

X-Chem Outreach Science Literacy Week Workshop

The new X-Chem Outreach Saturday Science Club has been created to inspire young children to gain an interest in science in a positive environment. Topics that will be explored are Nature, Engineering, Physics, Chemistry, Math, and Health Science. What exactly we explore is up to your young scientist!

Please Note: Club Hours are 1:00 PM – 3:00 PM.

Ages 4-8

September 22, 2018

Registration will be capped at 30 participants

Activity Fees: *Free*

Camper's Name: _____

What is something that you would like to learn from Science Club?

Date of Birth: _____

School Attended: _____

Current Grade: _____

Address: _____

Town/City: _____

Province: _____

Postal Code: _____

Have you attended X-Chem Summer Outreach Camps before? Yes No

Contact Information

Name of Parent or Guardian: _____

Email Address: _____

Telephone Number: _____

Emergency Contact during Club meeting

Name: _____

Relation to camper: _____

Telephone: _____

Participant Health Information

Health Card Number: _____

Family Doctor: _____

Telephone: _____

Does your child have any allergies? _____

Do you have any additional concerns we should know about? _____

Permission to Attend Science Club

I hereby give my son/daughter permission to attend the X-Chem Outreach Saturday Workshops.

Name of Parent/ Guardian (please print): _____

Signature: _____ Date: _____

THE GOVERNORS OF ST. FRANCIS XAVIER UNIVERSITY

INFORMED CONSENT, RISK ACKNOWLEDGEMENT AND INDEMNITY AGREEMENT

WARNING: By signing this document you indicate that you understand the risks associated with this activity, that you are aware that by allowing your child to participate in the activity you are exposing him/her to the risks identified below. It gives the University authority to secure medical assistance for your child for which you agree to be financially responsible. You are agreeing to assume financial responsibility for any damage to third persons or their property caused by your child.

PLEASE READ CAREFULLY!

TO: THE GOVERNORS OF ST. FRANCIS XAVIER UNIVERSITY

CHILD'S NAME: _____

GUARDIAN'S/PARENT'S NAME: _____

ADDRESS OF GUARDIAN/PARENT: _____

**COURSE CODE & TITLE or RESEARCH
PROJECT:** _____

1. I am aware that by allowing my child to participate in **XChem Outreach Initiatives**, I will be exposing him/her to the following inherent risks, including but not limited to:

GENERAL:

- theft, vandalism or loss of personal property;
- any manner of injury resulting from use, misuse, non-use and failure of any activities or equipment;

I have explained the risks associated with these activities to my child and he/she understands the risks.

2. St. Francis Xavier University may secure such medical advice and services as it, in its sole discretion, may deem necessary for my child's health and safety and I shall be financially responsible for such advice and services.

3. THAT if my child is supplying his/her own equipment, I am responsible for ensuring that it is safe and well maintained equipment which is up to the requisite standards for the activity in which he/she is participating. I understand that the University accepts no responsibility for any incidents or accidents occurring out of the use or misuse of my child's equipment.

_____ (Initial here that you have read paragraph 3.)

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4. I agree to HOLD HARMLESS AND INDEMNIFY The Governors of St. Francis Xavier University from any and all liability for any damage to the property of, or personal injury to, any third party resulting from my child's participation in this activity.
5. I hereby authorize X-Chem Outreach, St. Francis Xavier University to audio record, video record, podcast and/or webcast the Child (digitally or otherwise) without charge; and to allow X-Chem Outreach to copy, modify and distribute in print and online (for example in a camp brochure), those images that include your child in whatever appropriate way X-Chem Outreach or StFX sees fit without having to seek further approval. No names will be used in association with any images or recordings. Photos from club activities are typical posted online at our website.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY MEDICAL ASSISTANCE THE UNIVERSITY MAY DEEM NECESSARY FOR MY CHILD'S HEALTH AND SAFETY AND ALSO FOR ANY DAMAGE TO THIRD PERSONS OR THEIR PROPERTY THAT MY CHILD MAY CAUSE.

Signed this _____ day of _____, 2_____

SIGNATURE OF PARENT OR GUARDIAN

WITNESS SIGNATURE (Non Family Member)

WITNESS NAME (please print)

WITNESS ADDRESS

WITNESS TELEPHONE #

This agreement must be completed in full, signed, dated, and witnessed and paragraph 3 must be initialled before the participant is allowed to participate in the activity.

Please check our website for further information:

<http://www2.mystfx.ca/chemistry/x-chem-outreach/about>

If you have any questions or concerns please do not hesitate to contact us:

Email: ghallett@stfx.ca or jlfraser@stfx.ca

X-Chem Outreach is supported by our generous local funders:



We are a proud member of Actua:

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organization of
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Learning for ChangeTM
Découvrir pour demainTM

Actua provides training, resources and support to a national network of local organizations offering science and technology education programs. Each year, Actua members engage over 225,000 youth in 500 communities nation wide. Please visit Actua at www.actua.ca.