**DEARBORN PUBLIC SCHOOLS SCIENCE NIGHT**

**Thursday, February 26th, 2015, 3:30-5:30pm**

**FEMMES: Permission/Registration Form**

**(Females Excelling More in Math, Engineering, and Science)**

 *Activities will begin following the end of the school day at 3:30pm in the cafeteria.*

**Student Name (Last, First)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Parent/Legal Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you want to be on our parent/guardian email list? If so, please provide your email address: .

**Emergency Contact and Relationship** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ My child has permission to attend and participate in activities sponsored by FEMMES on **Thursday, February 26th from 3:30pm-5:30pm.**

\_\_\_\_ FEMMES has permission to photograph my child for use in FEMMES-related publicity purposes\*. \*including but not limited to print media, brochures, and electronic publicity through the FEMMES website.

\_\_\_\_ I authorize FEMMES to transport my child or authorize transportation for my child to a medical facility to be treated in the event of a medical emergency.

Does your child have any serious allergies? [ ] No [ ] Yes If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I grant permission for my child to be enrolled in the FEMMES Program. My signature confirms that the information provided is accurate and that **I agree to pick my child up at the times indicated.**

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

While FEMMES is dedicated to encouraging young women to continue their science education, the organization will not turn away interested volunteers and participants on the basis of sex, gender, gender identity, gender expression.

**Please return this form by Friday, February 13th, 2015.**

FEMMES Contact: Feel free to Kate Weskamp at kweskamp@umich.edu with any questions or concerns.

Dearborn Public School Contact: Nellie Kiesel

**LEGAL RELEASE**

# **Student’s Name:**

# **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The above named student, and the parent or legal guardian of the above named student, who is under 18 years, as a participant in “FEMMES” - - do hereby acknowledge, agree, promise and covenant with University of Michigan and its trustees, officers, employees, agents and all other persons or entities, and do hereby release, hold harmless and discharge University of Michigan and its trustees, officers, employees, agents and all others persons or entities involved with “FEMMES” from any and all liability for any injury, death, illness, disease and damage which my child might sustain while participating in activities sponsored by or associated with FEMMES and University of Michigan. I execute this release on behalf of and with specific intent to legally bind myself, my heirs, assigned personal representatives and estate.

If you would like a list of the faculty activities your child may participate in, please contact us. By signing this form, you are acknowledging that you are aware of these activities and that your child may participate.

I hereby certify that my child has no medical conditions, which will prevent normal participation in the subject event or program. I further understand and acknowledge that no medical insurance benefits will be provided for my child during this event.

I hereby certify that my child will voluntarily participate in FEMMES and I hereby grant permission to those appropriate personnel of FEMMES to seek medical assistance for my child should the same be required, recognizing that neither University of Michigan nor any other entity or individual involved with “FEMMES” assumes responsibility for, nor do they have any liability for, the medical assistance and care which may be so selected and provided.

## *Participant’s Release and Agreement*

**Please read this agreement carefully**. It is a legal contract and affects any rights you may have if you are injured or otherwise suffer damages while participating in this activity.

My signature below indicates that I have read this entire document, understand it completely and agree to be bound by its terms.

Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_