



# ***Expanding Your Horizons!***

***Western Colorado Girls in STEM Conference***

***STEM Design Challenge Pitch for 3rd-8th grades!***



**Saturday, April 14th, 2018**

**8:00 a.m. - 4:00 p.m.**

***Get your team of 5 girls and one mentor ready!***

***Hosted by West Middle School STEM***

For More Information: Contact [Heidi.Ragsdale@d51schools.org](mailto:Heidi.Ragsdale@d51schools.org)

**To Register, Email:**

[Heidi.Ragsdale@d51schools.org](mailto:Heidi.Ragsdale@d51schools.org)



# Expanding Your Horizons!

## Western Slope Girls in STEM Conference

\_\_\_\_\_ in grade \_\_\_\_\_ has permission to participate in the following field trip:  
 (Student)

Location	Date/Time	Local Departure Time	Local Return Time
<i>Expanding Your Horizons Girls in STEM Conference Grand Junction, CO</i>	Saturday, April 14th, 2018 8:00 - 4:00		

I also approve of my child being transported by \_\_\_\_\_ OR Parent Dropoff/Pickup? Yes  
 No

I have indicated below any medical/personal information regarding my child which the sponsor(s) should be aware of. (This information will be kept confidential.) I also acknowledge that my child will be expected to abide by district(s), school and specific trip policies, rules, and regulations. In case of an emergency, I grant permission for emergency procedures/ hospitalization to be provided for my child.

\_\_\_\_\_ My child has no medical concerns and will not require medication to be available while on the field trip.

\_\_\_\_\_ My child does have a medical concern and will require medication to be available while on the field trip. Each individual school will need to provide accommodations for individual students. Examples may include: epi-pens, inhalers, oral medications, or diabetic supplies. Please list your child's medical/personal information or needs:

Medical Concerns:	Food Allergies/Special Diet
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**NOTE:** For an extended field trip (outside of normal school hours), parents will supply the medication and directions for administering it for the full length of the trip.

**Please complete the following:**

	Parent(s)	Physician	Emergency Contact #1	Emergency Contact #2
Contact Name				
Contact Phone				

This permission slip must be returned to the school by March 30th

**Photo Release:** I **DO NOT** give permission for my students to be photographed as part of this STEM learning event. Initials: \_\_\_\_\_

**Shirts:** Students will receive a donated event shirt from our community STEM business partners as part of this event. **Shirt size:** \_\_\_\_\_

**Lunch:** Bfast/Lunch will be provided for each team of 5 girls and one mentor, as donated by our community STEM business partners.

**Chaperoning:** I am interested in helping chaperone. Yes Not this time.

**Want on a specific team? 1- 4 team members are you requesting:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email/Phone- only if chaperone

**REGISTERED**

**for the**

**Girls In STEM**

**Conference**

**Yet?**