

YOUNG SCIENTIST CONFERENCE

Dear Parent/guardian(s),

Your child has been invited by their science teacher to attend the 2018 young scientist conference, which takes place on Saturday May 12, at the University of Alberta. This is a great opportunity for students interested in science to begin to explore a variety of careers in science, in a fun and engaging way. Details of the conference are included in this package. Activities will vary, as students are given the opportunity to sign up for sessions they are interested in. If this field trip is something your child is interested in then you must:

- Return all enclosed forms by Monday March 19th.
- Do NOT include a \$40 cheque. This field trip will be covered with school funds.
- Contact Mr. Kuny with any questions, braden.kuny@eips.ca.

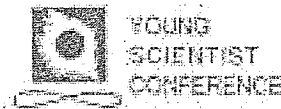
Only 10 students from Clover Bar will be able to go, and will be selected on a first come, first serve basis. Confirmation emails will be sent out in either case.

Mr. Kuny

Teacher

Clover Bar Junior High School

780-467-2295



YOUNG SCIENTIST CONFERENCE MAY 12, 2018 PRE-CONFERENCE INFORMATION

The conference is sponsored by Sherritt Metals. Participating school jurisdictions include Elk Island Public, Elk Island Catholic and Sturgeon.

The University of Alberta is the host of the conference.

Students are nominated from Grades 7, 8 or 9 at each school.

Alternate students attending in the place of another student will be assigned the three sessions previously chosen by the student whom they are replacing.

Session topics should give students an opportunity to appreciate the impact of science on today's world of work.

A registration fee of **\$40 per student** is the responsibility of each school or student.

Each student must bring his or her own bag lunch. These should be clearly labeled. Students *will not* be allowed to leave the conference area to purchase lunch on campus.

Selection criteria and nomination of students is the responsibility of each school.

Pre-registration of schools and number of students should be completed by **Friday, March 9, 2018**. Session registrations will open mid-March and close **Friday, April 13, 2018**.

RULES FOR YOUNG SCIENTIST CONFERENCE

Dress must be appropriate for a school activity. As some sessions will be in a lab setting shorts, shirts or blouses with short sleeves and open toed shoes should **not** be worn.

Students must remain inside the conference area or in designated rooms. **We are guests on this site.**

Students should plan to use the bus transportation provided. This will allow all students to stay together and find their way to the conference site. An adult supervisor is required to accompany the students of each school.

Bus transportation for students from all Elk Island Public schools will be arranged from Salisbury and Vegreville Composite High School, as in previous years. **Students should be at VCHS at 7:00 a.m. and have rides home arranged for 4:00 p.m. Students on the Vegreville bus will have a lunch provided for the drive home.**

Parents will be asked to sign a permission form allowing student participation in the activities of the various sessions at the Conference. While these are not deemed dangerous, there is always some inherent risk involved.



YOUNG
SCIENTIST
CONFERENCE



PERMISSION TO ATTEND CONFERENCE FORM

I give my child _____ (*Student's Name*)

(*School*) _____ (*Grade*) _____

permission to attend the Young Scientist Conference at The University of Alberta on Saturday, May 12, 2018.

Emergency contact person and phone no: _____

Please list any medical conditions, allergies and medications required while attending the Conference on Saturday, May 12, 2018.

Student Conference T-Shirt Size (unisex): S / M / L / XL _____

Waiver, Risk and Indemnity Agreement signed and submitted:

Photographing & Videographic Permission form signed and submitted:

The Registration amount of _____ (\$40.00) is enclosed:

Signature of Parent or Guardian: _____

Date: _____ Contact# for the day: _____



PLEASE RETURN COMPLETED FORM WITH REGISTRATION FEE TO THE YOUNG SCIENTIST CONFERENCE REPRESENTATIVE AT YOUR SCHOOL



WAIVER, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (pg 1 of 2)

WARNING- BY SIGNING THIS FORM, YOU GIVE UP IMPORTANT LEGAL RIGHTS! PLEASE READ CAREFULLY!

The Young Scientist Conference (hereinafter referred collectively to) and employees, representatives, officers, agents and sub-contractors (hereinafter referred to collectively as " The Young Scientist Conference Employees").

I, *(PRINT FULL NAME)* _____

OF *(PRINT FULL ADDRESS)* _____

Hereby sign this agreement on behalf of my child, myself, my personal representatives, heirs and assigns.

1. I agree that as a precondition to myself and/or my child _____ participating in activities organized by The Young Scientist Conference and conducted by The Young Scientist Conference volunteers and the University of Alberta and in further consideration of allowing my child and/or myself to do so, to be strictly bound by the terms of this waiver, assumption of risk and indemnity agreement (hereinafter referred to as "This Agreement").
2. I fully understand the risks and dangers associated with myself and/or my child's participation in Conference session. These include the following:
 1. Laboratory Setting: injury, incidents or property damage resulting from participating in simple science, and technology hands-on experiments; contact with chemicals, vapors and irritants; cuts from broken glass; burns from open flames or steam.
 2. Other Settings: injury, incident or property damage resulting from slips, trips and falls while traveling between different areas located in any area of the University.
3. I hereby waive any and all claims which I may have against The Young Scientist Conference, The Young Scientist Conference employees, and the Governors of the University of Alberta for damage, injuries or any other loss sustained by myself and/or my child as a result of myself and/or my child's participation in this session.
4. I appreciate that this Agreement applies whether The Young Scientist Conference is at fault or not, and it limits the liability of The Young Scientist Conference employees and the University of Alberta and its employees, students and volunteers (the University) to the same extent as it limited the liability of The Young Scientist Conference in securing execution of this Agreement by myself, is acting as agent or trustee on behalf of or for the benefit of the Young Scientist Conference employees, who shall, to this extent, be deemed to be parties to this Agreement.



**WAIVER, ASSUMPTION OF RISK AND
INDEMNITY AGREEMENT cont..(pg 2 of 2)**

5. RELEASE OF LIABILITY AND INDEMNIFICATION

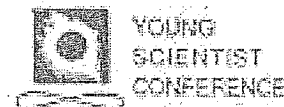
- In consideration of the Young Scientist Conference, the Young Scientist conference Employees and the University allowing my child to participate in the activity, I agree:
- **TO ASSUME AND ACCEPT ALL RISKS** arising out of, associated with or related to my and / or my child 's participation in the activity;
 - **TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS OR DAMAGE** which I and / or my child might sustain while participating in the Activities, unless such injury, loss or damage has been caused by the sole negligence of the Young Scientist Conference, the Young Scientist conference Employees, and the University;
 - **TO HOLD HARMLESS, INDEMNIFY AND RELEASE** the Young Scientist Conference, the Young Scientist conference Employees and the University from liability for any and all claims, demands, actions and costs which might arise out of my child's participation in the Activities, unless such claims, demands, actions and costs have been caused by the sole negligence of the Young Scientist Conference, the Young Scientist conference Employees and the University.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I UNDERSTAND THAT THIS AGREEMENT CONTAINS A PROMISE NOT TO SUE THE YOUNG SCIENTIST CONFERENCE, THE YOUNG SCIENTIST CONFERENCE EMPLOYEES OR THE UNIVERSITY OF ALBERTA; A RELEASE AND INDEMNITY FOR ALL CLAIMS; AND THAT THIS AGREEMENT IS TO BE BINDING UPON ME, MY HEIRS, EXECUTORS, ADMINISTRATORS AND REPRESENTATIVES

DATE

WITNESS

**SIGNATURE OF PARTICIPANT,
PARENT OR LEGAL GUARDIAN**



PHOTOGRAPH PERMISSION FORM

I give my permission for _____ (*Student's Name*)
(*School*) _____ (*Grade*) _____

to be included in any photographs that are taken while attending the Young Scientist Conference on **Saturday, May 12, 2018**.

Photographs may be used by Elk Island Public Schools for news coverage of the Conference. They may also be used by the Conference organizers in displays or on the Conference website to promote the Young Scientist Conference.

Parent/Guardian's Signature: _____

Date: _____

CONSENT FOR VIDEOTAPING

I give my permission for _____ (*Student's Name*)
(*School*) _____ (*Grade*) _____

to be included in any videotape made while attending the Young Scientist Conference on **Saturday, May 12, 2018**.

Videotape may be used by Elk Island Public Schools for news coverage of the Conference. It may also be used by the Conference organizers in displays or on the Conference website to promote the Young Scientist Conference.

Parent/Guardian's Signature: _____

Date: _____





FIELD TRIP PERMISSION FORM

AP 260 Field Trips

Dear Parents/Guardians, this is to inform you that we are planning the following field trip. Please retain Section 1 for your reference and return Section 2 to the appropriate supervisor.

SECTION 1: Field Trip Information (to be completed by the Field Trip Supervisor)

Name of field trip: Young Scientists Conference; School: Clover Bar Junior High (7-9)

Today's date: March 1, 2018; Trip Supervisor/Staff Liaison: Braden Kuny; Position: Teacher

Description of field trip: The conference, planned in collaboration with Elk Island Catholic Schools and Sturgeon School Division, provides junior high students with the opportunity to participate in various activities designed to expose them to numerous science disciplines and careers.

Table with 4 columns: Departure Date, Time, Return Date, Time. Includes controls for adding/removing rows.

Subject/Block: Science; # of Students: 10; Grades: 7, 8, 9

Other supervisors (indicate if supervisor is a teacher, classified staff, parent or other volunteer)

Destination(s), include the address whenever possible: University of Alberta

Purpose of the trip (include curriculum/program alignment): Provides junior high students with the opportunity to participate in various activities designed to expose them to numerous science disciplines and careers.

Activities: Will be related to Faculty to Science, however; students will have the opportunity to choose their activities before hand.

Risks and safety precautions: Potential lab safety requirements, depending on which activity students choose to participate in.

Transportation arrangements: Bus from Salisbury Composite High School

Special clothing or equipment required: Pants, and close toed shoes

If your child has any allergies or medical conditions which require special consideration, please contact the school at 780-467-2295

Request for Volunteers (Field Trip Supervisor please indicate if volunteers are needed and provide a description of duties) [] Yes [x] No

Payment Information

[] Amount/cost for field trip [] or [x] Amount/cost is included in grade/course field trip fee

School fee information for the 2017-18 school year is expected to be posted on the PowerSchool Parent Portal by early October. All fees are due within 30 days of being posted.

How will refunds be issued? (Refund Statement - AP 505)

Freedom of Information and Protection of Privacy - Notification of Use
The information collected on this form is for the purpose of coordinating field trips in EIPS, including tracking permission and maintaining accurate emergency contact information.

SECTION 2: Parent/Guardian Approval (Students will be required to follow all applicable school rules for the duration of the trip.)

If this form is not completed and returned to the school, it will be considered that you have **NOT PROVIDED CONSENT** for your child to participate in the field trip as described above.

Field Trip: Young Scientists Conference

Trip Supervisor/Staff Liaison: Braden Kuny

I _____ allow, _____ to participate in this field trip.

Parent/Guardian Signature

Date

Emergency Contact Information

Emergency contact name

Home phone

Work

Emergency

Freedom of Information and Protection of Privacy - Notification of Use

The information collected on this form is for the purpose of coordinating field trips in EIPS, including tracking permission and maintaining accurate emergency contact information. This personal information is collected pursuant to the provisions of the *School Act* and Regulations thereto, and the *FOIP Act*, section 33(c). If you have any questions about the collection and use of the information, please contact Elk Island Public Schools' FOIP Coordinator, 683 Wye Road, Sherwood Park, AB T8B 1N2 780-417-8204, or your school principal.