



STEM Summit
The Aerospace Corporation
AND St. Bernard High School

Students and Parents,

St. Bernard High School and Aerospace Corporation are looking for middle school students who excel in science, technology, engineering, and math (STEM). You have an exciting opportunity to utilize your math and science skills while being mentored by Aerospace Corporation professionals and St. Bernard High School students. The Aerospace Corporation is located just south of SBHS, and their first and most important role is to assure space mission success.

St. Bernard High School
in partnership with
The Aerospace Corporation

Aerospace employees and our top St. Bernard High School Students are volunteering their time to mentor YOU!

We have planned an amazing day that will include large group activities, small group activities, and an exciting awards ceremony.

Special Guest
General Kevin P. Chilton
Pilot of the Space Shuttle Endeavour
Commander of the Space Shuttle Atlantis
Class of 1972

Saturday, February 23, 2019
8:00 am – 2:30 pm

St. Bernard High School
9100 Falmouth Ave.
Playa Del Rey, CA 90293

If you would like to participate in STEM Summit 2019, please complete all attached registration forms and return them to your school by **Friday, February 8th** so that your school can send all registration forms to St. Bernard High School by the Tuesday, February 12th due date. Or, if you are registering independently, please scan and email all completed forms to STEM@stbernardhs.org, or fax (310) 827-3365.

If you have any questions, please email Laurie Bathker at STEM@stbernardhs.org.



S T E M Summit
The Aerospace Corporation
AND St. Bernard High School

SBHS STEM Summit 2019 Student Registration Form

School Name: _____

Student Name: _____ Grade Level: _____

Student Email: _____

Have you participated in SBHS STEM Summit in previous years? _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____

Parents/guardians, please initial the following, and sign and date below:

____ I have reviewed the event date with my son/daughter, and he/she is committed to participating in SBHS STEM Summit 2019.

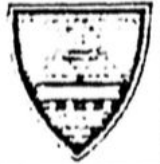
____ I understand that I must complete and submit all additional registration forms (emergency contact form, SBHS photo release form, and Aerospace photo release form) in order for my child to participate in SBHS STEM Summit 2019.

Parent/Guardian Signature: _____ Date: _____

Please complete all attached registration forms and return them to your school by **Friday, February 8th**. Or, if you are registering independently, please scan and email all completed forms to STEM@stbernardhs.org, or fax (310) 827-3365.

St. Bernard High School

Emergency Information



Student Name	Grade	Birth date	Parent Name and Primary Emergency Number
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In the event of an emergency where neither parent can be reached, who should we call? Please list the Name/Address/Phone of local people who will care for your child in an emergency or to whom you authorize your child's release. Note: Your child will not be released to anyone who is not listed here without your specific permission. ID may be required.

Emergency Contact Name	Relationship to Student	Phone Number(s)
1.		
2.		
3.		

In the event of a major emergency, the following information may be used to release your child. Please list your permission by circling Yes or No and numbering all "yes" responses from 1 - 7 indicating the order you wish us to proceed.

In an emergency, my child...	(Circle)	(Number)
may only be released to either parent	YES NO	()
may be released to any contact listed above	YES NO	()
may walk home	YES NO	()
may drive home	YES NO	()
may ride with another student or carpool home	YES NO	()
may take the bus home	YES NO	()
may give other students a ride home	YES NO	()

Indicate any health problems, medical conditions, or medications the student takes regularly. (Note: Students may not take any medication at school with specific physician orders on file at the school)

Medical Insurance Information: (Carrier, Policy Number, Parent Name on Policy)

My choice(s) for local Doctor and/or Hospital Emergency are (name and phone number):

Emergency Consent and Treatment of a Minor

This authorization shall remain effective until August, 31, 2019 unless revoked in writing sooner and delivered to said agent.

Initial each Statement

- I/We understand and agree that the school does not assume responsibility for payment of a physician in any case. In an emergency, the school may choose a physician
- I/We understand and agree that in the event of a medical emergency, the school may call for paramedics or ambulance transport to render emergency medical assistance. The school does not assume responsibility for any costs incurred for such emergency services.
- I/We understand and agree that in the event of an emergency, the administration of St. Bernard High School may act in any appropriate manner to ensure our child's safety and well being.

I (We), the undersigned, parent(s)/legal guardian(s) of (print student name) _____, a minor, do hereby authorize St. Bernard High School as agent for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment.

Print Parent/Guardian Name(s)

Parent/Guardian Signature(s)

Date

**PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR
(NONCOMMERCIAL)**

This section to be completed by the Archdiocesan entity (school/parish/ACC) sponsoring the activity ("Location"):

Name of Location: ST. BERNARD HIGH SCHOOL
The Location intends to use your child's image, name, voice and/or work for noncommercial purposes relating to the event(s) or activity(ies) identified below.

Description of events/activities to which this Release applies:
ALL SCHOOL RELATED ACTIVITIES

Duration of Release: from 8-2018 [insert date] to 8-2019 [insert date]

This section to be completed by Parent/Guardian:

I, _____ am the parent/guardian of _____, a minor.

I hereby authorize the Location to use the following personal information about my child:
(Please initial the applicable boxes)

Image: yes no Voice: yes no Name: yes no Work: yes no

I understand and agree that my child's image, voice, name and/or work ("Personal Information") relating to the events or activities described above will be used for noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that my child's Personal Information may be copied, edited and distributed by the Location in publications, catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed ("Materials").

The Location may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Location will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. In exchange for the opportunity given to my child by the Location to participate in the activity, I agree that neither I, nor my child, will receive monetary compensation, royalties or credit. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.



I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature: _____ Date: _____

Print Name: _____ Relationship to Child: _____

Address: _____

Telephone: _____ Cellphone/Email: _____

Name of Child: _____ Age: _____



