Science: It’s a Girl Thing

Promoting our future women scientists...

Summer 2009
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

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.

Important Deadlines
■ Balance due deadline
June 1, 2009.
■ Refund deadline
June 1, 2009.

Camp Tuition: $320

Refund Policy
A refund request should be made in writing and include the address and social security number of the refund recipient. No fees will be refunded after June 1, 2009. 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.

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.ode.ttu.edu

On the cover: Ellie the Electron was created by Sara Box, Tahoka, Texas.
**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)_______________________

Soc.Sec.# ____________________________________ Birth Date ___/___/____

Grade in Fall 2009 ___ 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, 2009
- [ ] $320 — 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__________________________________________________
PART B
Teacher Nomination (To be completed by nominating person)
In the space provided, please nominate a girl to SIGT.

Name of student
(First) _____________________________ (Last) _______________________________

Name of teacher or school official nominating
________________________________________________________________________
Nominator's Phone _______________________________________________________
Name of School __________________________________________________________
City ____________________________ State __________________
Nominator's email _______________________________________________________

School is a Title I school? (circle) Yes No
________________________________________________________________________
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For questions email: ideal.mail@ttu.edu
SIGT MEDICAL HISTORY/CONSENT TO TREAT

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 22-25, 2009
  or
  Session II: July 20-23, 2009
  (circle the appropriate date)

This form is valid only for the 2009 session and date indicated above.
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 22-25 or July 20-23, 2009. 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 ______________
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
- Email address
We gratefully acknowledge our contributors and friends who promote our future women scientists.