



ADVENTURES IN ENGINEERING October 21, 2015

Printed Student's Name (First and Last) _____

Printed Legal Guardian's Name (First and Last) _____

Guardian's Emergency Phone Number (____) _____ Guardian's E-mail Address _____

School Name _____

School Address _____ City, State, Zip _____

School Principal _____ School Main Phone Number (____) _____

DIRECTIONS FOR PARENTS/GUARDIANS: Place your initials in the blanks below to indicate that you understand the statements, you grant permission, you agree, and you will comply.

Adventures in Engineering was created to allow 11th grade students an opportunity to explore math, science, engineering and technology (STEM) career fields.

Adventures in Engineering is a full day event that starts at **8:45 a.m.** and ends at **3:00 p.m.** **Calhoun Community College (Huntsville)** will serve as the starting and ending point for 2015 Adventures in Engineering. Participants (chaperones and adults) are required to provide their own transportation to and from Calhoun Community College. Riding on the tour bus is a requirement for participation in this event. At each stop, participants will be required to walk or stand for or a significant amount of the day. Dave Diaddario, 2015 Adventures in Engineering Chair, must be made aware of any accommodations, in writing via e-mail (2015AIE@radiancetech.com) and an additional, separate written request, signed by the parent/guardian, attached to the student's permission form, when permission forms are submitted. Students and chaperones will not be allowed to drive personal vehicles to follow the tour bus or transport themselves to the tour stops. Students and chaperones must be able to participate in the entire day's events and are unable to depart early from the event.

Students will visit organizations during a normal business day. Business casual attire (khakis, casual dress slacks, knee-length or longer skirts, button-down shirts, polos, blouses, etc.) and comfortable, closed-toe and low/no-heel shoes are required. Blue jeans, shorts, open-toed shoes (flips, sandals, clogs, etc.) and the like are unacceptable.

Lunch will be provided for chaperones and students. Participants with religious, medical, dietary, and / or allergic restrictions should bring their own lunch. Self-provided lunches must be able to withstand at least five hours in transit, unrefrigerated.

All participants must conduct themselves in a professional manner at all times, on the bus and at event sites. Students are expected to stay with their tour group. Trespassing into other work space, which are not part of the official tour, is forbidden. Cellular phones, cameras, and other digital devices, if not required by a medical condition, are prohibited for the entire activity day.

Submit your completed and signed permission form to your 11th grade counselor. Counselors must submit all student permission forms to the Adventures in Engineering planning staff no later than **September 23**. Please contact your 11th grade counselor for your school's deadline.

PARENT'S / LEGAL GUARDIAN'S SIGNATURE _____ DATE _____



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SECURITY

____ I understand that only U.S. citizens are permitted to participate.

____ I affirm that my child is a U.S. citizen.

____ I understand that my child must carry official government-issued identification and, at most sites, wear a visitor's badge, at all times.

____ In the event that my child fails to bring proper identification with them, I understand and agree to my child being denied the opportunity to participate.

____ In the event that my child fails to bring proper identification with them, I understand that it is the school's and / or its designated agent's responsibility to provide transportation to return my child to their school, before the 2015 Adventures in Engineering begins.

____ I understand electronic devices are prohibited in all buildings, including cellular phones.

PARENT'S / LEGAL GUARDIAN'S SIGNATURE _____ **DATE** _____

SAFETY and RESPONSIBILITY

____ I understand that the school and / or its designated agent(s) is responsible for all students from their school for the entire day **8:45 a.m. – 3:00 p.m.**

____ I understand that transportation on event day, **October 21, 2015**, is approved by my child's school and / or its agent(s).

____ I understand that my child will tour multiple buildings and facilities.

____ I understand and agree that participating organizations, agencies, and entities and their agents / staff are not liable for any seen and unforeseen accidents or injuries.

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BEHAVIOR AND CONDUCT

____ I understand that my child must dress professionally to participate.

____ I understand that my child is prohibited from wearing or using the following: open-toed shoes, armless shirts, mid-drift shirts, skirts or dresses above the knee, jeans / denim, pants below the waistline, profanity, disrespectful tones and words, and nonverbal distracting behaviors.

____ In the event that my child fails to dress appropriately, I understand and agree to my child being denied the opportunity to participate.

____ In the event that my child fails to dress or behave appropriately, I understand that it is the school's and / or its designated agent's responsibility to provide transportation to return my child to their school.

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MEDIA and GRAPHICS RELEASE

____ I understand and agree to my child being photographed and / or videotaped by staff or agents for any of the participating businesses, organizations, agencies, and colleges/universities.

____ I understand and agree to my child's photographs / videotapes being created, developed, and used for event documentation, promotional purposes, and other reasons related to education, outreach, K-12 initiatives, recruitment, and general publicity.

____ I understand and agree to my child's photographs and videotapes being created, developed, and used without any additional permission and / or consent from me or my child.

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HEALTH AND MEDICAL

_____ In the event that medical attention is required for my child, I understand it is my responsibility to provide my child's school current and accurate documentation and information regarding medical needs, restrictions (including allergies), instructions, accommodations, and any other related medical information

_____ In the event that medical attention is required for my child, I understand that my child's school and / or its agents is responsible for providing care and attention, in accordance with school's / school district's policies.

_____ In the event that medical attention is required for my child, I understand that my child's school and / or its designated agent(s) is responsible for having all necessary medical information and parental contact information to treat my child, as needed.

_____ In the event that medical attention is required for my child and such care involves a host event site, organization, agency, and / or entity and their staff / agents, the same have my permission to use their best judgment based on medical information provided by the school and / or its designated agents.

Primary Physician (Optional) _____

Primary Physician's Phone (Optional) (____) _____

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