

Drew's BRIDGE to Tech

Building Rigor by Innovating & Developing through Growth & Exposure

Drew Charter Senior Academy Orientation

June 4th - 15th, 2018



A 2-week summer-bridge program for rising 9th grade students at Drew Charter School

SCIENCE TECHNOLOGY ENGINEERING ART MATHEMATICS

- Transition smoothly from Middle School to High School
- Prepare for post-secondary education
- Engage with college students who are STEAM majors
- Obtain service hours
- Cultivate bonding among peers
- Gain exposure to research labs and research opportunities
- Develop 21st century skills to ensure future success

For more information contact:

Alba Gutierrez
Education Outreach Manager
Georgia Institute of Technology - CEISMC
bridge2tech@gatech.edu
404-894-6984

**Please turn in the application to the Junior Academy Counseling Office
to Mrs. Puritt-Cook**

Student Information:

First Name: _____

Last Name: _____

Student E-mail Address: _____

Gender: Male Female

Adult Male T-Shirt size: XS Small Medium Large X-large 2 XL

What college(s) are you interested in attending? _____

What major(s) are you interested in? _____

What career(s), job(s) are you interested in? _____

We will remind participants of events using cell phone texts. If you have a personal cell phone please provide the number: _____

Parent Information:

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

We will remind participants of events using cell phone texts. If you have a personal cell phone please provide the number: _____

Parent E-mail: _____

YOUTH PROGRAMS FOR MINORS PARTICIPANT CODE OF CONDUCT

Program / Camp Name: Drew's Bridge to Tech

Participant Name (Please Print): _____

Parent / Guardian Name (Please Print): _____

The Program has established rules and standards of conduct for all Participants. It is the responsibility of the Parent/Legal Guardian and the Participant to review the Program rules and standards of conduct.

Bullying will not be tolerated at any program; everyone deserves a great experience.

GT will use the following policy for behavioral issues. This policy represents our best effort to protect all children participating in our programs, their families and our staff:

1. If there is an incident, the child will be spoken to directly, away from the rest of the group. The parent/guardian will be informed of the incident if the situation warrants. The staff will document incidents in a log.
2. If inappropriate behavior continues and cannot be controlled within a reasonable amount of time, the parent will be contacted and the child may be dismissed from the program.
3. The following behaviors will result in expulsion from the program:
 - a. Possession of weapons, drugs or controlled substances, tobacco or alcohol.
 - b. Physical/Verbal abuse of any kind towards participants or staff.
 - c. Repeated use of foul language or inappropriate gestures.
 - d. Leaving the program without permission.
 - e. Threats and bullying of other participants.
 - f. Disobeying program staff and/or not following additional rules presented during the program.

PARTICIPANT AND PARENT/LEGAL GUARDIAN AGREEMENT

We understand that as a condition for participating in the Program, the Participant must comply with the Program's rules and standards of conduct and follow all reasonable direction of the Program Staff. Failure to comply with the Program's rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in being dismissed from the Program. The Parent/Legal Guardian is responsible for all costs associated with removing the Participant from the Program due to his/her misconduct and parents must immediately pick up or have an emergency contact available to do so to return the Participant home.

Participant's Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____

PARENTAL REQUEST TO PARTICIPATE RELEASE AND WAIVER AGREEMENT

Student/Participant Name (please print): _____

I am the parent or legal guardian of the above-named Student/Participant and am requesting that my child enroll or participate in the following course, program, project, event, or activity (herein collectively referred to as "Activity") being sponsored by or located on the campus of the Georgia Institute of Technology:

Name of Activity: Drew's Bridge to Tech Summer Program

Date of Activity: June 4, 2018 – June 15, 2018

In consideration of permission being granted for my child to participate in this Activity and for other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I am entering into this Release and Wavier Agreement, which extends to the following persons and entities, as well as their trustees, officers, directors, board members, agents, employees, volunteers, contractors, representatives, successors, or assigns, individually and in any capacity or relationship with or for any other:

Board of Regents of the University System of Georgia
Georgia Institute of Technology
Georgia Tech Student Government Association
Georgia Tech Research Corporation

My child's enrollment or participation will or could subject my child to numerous dangers or risks of personal injury, even fatal, as well as other injuries or damages, including without limitation:

1. major injuries such as: broken bones, cardiac arrest/heart attack, eye injury or loss of sight, drowning, concussion, joint, ligament or back injuries and heat exhaustion;
2. minor injuries such as: strains, sprains, bruises, scratches, cuts and abrasions.

I have explained these risks to my child. These risks and dangers have been considered and, relying on my own judgment, I have voluntarily chosen to allow my child to participate and assume all such dangers and risks. I certify that my child is in suitable health and capacity which allows my child's enrollment or participation in the Activity.

I knowingly, voluntarily, and for adequate consideration release and waive, and further agree to indemnify, hold harmless, and reimburse each and all of those persons and entities referenced above, from an against any claim which I, my child, any other parent of my child, any relative or any next of kin of my child, or any other person, firm or corporation now or hereafter may have or claim to have (whether known or unknown, seen or unforeseen, directly or indirectly, or within or without the control of those persons and entities), for or on account of any losses, damages, personal injuries, pain and suffering, death, property damage, or contract claims resulting from, or arising out of, during, or in connection with my child's enrollment or participation in such Activity, or the ownership, operations, use, maintenance, or control of any vehicle, equipment or goods provided or used in connection with such Activity, or in any way

connected with or arising out of instruction, training, emergency care, or operations incidental to such Activity. To the extent that any damages arising out of bodily injury to persons or damage to property are caused or result from the sole negligence of any person or entity referenced above, then, I do not agree to release, waive, indemnify, hold harmless or reimburse any such person or entity.

If any emergency medical procedures or treatment are required during the Activity, I consent to the Activity supervisor undertaking, arranging for or consenting to the procedures or treatment in his, her or their discretion and that I will be responsible for any and all expenses or fees related to my child's medical care. I acknowledge that neither Georgia Institute of Technology nor any of the above-named entities shall be liable for any such fees or expenses under any circumstances.

Further, I hereby certify that my child is covered by an accident and health insurance policy that will be in effect at any time my child is participating in an Activity on the campus or, sponsored by, or related to the Georgia Institute of Technology.

In regard to any photographs, video tapes, motion pictures, recordings, or any other reproduction of my image or my child's image (hereinafter collectively known as "Images") which Georgia Institute of Technology has taken of me or of my child or in which I may be included with others during the course of my participation in this program, I hereby grant to the Georgia Institute of Technology and to Georgia Tech Research Corporation permission to use such Images in any media now or hereafter known for any legitimate purpose whatsoever, and to use my name or my child's name in connection therewith if Georgia Institute of Technology and Georgia Tech Research Corporation so choose.

This Release and Waiver Agreement shall be construed to be as comprehensive as is allowed by law. Each provision herein is severable, so that should any provision or portion of such provision be held invalid, the remainder of this Release and Waiver Agreement shall not affect the enforceability of any other portion. This Release and Waiver Agreement shall not establish a legal or other relationship between or among those released which does not in fact exist. Nothing in this Release and Waiver Agreement shall constitute a waiver of any legal defense available to any released party herein, including sovereign immunity.

The validity, interpretation, and effect of the Release and Waiver Agreement shall be governed by the laws of the State of Georgia.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I AM SUFFERING FROM NO LEGAL DISABILITY.

I HAVE READ AND UNDERSTAND THIS RELEASE AND WAIVER AGREEMENT.

Signature of Parent/Guardian _____

Printed Name _____

Address _____

City State Zip _____

Work phone Home/Cell _____

EMERGENCY INFORMATION: If parent/guardian cannot be reached in case of an emergency, please contact:

1. DOCTOR _____ OFFICE PHONE _____

2. NAME _____ RELATIONSHIP _____

HOME/CELL PHONE _____ WORK PHONE _____

3. NAME _____ RELATIONSHIP _____

HOME/CELL PHONE _____ WORK PHONE _____

4. NAME _____ RELATIONSHIP _____

HOME/CELL PHONE _____ WORK PHONE _____

Can child participate in recreational activities? Yes _____ No _____

If no, please specify _____

Does child take any medication on a regular basis? Yes _____ No _____

If yes, please specify _____

Does child have any medical problems or allergies? Yes _____ No _____

If yes, please specify _____

List any medications being taken and time administered:

Medication	Time of Day Administered (Morning/Lunch/Afternoon)

Students are responsible for administering any listed medications during Drew's Bridge to Tech Program.

THIS FORM MUST BE COMPLETELY FILLED OUT FOR EACH CHILD.

**NOTICE TO ALL PERSONS PARTICIPATING IN ATHLETIC, RECREATIONAL AND
ADVENTURE PROGRAMS, WORKSHOPS AND OTHER ACTIVITIES INVOLVING
RISK OF BODILY OR PERSONAL INJURY AND/OR PROPERTY DAMAGE**

Many programs, activities and workshops involve substantial risks of injury, property damage and other dangers associated with participation in such activities. Dangers peculiar to such activities include, but are not limited to: Hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack and heat exhaustion.

Each participant of the Drew's to Bridge program at Georgia Tech, should realize that there are inherent risks, hazards and dangers involved including the training, preparation for, and travel to and from such activities. It is the responsibility of each participant to engage only in those activities and programs for which he/she has the prerequisite skills, qualifications, preparation and training

The Institute does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, instructor, or individual participant in any athletic, recreational, adventure program or workshop.

Initials_____ Date_____

ACKNOWLEDGMENT AND ASSUMPTION OF RISK

I have read the above notice carefully and acknowledged receipt of a copy thereof. In consideration of the benefits received, I hereby assume all risks of damages or injury, including death, that I may sustain while participating in or as a result of, or in any way growing out of any aforementioned activity or program, or in travel to and from such activity.

Further I hereby certify that I am covered by an accident and health insurance policy that will be in effect at any time I am participating in the Institute related activities or programs.

Initials_____ Date_____

SUMMER CAMP EVALUATION - PARENT CONSENT FORM

We would like to invite your child to take part in our summer camp evaluation. This evaluation is being conducted in an effort to determine the quality of summer camps and students' engagement in participating in math and science programs. No names or personal identifiers will be collected on the feedback survey; therefore, all answers will remain confidential and will not affect your student's present or future standing in the Georgia Tech CEISMC Summer Programs. By accepting to take this feedback survey, you and your child will be helping CEISMC to better our summer programs for all future students, helping to raise awareness and increase knowledge in science and math education program. We thank you in advance for signing below to agree to allow your child to participate in this evaluation, and we look forward to seeing you at this year's summer programs

Thank you for helping us to improve our summer programs!

Initials_____ Date_____

RELEASE AND WAIVER OF LIABILITY AND COVENANT NOT TO SUE (READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in risk-oriented programs and activities involves an inherent risk of physical injury and assumes all risks. The undersigned hereby agrees that for the sole consideration of the Georgia Institute of Technology allowing the undersigned to participate in these programs and activities for which or in connection with which the Institute has made available any facilities, equipment, grounds, or personnel for such programs or activities or to the undersigned while participating in any such programs or activities, the undersigned does hereby release and forever discharge the Georgia Institute of Technology and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees of any and from all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from any participation in any way connected with such programs and activities.

I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in above said activities. I understand that the acceptance of this release and covenant not to sue the Institution or the Board of Regents of the University System of Georgia shall not constitute a waiver in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees. I have received a copy of this document and I certify that I (parent/guardian) am _____ years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

Child Name _____ Date _____
(Please Print)

Parent or Guardian Name (Please Print)

Signature of Parent or Guardian if Participant is
under 18

Release of Waiver of Liability for Images

For good and valuable consideration, the undersigned hereby grants the GEORGIA INSTITUTE OF TECHNOLOGY (“GIT”) and the GEORGIA TECH RESEARCH CORPORATION (“GTRC”) the absolute and irrevocable right and permission, in respect to the photographs, videotapes, motion pictures, recordings, or any other media (hereinafter collectively known as “Images”) that GIT/GTRC has taken of me or my property, or minors in my care, or in which I may be included with others, to copyright the same, in GIT/GTRC’s own name or otherwise, to use, reuse, publish, republish, and allow others to use, reuse, publish, and republish the same in whole or part, individually or in conjunction with other images, and in conjunction with any printed or electronic matter, in any and all media now or hereafter known, and for any legitimate purpose whatsoever, and to use my name in connection therewith if GIT/GTRC so chooses. I hereby waive any right to inspect or approve the Images or any finished version incorporating the same.

The undersigned does hereby release and forever discharge GIT, GTRC, and the Board of Regents of the University System of Georgia, their members individually, and their officers, agents, and employees of any kind from all claims, demands, rights, and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen, and unforeseen injuries, damages, and the consequences there of resulting from the use of the Images, including without limitation any and all claims for libel or invasion of privacy. I understand that the acceptance of this release and waiver of liability by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents, and employees. This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of GIT, GTRC, and the Board of Regents of the University System of Georgia. I hereby certify that I am suffering under no legal disabilities and that I have read the above carefully before signing. This release shall be binding upon me and my heirs, legal representatives, and assigns.

By signing below, I agree to the terms stated above and hereby certify that I am 18 years of age or older.

Child Name _____ Date _____
(Please Print)

Parent or Guardian Name (Please Print)

Signature of Parent or Guardian if Participant is under 18

COMPUTER USAGE POLICY

Students participating in GT programs may be granted the privilege of using Georgia Tech's computing equipment. In order to use these computers during the program, you and your parent/guardian must be aware of and agree to abide by the guidelines below at all times. Then, you and your parent/guardian must sign the bottom of this agreement. Students who do not follow any of these rules will lose access to GT computing facilities and may be sent home.

1. Georgia Tech's computing facilities and resources are to be used only for legitimate instructional purposes which have a clear goal as defined by the course instructor.
2. GT's computers are checked on an ongoing basis for any material that is inappropriate, unkind, harmful, or not in good taste. Remember, you are not the only person using the computers.
3. Do not damage the equipment by misusing it, for example, opening or playing with the mouse, removing keys from the keyboard, or removing protective coverings.
4. Do not disconnect or connect any devices to the computers unless specifically instructed to do so by the instructor.
5. Do not install any software on GT's computers unless specifically asked to do so by the instructor.
6. Do not attempt to bypass any software installed on the computers or access websites or other online resources prohibited by the program.
7. Leave the desktop patterns and icon arrangements alone. Do not change any system settings. You do not have permission to personalize them unless specifically instructed. In that case, all personalization must be removed and returned to normal default at the end of the class or class period.
8. Always save to your personal storage device; never save to the desktop or to the hard drive directories, unless specifically asked to do so by the instructor.
9. Respect the rights, privacy, and confidentiality of others. Do not improperly access, misappropriate or misuse files, data, or information about or for others.
10. Email should not be accessed on GT computers.
11. Never give out to anyone personal information, such as your home address, telephone number, or parent's work address, parent's work phone number, or credit card information.
12. Do not exhibit physical gestures or act in a physical way that would disrupt other students or instructors.
13. Do not intentionally access, submit, publish, or display inappropriate material such as pornography.
14. Report any electronic harassment, inappropriate use, and/or inappropriate messages to the instructor.
15. Food and drinks are not allowed when using GT computing devices.
16. Do not attempt to access the Internet through a personal hotspot or other device unless asked to do so by an instructor.
17. If asked to do so by an instructor, put away all personal electronic devices until directed otherwise.
18. Follow all other rules which are presented by the instructors or program staff.
19. Abuse of GT's equipment, software, network or Internet access is a violation of GT's rules and will result in a student losing access to GT computer facilities and being sent home. Costs for repairs due to intentional damage or neglect of GT equipment will be paid for by the participant, parent or legal guardian.

I have read and understand these computer usage expectations and **have discussed them with my child**. My child has agreed to abide by them at all times during the program and I understand that if these standards are not met, upon notification by staff, I must immediately pick up my child or have an emergency contact available to do so.

Student Name _____

Parent Signature _____

DREW'S BRIDGE TO TECH

PICK UP AUTHORIZATION

I. Personal Information (please print) **Today's Date:** ___ / ___ / ___
Child's Name: _____ **Age:** _____
Parent/Guardian Names: _____
Home Phone: _____ **Cell Phone(s):** _____
Work Phone(s): _____

II. Authorized Pick Up

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named child will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up the child in person and may be requested to show identification to program staff. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my child from the program (attach additional pages as needed):

Authorized Person	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note that children must be picked up by designated times. If an authorized adult is unable to be reached, program members will contact the local police department as a last resort to take your child home. If you are not at home, your child will be released to the Division of Family and Children Services.

III. Authorized Dismissal*

My child is at least _____ years of age and will be responsible for his/her own transportation to and from the program. My child may sign himself/herself out at the end of the program activities.

Signature of Parent or Guardian: _____

Parent or Guardian Name: _____

***If attending other activities or if the student is walking home, please submit schedule (include specific date & time) of activities or any deviations from the schedule.**