

## GRICUA STEAAAM SUMMER PROGRAM APPLICANT INFORMATION SHEET



### ALL APPLICANTS MUST BE A MEMBER OF THE GILA RIVER INDIAN COMMUNITY

GRICUA's STEAAAM (Science, Technology, Engineering, Art, Agriculture, Architecture and Math) Summer Program offers students interested in science, technology, engineering, art, agriculture, architecture and math an environment to explore these diverse subjects. The STEAAAM program will be held from June 13-17, 2022 and is designed to engage and sustain a STEAAAM student-centered learning culture where passion, self-discipline, technology-enhanced collaborative teamwork and STEAAAM career awareness are part of the learning settings.

In order to participate in GRICUA's STEAAAM Summer Program, students and their parents or guardians must understand and agree to the following:

#### The Application Process & Deadlines

- All information submitted with the application will be maintained in confidence by all members of the screening committee.
- Students must be entering 5th-8th grade in the upcoming 2022-23 school year.
- Extended deadline to apply is **Wednesday, June 1, 2022** at 4:00 PM.
- Mail, fax or email applications to: GRICUA Attn: STEAAAM Program at 6636 W. Sundust Rd Box 5091, Chandler, AZ 85226 or Fax 520-796-0672 or [llarney@gricua.net](mailto:llarney@gricua.net).
- If the number of eligible students exceeds the number of seats available, **a random lottery selection will occur** for eligible applicants.
- **Eligible applications submitted after the deadline will be wait-listed** in the order they are received. Students will be contacted in June, if space is available.
- Orientation will be held on **Wednesday, June 7, 2022 at 5:30 PM**. The student and a parent or guardian must attend. We will review our expectations for the students, meet the chaperones and distribute the 2022 STEAAAM Summer Program schedule.

#### Transportation

- Parents/Guardians must drop their child off at GRICUA by 7:30 AM and pick-up their child by 5:00 PM each day.
- GRICUA will provide transportation to various field trip sites.

#### Breakfast/Lunch/Snacks

- Breakfast, lunch and an afternoon snack will be provided.

#### Student Expectations

- All students must have appropriate behavior and attendance.
  - All students must get enough sleep to be alert and ready to learn all day.
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# GRICUA STEAAAM Summer Program • Student Application Form

## STUDENT INFORMATION

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth (Mo./Day/Yr.): \_\_\_\_\_ GRIC Enrollment No.: \_\_\_\_\_

Gender:  Female  Male T-shirt Size: Youth or Adult S  M  L  XL   
(Circle one)

## 2021-2022 SCHOOL INFORMATION

Name of School Attended: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Grade: \_\_\_\_\_

List your **extracurricular activities**, including volunteer work, community service projects, etc.

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List any **honors or other awards** you have received.

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List your **hobbies or special interests**.

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Describe your interest in science, math, engineering and/or technology.

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Participants in the STEAAAM Summer Program need to work as a group. Describe how/what will you contribute to the group.

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How did you find out about this program?

- Teacher     Counselor     GRIN     GRICUA Newsletter  
 Facebook     Website     Other \_\_\_\_\_

The information contained in this application is true and correct to the best of my knowledge. By signing this application, I assert my understanding that I must participate in all required group and cohort meetings, along with all other required program activities.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## STUDENT EMERGENCY CARD

Name of persons and telephone numbers to call in case of emergency.

Parent/Guardian \_\_\_\_\_ Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

Other \_\_\_\_\_ Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

## STUDENT MEDICAL/HEALTH INFORMATION

Please indicate if your child has any of the following conditions:		Please indicate if you child has an allergy. Please specify.	
Asthma:		Food:	
Seizures (type):		Environmental:	
Diabetes:		Medicine/Drugs:	
List other conditions:		Other Allergy:	
Does your child take any medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, list medication: _____
Recent illness, hospitalization and/or surgery. Please provide date(s) and description(s): <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>			
Physician/Health Care Provider:		Phone No.:	
<p><i>Preferred Hospital</i> _____</p> <p><i>In case of serious illness or injury, I understand that my child will be taken to the closest hospital by ambulance, if necessary, and emergency treatment will be provided until parent or legal guardian can be contacted. Any expenses for emergency transportation and/or treatment shall be the responsibility of the parent or legal guardian.</i></p> <p>_____</p> <p>Parent/Guardian Signature <span style="float: right;">Date</span></p>		<p>Please check one of the statements below and sign:</p> <p>_____ I give GRICUA authority to administer the recommended dosage of Non-Aspirin (Acetaminophen) when my child has: ___ fever ___ pain ___ other</p> <p>_____ I <b>do not</b> give GRICUA authority to administer the recommended dosage of Non-Aspirin (Acetaminophen).</p> <p>_____</p> <p>Parent/Guardian Signature <span style="float: right;">Date</span></p>	



**GRICUA STEAAAM Summer Program  
June 13-17, 2022**

**Liability Waiver and Release of Liability**

IN CONSIDERATION of being enrolled as a participant in the GRICUA STEAAAM Summer Program, I give my permission to have, \_\_\_\_\_ (name of child), participate in the GRICUA STEAAAM Summer Program. The undersigned agrees and states as follows:

1. The undersigned is aware of, understands, and assumes all inherent risks, hazards and dangers associated with the GRICUA STEAAAM Summer Program participation (printed below) and, understands that the actual conditions at the GRICUA STEAAAM Summer Program may include more or less risks, hazards and dangers than those so enumerated below.
2. The undersigned, for himself or herself and for his or her heirs, successors, assigns, personal representatives and next of kin, hereby releases, waives, discharges, covenants not to sue and agrees to hold harmless the Gila River Indian Community Utility Authority, as well as its officers, directors, agents, volunteers and employees, from all liability for any and all causes, damages, suits, injuries and claims of every type and nature whatsoever, including but not limited to, property damage, personal injury and/or wrongful death or otherwise, without limitation, arising out of or alleged to arise out of the GRICUA STEAAAM Summer Program.
3. The undersigned hereby acknowledges, warrants and promises that the state of his or her physical health (or that of the minor if this release is signed by a parent or guardian on behalf of a minor) will, on the week of the GRICUA STEAAAM Summer Program, be sufficiently sound to permit him or her to safely participate.

**RISKS, HAZARDS AND DANGERS ASSOCIATED WITH THE GRICUA STEAAAM  
SUMMER PROGRAM**

The GRICUA STEAAAM Summer Program involves inherent risks, hazards and conditions that may be dangerous to life, limb and property and that can arise in an incalculable variety of unforeseeable or foreseeable ways which may include, but are not limited to, the following: the presence of animals, motor vehicles, machinery, projectiles, wind, rain, hail, and other forces of the elements, and other threats to life and limb, such as the possibility of slipping and falling and complications associated with weather conditions and physical exertion (such as heat stroke, fainting, collapse, exhaustion, or other more serious complications.)

This Liability Waiver and Release of Liability will be construed broadly to provide a waiver and release to the maximum extent permitted under applicable law. If any provision is determined to be void, that determination will not affect any other provisions, and all other provisions will remain in full force and effect.

**I am aware that this Liability Waiver and Release of Liability is a legally binding agreement for good and sufficient consideration, the adequacy of which I acknowledge. I further acknowledge and certify that I have read the above Liability Waiver and Release of Liability, understand its content, agree with its terms, and by signing below I agree it is my intention to exempt, relieve, release and hold harmless the Gila River Indian Community Utility Authority and the Program Administrators from liability for property damage, personal injury, and/ or wrongful death caused by negligence or any other cause during my participation in the GRICUA STEAAM Summer Program. I voluntarily sign this Liability Waiver and Release of Liability of my own free will and without any coercion or duress.**

**Parental/Guardian Consent:**

I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and control and I do hereby give permission for the Child to participate in the above activities. I further certify that the Child is in sufficient health to participate in these activities. I realize that by participating in these activities, the Child could be exposed to a risk of injury or death. I understand the dangers incidental to participating in these activities and the need for safety precautions, and I have discussed the dangers of these activities and the need for safety precautions with the Child. I hereby execute the above Liability Waiver and Release of Liability on his/her behalf.

**Participant Name (Print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Name (Print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<p>Medical Treatment Information for Participant</p> <p>Insurance Carrier: _____</p> <p>Group #: _____</p> <p>Individual #: _____</p>	<p>If in an emergency there is a choice of medical providers, I prefer that my child be treated at the following hospitals:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**TRANSPORTATION PERMISSION/WAIVER FORM AND RELEASE OF LIABILITY**

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Activity: GRICUA'S STEAAAM Summer Program

Date of Activity: June 13-17, 2022

I, the undersigned, hereby request transportation coordinated by the Gila River Indian Community Utility Authority from GRICUA's STEAAAM Summer Program located at 6636 W. Sundust Rd., Chandler, AZ 85226. I understand that GRICUA does not own the van that will be used to transport the undersigned to the Activity, but that GRICUA will rent a van from Enterprise Rent-A-Car, a third party rental company, to use as transportation to the Activity.

I fully understand that traveling involves risks and dangers of serious bodily injury including permanent disability, paralysis, and death; these risks and dangers may be caused by my own actions or inactions, the actions and inactions or other drivers or passengers; there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and as between myself and the Gila River Indian Community Utility Authority, I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue the Gila River Indian Community Utility Authority, its administrators, directors, agents, volunteers and employees ("Releasees") from any and all liability claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise and I further agree that if, despite this release and waiver of liability, assumption of risk and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify save and hold harmless each of the Releasees, from any litigation's expenses, attorney fees, loss, liability, damage, or cost which may be incurred by Releasees as a result of such claim. I do not waive any claims I may have against Enterprise Rent-A-Car.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Parent or Legal Guardian

\_\_\_\_\_  
Date

# GRICUA MEDIA RELEASE FORM FOR MINORS



## **AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL**

I give my permission to the Gila River Indian Community Utility Authority (“GRICUA”) for my child to be photographed, videotaped, or filmed during GRICUA-sponsored events or programs, including but not limited to, the Washington Youth Tour, STEAAAM and High School Internship Program. I consent to GRICUA’s use of my child’s image and likeness in any GRICUA publication, promotional and marketing materials (including third party media outlets), and on any website (whether in original or altered form) for any lawful purpose. I acknowledge that the use of my child’s image and likeness in those media outlets are the sole property of GRICUA. I also understand and agree that this consent extends to third party media representatives or contractors who photograph, videotape, or film at the events or during the program.

I waive any right to the originals or copies of the media materials containing my child. I also understand that I do not have the right to inspect or approve the media prior to use by GRICUA. In consideration for my child’s participation in the GRICUA event, I waive any claims that I or my child may have, whether now or in the future, against GRICUA or any third party related to the use of the media, including any right to payment, royalty, or other type of compensation and any claim or demand for damages. This authorization is continuous and may only be withdrawn by specific rescission of this authorization.

Parent or Guardian Name: \_\_\_\_\_ Child’s Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_