



TEXAS TECH UNIVERSITY
Division of Institutional Diversity, Equity & Community Engagement
Institute for the Development
& Enrichment of Advanced Learners

Summer 2012

Science:

Promoting our
future women
scientists...

It's a
**Girl
Thing**

IDEAL ■ **Texas Tech University**

Science: *It's a Girl Thing* 2012

Calling all future scientists. . .

SIGT is a four day–three night residential camp for girls entering 5th through 11th grades. Girls reside in university residence halls on the Texas Tech campus. During the day, girls attend exciting hands-on science classes in university classrooms and laboratories. Evenings are devoted to traditional summer fun.

PROGRAM GOALS

- Provide girls with strong role models
- Spark interest in science
- Dispel myths and misconceptions about science and careers in science
- Introduce under-represented girls to a collegiate experience

IMPORTANT DEADLINES

- Balance due deadline

June 1, 2012.

- Refund deadline

June 1, 2012.

Camp Tuition: \$330

REFUND POLICY

A refund request should be made in writing and include the address of the refund recipient. No fees will be refunded after June 1, 2011. The refund-processing fee is \$25.

HOUSING

Students are housed in a residence hall at Texas Tech University. Each camper will have one roommate. Campers may request a roommate (not guaranteed). Meals are served daily in a Texas Tech dining hall.

CLASSES

All classes are taught by experienced university or public school faculty and emphasize hands-on activities. Classes are interdisciplinary and allow campers to explore many aspects of science through the lens of a scientific discipline. Campers are assigned to classes before camp starts.

REGISTRATION GUIDELINES

Tuition includes instruction, room and board, a camp T-shirt, and evening recreation. All applicants complete parts A and B of the registration form. Applications without deposits are not processed.

Session I: June 18-21, 2012
Girls Entering Grades 5 & 6

Session II: July 23-26, 2012
Girls Entering Grades 7 & 8
Girls Entering Grades 9, 10, 11

IDEAL – Institute for the Development and Enrichment of Advanced Learners

IDEAL: (phone) 806.742.2420 • (fax) 806.742.0480

Have a question?

(email) ideal.mail@ttu.edu

(website) www.ideal.ttu.edu

SIGT APPLICATION FORM

SESSION I - June SESSION II - July (Check one)

Instructions: Complete sections A and B. Each applicant, including past participants, must submit a one-page autobiographical statement stating your reasons for wanting to attend *Science: It's A Girl Thing*.

To save resources, may we send program paperwork via email?
Email address _____

PART A

■ Please print clearly.

Student's Name
(first) _____ (last) _____

Birth Date ____/____/____

Grade in Fall 2012 ____ Family email _____

Mailing Address _____

City _____ State ____ Zip _____

Name of Parent or Guardian (*Mother*) _____

Home Phone () _____ Cell Phone () _____

Work Phone () _____

Name of Parent or Guardian (*Father*) _____

Home Phone () _____ Cell Phone () _____

Work Phone () _____

School Currently Attending _____

City _____ State _____

Do you have a roommate request? (*Not guaranteed — both students must request to room together*) _____

T-shirt size: Youth Small (6-8) Youth Med (10-12) Youth Large (14-16)

Small Medium Large

Have you participated in any of our programs before? Yes No

Where did you hear about our program? _____

■ PAYMENT

\$100 Deposit — balance due June 1, 2012

\$330 — Full Tuition

\$25 — Airport Transportation Fee (for those students travelling by air)

Make your check payable to Texas Tech University, or charge the fee to:

Discover MasterCard Visa American Express

Amount _____ Card Number _____

3-Digit Security Code _____ Exp. Date _____

Print Name as it appears on Card _____

Authorized Signature _____

SIGT MEDICAL HISTORY/CONSENT TO TREAT

SESSION I - June SESSION II - July (Check one)

Completion of the following, with a photocopy of proof of health insurance must be submitted with the application. If this poses a hardship, call 806 742-2420.

Student's Name _____

Name of Family Physician _____

Physician's Phone No. _____

Directions: Check any medical conditions that apply and provide detailed information on all medical concerns.

All information will remain confidential. If necessary, attach a separate sheet of paper to explain your child's medical condition or email additional information to: ideal.mail@ttu.edu

condition requiring medication _____

allergies to food or medications _____

current infections, viruses _____

emotional or behavioral problems _____

recent injuries, illness, operation _____

impairment of sight, hearing, speech _____

other _____

Consent to Medical Treatment

I, _____ Parent, Managing Conservator, or Guardian of _____ (Participant) hereby consent to any and all emergency medical treatment needed by said Minor Child as administered by a clinic or attending physician and accept responsibility for full payment of said treatment. I give my permission for this document to be photocopied for medical personnel.

■ Signature of Parent, Managing Conservator, or Guardian _____ Date _____

■ My child is enrolled in the Texas Tech University
Science: It's a Girl Thing Camp

Session I (June)

Session II (July)

(circle the appropriate date)

**This form is valid only for the 2012 session
and session indicated above.**

SIGT RELEASE & HOLD HARMLESS

SESSION I - June

SESSION II - July

(Check one)

I, _____ Parent/Managing Conservator/Guardian, (circle one) understand that the minor child, _____ has the opportunity to participate in Science: It's A Girl Thing, a program for students sponsored by Texas Tech University, Institute for the Development and Enrichment of Advanced Learners, Lubbock Texas from June 18-21 or July 23-26, 2012. I hereby affirm that I desire to have my minor child participate in said program. I give my permission for my minor child to ride in public transportation or in vehicles driven by Texas Tech employees or representatives to and from designated activities. I, the undersigned, am aware of the dangers associated with travel by motor vehicle or other conveyance and the possibility of injuries or death while in transit. I understand that my minor child will participate in general classroom, educational, and camp activities during this program. I am aware of the dangers associated with such activities and the possibility of injuries or even death in such participation. In consideration of allowing my minor child to attend the above mentioned activities, I, the undersigned, do hereby release, indemnify, and hold harmless Texas Tech University, its Board of Regents, all the University's officers, agents, and employees, and the Institute for the Development and Enrichment of Advanced Learners from any and all liability due to injuries, damage or death arising or resulting from any act or omission, express negligence or otherwise, of said Texas Tech University officers, advisors, agents, and employees and other officers or members of the Institute for the Development and Enrichment of Advanced Learners, or any other person or participant in said activities while attending the activities or while in transit to and from activities.

The terms hereof shall also serve as a release and an assumption of risk for my minor child's heirs, executor and administrator, and for all members of my child's family and be pleaded as a bar to litigation.

Jurisdiction of this matter and venue shall lie in Lubbock, Lubbock County, Texas. I, the undersigned, on behalf of my minor child agree to indemnify and hold Texas Tech University, its Board of Regents, and all the University's officers, agents and employees harmless from and against any and all personal injury. I am above the age of eighteen (18) years and read this Release and Hold Harmless Agreement and voluntarily understand and accept its terms.

■ Signature of Parent, Managing Conservator, or Guardian

Date _____

Print or type name of Parent, Managing Conservator, or Guardian

MEDIA COVERAGE/PARTICIPATION

I hereby give permission for the name of the minor listed above to be released to the media or for him/her to participate in any media coverage which might transpire during the course of the program. I authorize the use of the minor's name, biography, likeness, voice and performance in the production of the program(s) and for the purpose of publicizing and promoting the program(s).

I represent that I am a parent (guardian) of the minor whose name is listed above and I hereby agree to have my child participate in media coverage.

■ **MY CHILD MAY PARTICIPATE IN MEDIA COVERAGE**

■ Signature of Parent, Managing Conservator, or Guardian

Date _____

■ **MY CHILD MAY NOT PARTICIPATE IN MEDIA COVERAGE**, and I do not wish his/her name released to the news media.

■ Signature of Parent, Managing Conservator, or Guardian

Date _____

SIGT AIR TRAVEL FORM

SESSION I - June SESSION II - July (Check one)

Airport Transportation Fee: \$25

IDEAL personnel will pick up campers from the gate and accompany campers to and from campus.

■ AIRPORT ARRIVAL

Arrival should be between 1:00-3:45 p.m. on Monday of the session.

Arrival Time _____

Flight Number _____

Airline _____

■ AIRPORT DEPARTURE

Departure should be between Noon and 3:00 p.m. on Thursday.

Departure Time _____

Flight Number _____

Airline _____

Parent Contact _____

Phone _____

Student Cell (if applicable) _____

Air traveler procedures are included in the SIGT confirmation packet.

Science: It's A Girl Thing gratefully acknowledges the support of the Texas Tech University Howard Hughes Medical Institute.

A complete registration for Science: It's a Girl Thing includes:

- Autobiographical Statement
- Part A
- Part B - Teacher Nomination
- Medical History & Consent to Treat Form
- Release & Hold Harmless Form
- Media Coverage Participation Form
- Photocopy of Health Insurance
- SIGT Travel Form (If applicable)
- Email address (if applicable)



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Institute for the Development & Enrichment of Advanced Learners

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*We gratefully
acknowledge
our contributors,
supporters and
friends who
promote our
future women
scientists.*

- The J.F Maddox Foundation
- The CH Foundation
- Howard Hughes Medical
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and Research
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- IDEAL

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