

You GO Girl! Summer Day Program

Edgerton Center - Massachusetts Institute of Technology



Thanks for your interest in the You GO Girl! Summer Day program, running from July 9-12, 2018 (**no activities on Friday**). In addition to a schedule of each day's activities, this application contains the following materials:

1. Program application form
2. Permission forms (2 pages)
3. Waiver

There is a voluntary \$50 materials donation (which can be made out to MIT / Edgerton Center) and brought with your child on the first day.

The application is not complete until ALL PARTS have been received by the You GO Girl! office. All accepted applicants will be informed via e-mail and/or letter. Please turn in all materials (application, permission forms, waiver) via **e-mail** or to the **address below**:

Amy Fitzgerald

MIT Edgerton Center, Room 4-405
77 Massachusetts Avenue
Cambridge, MA 02139

Should you have any questions about the activities, the staff, or about any other portion of the program, please contact me: Amy Fitzgerald, You GO Girl! Coordinator, amyfitz@mit.edu

You GO Girl! 2018 Daily Schedule

* Subject to last-minute content changes.

Time	Monday	Tuesday	Wednesday	Thursday	Friday – NO Activities
8:30 - 9:00	Opening Circle	Opening Circle	Opening Circle	Opening Circle	
9:00 - 11:45	Chemistry: DIY Lip Balm	Finish up Traffic Light circuits	Biology: Living LEGO	Chemistry: LEGO Chemistry	
	Electrical Engineering: Traffic Light Building	Mechanical Engineering: Gear Up/Gear Down		High School Worries Current high school students	
11:45 - 12:20	Lunch	Lunch	Lunch	Lunch	
12:30 - 2:15	Electrical Engineering (cont'd)	Photography: High speed video, Multiflash images	Nutrition: Food myths, healthy weight control	Naval Architecture: Hull design, haul weight, racing boats	
2:15 - 2:30	Final Circle Evaluations	Final Circle Evaluations	Final Circle Evaluations	Final Circle Evaluations	

YOU GO, GIRL! SUMMER PROGRAM APPLICATION FORM



Student Information

Name: _____

Preferred Name (what we should have on nametag): _____

Address: _____ City: _____ State: _____ Zip: _____

Student Email Address: _____ (Please Print Clearly)

Date of Birth: _____ Gender: _____ Grade you will enter in the fall: _____

School: _____ T-Shirt size: **Adult XS / S / M / L / XL/ XXL**

Will you be able to attend each day of the program? **Y / N** (If no, please explain)

Optional: Any Relatives/Friends at MIT? _____

Any friends applying with whom you'd like to be in a group? _____

Please describe why we should accept you into this program: _____

Medical Information

Child's Physician Name: _____ Phone: _____

Please list any chronic or current medical/ health issues of which we should be aware _____

Allergies and Dietary restrictions (If none, write "none"):

Medications your child will take during the Program: _____

Photography demonstrations will include flashing strobe lights, which may cause seizures in certain individuals. Does your child have any known problems with strobe lights? Yes No

Emergency Contact Information

1st contact:

Name: _____ Day/Cell phone: _____

Email Address: _____ (Please Print Clearly)

2nd contact:

Name: _____ Day/Cell phone: _____

Email Address: _____ (Please Print Clearly)

Parental Permission and Medical Consent Form

I grant permission for my daughter, _____,
to participate in You GO Girl! during the dates of July 9-12, 2018.



I understand that my child is expected to be on her best behavior while attending this program. All participants are expected to treat members of staff and fellow students with respect and courtesy. I understand that if my child's behavior disrupts the program or is deemed inappropriate by staff, my child may be asked to leave the program.

I understand that I am expected to drop off and pick up my child at the designated times, and communicate alternate travel plans. MIT staff will not be responsible for students beyond program hours.

I understand that there are risks for a minor to attend a program on a college campus, which is otherwise an adult environment. Students will walk around campus and may witness media or demonstrations that are directed at an adult audience. Students may work with dangerous tools such as power tools, utility knives, hot glue guns, and electricity. MIT is located next to the Charles River.

In case of an injury to my child while participating in the Program, I grant permission for my child to receive medical attention deemed necessary, by qualified medical personnel, during the entire time that he or she is participating in the Program.

I understand that MIT will attempt to notify me in the event of an accident or injury, which may require emergency care. If I cannot be contacted, permission is hereby granted to MIT Program staff to seek medical attention for my child.

Signature of Parent or Guardian _____ (Date)

Print name: _____ Day/Cell Phone: _____

Student Pledge

- I understand that I am expected to be on my best behavior while attending this program.
- I am expected to treat members of staff and fellow students with respect and courtesy.
- I understand that if my behavior disrupts the program or is deemed inappropriate by staff, I may be asked to leave the program.

Student Signature

Print Student Name

Date

Image and Media Consent and Release



In consideration of the opportunity for my child,
_____, to participate in the Edgerton

Center **You GO Girl program** at MIT (the "Program"), I, the undersigned, give my permission for and grant MIT the irrevocable right to:

1. Interview my child and/or record his/her participation in the Program and appearance on video tape, audio tape, film, photograph or any other media, whether now known or hereafter existing (the "Recordings").
2. Use her/his name, likeness, and/or voice in connection with the Recordings and in keeping with the respective policies and mission statements of the Authorized Organizations.
3. Use, reproduce, distribute, publicly display and/or publicly perform, either electronically or by any other media whether now known or hereafter existing, and to allow others to do the same, my child's name, likeness or voice, the Recordings, in whole or in part worldwide, without restrictions or limitations, in perpetuity, for any purpose, including without limitation, promotional, educational or commercial use.

I agree to make no accounting, monetary or other claim against the Authorized Parties for use of my child's name, likeness or voice, or the Recordings and release and forever discharge the Authorized Organizations and their respective trustees, officers, employees, students and agents from any liability to me, and on behalf of my heirs, executors, administrators, legal representatives and assigns, based on or arising out of use of my child's name, likeness or voice, or the Recordings.

I give permission

I do not give permission

Parent/Guardian Signature Date

Parent/Guardian Signature Date



Liability Release, Waiver, Discharge and Covenant Not to Sue

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, Release), made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, Releasor, I or me, which terms shall also include Releasor's parents or guardian, if Releasor is under 18 years of age) to the Massachusetts Institute of Technology (MIT).

As the undersigned Releasor, I fully recognize that there are dangers and risks to which I may be exposed by participating in the program, trip or other activity. As the undersigned Releasor, I understand that MIT does not require me to participate in this Activity, but I want to do so despite the possible dangers and risks and despite this Release. With informed consent, and for valuable consideration received, including assistance provided by MIT, as the undersigned Releasor, I agree to assume and take on myself all of the risks and responsibilities in any way arising from or associated with this activity, and I release MIT and all of its affiliates, divisions, departments and other units, committees and groups, and its and their respective governing boards, officers, directors, principals, trustees, legal representatives, members, owners, employees, agents, administrators, assigns, and contractors (collectively Releasees), from any and all claims, demands, suits, judgments, damages, actions and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that I may suffer at any time arising from or in connection with the Activity, including any injury or harm to me, my death, or damage to my property (collectively Liabilities), and I agree to defend, indemnify, and save Releasees harmless from and against any and all Liabilities.

As the undersigned Releasor, I recognize that this Release means I am giving up, among other things, all rights to sue Releasees for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as myself. I also affirm that I have adequate medical or health insurance to cover any medical assistance I may require.

I agree that this Release shall be governed for all purposes by Massachusetts law, without regard to such law or choice of law.

THIS IS A RELEASE OF YOUR RIGHTS, READ THIS FORM CAREFULLY AND UNDERSTAND BEFORE SIGNING.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.

Student Name

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date