IN GRADES 6,7, & 8 **SATURDAY, OCTOBER 3, 2009**

Name: _____

Address: _____

City: _____ Zip: _____

Parent Name: _____

Cell Ph: _____ Home Ph: _____

Work Ph: _____ E-mail: _____

School: _____

District: _____ Grade: _____

T-Shirt Size* Youth: M L Adult: S M L XL

My child qualified for the Free/Reduced Lunch Program during the 2008/2009 school year and enclosed is a copy of the Parent Notification of Eligibility from my local school district.

Please list at least SIX choices in order of preference. (Example: your first choice is given a '1'; your second choice is given a '2').

- ___ Eat Your Colors - All about Phytonutrients
- ___ Genes in a Bottle
- ___ It's not your Mother's Paper Anymore!
- ___ Back to the Future...Women in Technology
- ___ Indirectly Accurate
- ___ Go Green...Living a Sustainable Lifestyle
- ___ Navigating the Wild Blue Yonder
- ___ Oh No...I'm Getting Old!!!
- ___ It's Alive!!!
- ___ Forensic Science
- ___ Digital Storytelling
- ___ It's Our Own Creation
- ___ Red Eyes or White Eyes: It's All in the Genes
- ___ The Ultimate Sustainable Design
- ___ Tinker Toys with No Boys!
- ___ Healthy Heart, Healthy Life
- ___ Skin as a Body Canvas
- ___ "Don't Rock the Boat"
- ___ How Sweet it is...Or is it?
- ___ Taking the Toll on Health
- ___ Magic Message



(PLEASE COMPLETE FORM ON BACK)

The GEMS registration is \$25 on or before September 25. After September 25, the registration fee is \$35. **PAYMENT MUST ACCOMPANY REGISTRATION.**
Make check payable to: UW-Fox Valley, Office of Continuing Education
Send to: UW-Fox Valley, Office of Continuing Education, ATTN: GEMS,
1478 Midway Road, Appleton, WI 54952. Call (920) 832-2636 with questions.

Hold Harmless Form

PLEASE INITIAL _____ Whereas, I am the parent / legal guardian of _____ (print name), and I desire to permit my child to participate in an educational opportunity at the University of Wisconsin-Fox Valley for the purpose of Youth Programs I hereby agree as follows: 1 I grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my child's health or safety during my child's participation in this educational opportunity including authorizing medical treatment on my child's behalf and at my expense in case of emergency at a local hospital; 2 I voluntarily indemnify and hold harmless the University, Board of Regents of the University of Wisconsin System, their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) arising out of my child's participation in the educational opportunity which do not arise out of the negligent acts or omission of an officer, employee, and agent of the University and/or Board of Regents while acting within the scope of their employment or agency; 3 I acknowledge that I have read this document and understand and accept its terms; 4 I agree that this Authorization and Release to Participate shall be construed in accordance with, and governed by, the laws of the State of Wisconsin. Any litigation regarding the Release and Authorization or arising out of my child's participation in this educational opportunity shall be brought in a court of competent jurisdiction in the State of Wisconsin.

Parent/Guardian Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Daytime Phone _____ Alternate Phone _____

In Case of Emergency Contact _____ Relationship _____

Home Phone _____ Daytime Phone _____ Alternate Phone _____

Parent /Guardian Signature _____ Date _____

PHOTO/MEDIA RELEASE

PLEASE INITIAL _____ Media Release Form: 1) I, the undersigned, hereby give UW-Fox Valley and UW Colleges permission to use my photograph, video and voice for instructional or marketing purposes in media of their choice. 2) I waive any right to inspect or approve the finished product or the advertising copy that may be used in connection with my photograph, video or voice. 3) I hereby acknowledge that I have had the opportunity to consult with legal counsel regarding this release. 4) I declare that I am of legal age and have every right to contract in my own name in the above regard. If the subject is a minor, I declare that I have the legal authority as the subject's parent or guardian to sign on his/her behalf. **IF YOU DO NOT WANT PHOTOGRAPHS, VOICE OR VIDEOS OF YOUR CHILD TO BE USED BY UW-FOX VALLEY OR UW COLLEGES, FOR INSTRUCTIONAL OR MARKETING PURPOSES, DO NOT INITIAL THIS RELEASE.**

My daughter would like to be in the same class as

(If possible, please send in registration forms at the same time)

Yes, please send me more information about the parents workshops!