

# UBC GEERING UP PROGRAM

**Geering Up** UBC Engineering & Science for Kids is a non-profit organization with the mandate of promoting science, engineering and technology to youth across British Columbia. *Geering Up* is designed, organized and operated by UBC students. We show program participants how fun, exciting and useful engineering and science can be.

More info at: [www.geeringup.apsc.ubc.ca](http://www.geeringup.apsc.ubc.ca)

## PROGRAM DETAILS

**Camps:** Grade 1-3 and 4-6 (25 students in each)

**Location:** Hastings Elementary

**Time:** 9:00am to 2:30pm. Please pick up your child on time.

July 2018	Mon	Tues	Wed	Thurs	Fri
	16	17	18	19	20

**Cost:** \$80 \*

**Staff:** Each camp has two university instructors supported by junior Instructors (Templeton student volunteers) with 25 kids per program max. Staff require Criminal Record Checks and are trained in Emergency First Aid & CPR.

This program is being offered through a partnership between UBC and the Vancouver School Board

Visit our site to learn more about Community Schools Teams:  
<http://www.vsb.bc.ca/communityschoolteams>

Please keep this portion for dates and times of the program.

# Geering Up — 2018

Register by June 15, 2018

## PAYMENT INFO

**COST: \$80**

**Pay by CASH or CHEQUE**

Cheques payable to

\* Please contact Gavin Clark  
([gdclark@vsb.bc.ca](mailto:gdclark@vsb.bc.ca)) to explore subsidy options if needed\*

## HOW TO REGISTER

- 1) Fill out both sides of the registration form
- 2) Take your form and payment to the main office at: Templeton Secondary (727 Templeton Street V5L 4N8) by **June 15, 2018**.
- 3) You will receive confirmation of your registration by phone or email.

**First come, first served...space is limited!**



Important Information – Please Translate  
 这是一份重要信息 — 请找人为您翻译  
 這是一份重要資訊 — 請找人為您翻譯  
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 Thông tin quan trọng - Xin phiên dịch  
 Mahalagang Impormasyon - Paki salin sa sariling wika  
 Información importante - Por favor traducir

## Community School Team Medical/ Emergency Consent Form

Please complete this form and submit it with your completed registration forms. The collection and retention of information requested on this form is authorized and governed by the *British Columbia School Act* and the *Freedom of Information and Protection of Privacy Act*.

### EMERGENCY MEDICAL INFORMATION

The following information will be helpful to the CST program staff in making your child's participation comfortable, safe and pleasant. **(Please print carefully and legibly)**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Division: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student School Accident Insurance:  Yes  No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify: \_\_\_\_\_

Reaction(s) to above? \_\_\_\_\_

Carries Epi pen?  Yes  No Inhaler?  Yes  No Medical Alert Bracelet?  Yes  No

Date of last Tetanus shot: \_\_\_\_\_

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.). Be specific: \_\_\_\_\_

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in: \_\_\_\_\_

Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such): \_\_\_\_\_

Other Health/Medical/Dietary Concerns/restrictions: \_\_\_\_\_

Emergency Contacts (other than Parent/Guardian):

1) \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

2) \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone # \_\_\_\_\_

### ACKNOWLEDGEMENT OF CONSENT

Parent/Guardian who is filling out and signing this form:

\_\_\_\_\_ (Parent/Guardian Name printed)

Should it become necessary for my child to have medical care, I hereby give the Community Schools Team staff permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above.

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

**Please complete the back side of this registration form. >>>>**



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**Parent/Guardian Consent for CST Program Participation and Acknowledgement of Risk**

This is an important document. Please review its content carefully prior to providing permission for your child to participate in programs with the Community School Team.

**Consent and Acknowledgement of Risk**

The qualified staff and volunteers have had their references checked, and have basic training in group management, program planning, first aid, and other relevant skills.

While program volunteers and staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of these activities, and may occur without fault on the part of the student, school board, its employees or community partners, or the facility where the activity is taking place. By allowing your child to participate in these activities, you are agreeing that the activities described are suitable for your child, and that there is a risk of injury associated with the activities.

My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administration, instructors, and supervisors over all phases of the programs/activities.

In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.

I acknowledge that the supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

During the program activities, photos and video may be taken of the participants and volunteers. These pictures may be used for print and digital media for the purposes of general program promotion and/or reporting to funders. Should you not wish your child to be photographed or videotaped please initial here \_\_\_\_\_.

I \_\_\_\_\_ (Name of parent/guardian) give permission for (Name of student) \_\_\_\_\_ to participate in the activities described. I understand that my child may be exposed to a risk of injury due to accident while participating in these activities.

Date (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Please complete the pick-up information. >>>>**

**Consent for child to leave Community Schools Team Out of School Time program alone**

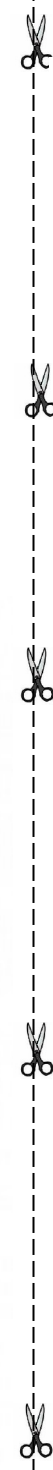
Parents/Guardians are responsible for the care of the children once the CST program ends. Please ensure prompt pickup of your child.

My child will be picked up by 1: \_\_\_\_\_ (Contact name)

Contact telephone #(s) \_\_\_\_\_

Pick-up 2: \_\_\_\_\_ (Contact name)

Contact telephone #(s) \_\_\_\_\_



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**UBC Engineering and Science for Kids**

**Summer 2018**

**Location:** Hastings Elementary School

2625 Franklin St, Vancouver, BC V5K 3W7

**Dates:** July 16—20 **Time:** 9:00am-2:30 pm

*For more information please contact:  
 Gavin Clark, Community Schools Coordinator  
 gdclark@vsb.bc.ca 778.772.5819*