



2016 DiscoverE Bursary Program Terms and Conditions

Application

All applications are to be submitted by the date of **June 1** for July camps, and **July 1** for August camps. The attached bursary application form must be completely filled out by the parent/guardian of the prospective camper.

A full application will include the following:

- Completed bursary application form signed by a parent or guardian.
- Cover letter written by an authority figure of the applicant (eg. Teacher, principal, social worker): Describing why the child deserves a bursary, and their enthusiasm for science.
- Letter from the applicant: addressing why they would like to come to camp, what interests them most about science.
- A completed camp registration form.

Regarding Partial and Full Bursaries

Partial and Full Bursaries will be awarded to children as DiscoverE deems fair and needed. Partial Bursary recipients will receive credit to exactly half of the cost of the camp that they attend. Full bursary recipients will receive complete credit to their camp. Bursaries can be used to attend any of the DiscoverE camps.

Confirmation:

Once the full application is received we will review all documents and contact the applicant within 5 business days.

In the event the prospective camper is offered a bursary, confirmation **must** be made to DiscoverE **no more than two weeks** following the date the bursary has been offered. There are many deserving children and it is essential we know for sure whether the bursary will be used by the applicant

Post Camp Follow-up Letter

Following the camp they have attended, all bursary recipients are required to submit a letter highlighting their experiences at the DiscoverE Camp (such as the best memory they had at camp, friends they've made etc.). This letter is extremely important to us as it gives us feedback to our programming and allows us to give feedback to the sponsors who have directly funded the bursary.



DiscoverE Camp Bursary Application

Name of Prospective Camper: _____

Sex: M ____ F ____ Birth Date (DD/MM/YYYY) ____/____/____ Grade Completed as of June: ____

Address: _____

Postal Code: _____ Home Phone Number: (____) _____

Email Address: _____

Are you a single parent? _____ Number of children in household? _____

Mother's Name: _____ Daytime Phone Number: _____

Father's Name: _____ Daytime Phone Number: _____

Guardians' Name: _____ Daytime Phone Number: _____

Total Family Annual Income (before CIT) _____

School: _____ Teacher: _____

Teacher Phone Number: _____

Social Worker (if applicable): _____ Phone Number: _____

I _____, _____, of _____
(name) (relation) (camper name)

certify that the above information is true and that I agree with and understand the Bursary Program Terms and Conditions contained in this package, and **agree to send a post-camp follow-up letter.**

Signature: _____ Date: _____

Enclosed: ____ Adult cover letter ____ Applicant letter

<i>For Administrative Use Only:</i>		<input type="checkbox"/> <i>Approved</i>
Date received: _____	Processed by: _____	
Received by: _____	Contacted on (date): _____	
Complete: _____	Confirmed on (date): _____	



Registration for DiscoverE Camps

Camper Information:

Last Name: _____

First Name: _____

Date of Birth: _____

Gender: M F

Grade completed as of June: _____

Parent E-mail: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Phone: _____

Emergency Contact Information:

Name: _____

Alternate Name: _____

Relationship: _____

Relationship: _____

Daytime Phone number: _____

Daytime Phone number: _____

Important Medical Information: (allergies, medical concerns, food restrictions medications, physical activity restrictions):

Please check here if your child will have an Epi-Pen at camp*:

**If your child requires an Epi-Pen, please download and complete the Epi-Pen Consent Form and submit it with this registration form. The form can be downloaded from the DiscoverE website.*

T-shirt size:

Youth Small Youth Medium Youth Large

Adult Small Adult Medium Adult Large Adult Extra Large

Have you registered for another DiscoverE program before: Yes No

How did you hear about us? _____

Did your child receive a workshop from DiscoverE in their classroom this year? Yes No

For statistical purposes only, do you wish to declare that you are of Aboriginal ancestry? Yes No

Camp Selection:

I am applying for _____ bursaries:

Number

Camp name: _____ Week: _____

• Alternate camp: _____ Week: _____

Additional Camp: _____ Week: _____

(Optional)

• Alternate camp: _____ Week: _____



I, _____, am aware that there are risks associated with my child,
Name of Parent/Guardian
_____, participating in this DiscoverE program offered through the University of Alberta.
Name of Child

Disclaimer Clause

I understand that DiscoverE, the University of Alberta (officers, directors, employees, instructors, and volunteers), Actua and program supporters are not responsible for any injury, loss or damage of any kind sustained by participants during the program or after the program day has ended, except to the extent that such injury, loss or damage was caused by the sole negligence of the DiscoverE, University of Alberta staff or volunteers.

Assumption of Risks

In consideration of my child's participation in the above noted program and all related activities, I and my child acknowledge that we are aware of, appreciate and accept the inherent physical risks and the other possible RISKS, DANGERS, AND HAZARDS associated with being a participant, including the **possible risk of severe or fatal injury** to my child or others. These risks **include but are not limited to:**

- i. all manner of injuries resulting from the mechanical failure of apparatus/equipment;
- ii. transmission of diseases in various ways and types from contact with other participants resulting in death, disease or other illnesses
- iii. all manner of injuries and/or death that may result from transition between facilities.

Acknowledgement of Responsibilities

The parent/guardian and the participant understand and acknowledge the following:

- i. **TO FOLLOW** all the instructions and rules given by those responsible for or in charge of the above noted program and all related activities while my child is a participant and participating in the above noted program. I understand and accept that the instructions and rules are in place to provide a safe environment for the entire program; and
- ii. **TO OBEY** all the rules and regulations pertaining to the above noted program and all related activities.

Condition of Registration

The parent/guardian and the participant understand and acknowledge the following:

- i. that the participant sees a licensed medical practitioner on a regular basis and to the best of my/our knowledge is physically and mentally able to participate in all activities of this program.
- ii. that the participant will wear full protective equipment demanded by the activities or experiment; and
- iii. should the participant be injured during the program I/we give permission for University of Alberta staff to provide emergency medical treatment.



Sign-out and Pick-up Permission

Please **initial** next to the statement(s) that you agree with:

_____ In addition to myself, I give permission for my child to be signed out by any of the following people:

Full Name:	Relationship to Camper:	Contact Phone Number:

_____ I give permission for my child to **leave after the program** has ended without a parent or guardian signing them out. My child will sign him (her)self out. (Only applicable for children in grades 7-12).

Optional Permissions

Please **initial** next to the statement(s) that you agree with:

_____ I give DiscoverE and/or Actua and their partners permission to take **photos or videos** (digital or otherwise) of my child and to reproduce the likeness of my child (no names to be used) in promotional materials, including brochures and audio-visual productions.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT and that I understand, appreciate and accept the risks associated with my child's participation in the above noted program and all related activities at the University of Alberta or on any pre-determined field trips. As the parent/guardian for the participant, I consent for my child's participation in the above noted program and all related activities.

Date signed: _____

Name of Participant: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Contact Phone Number: _____

Signed documents must be filed with the Faculty/Department and kept for a minimum of **five years**.