HYPATIA DAY 2015

STEM DAY FOR 7th & GRADE GIRLS Saturday, February 21, 2015

| PARENT FORM (please print) | | |
|--|---|--|
| Student name | School | |
| Home Address | | |
| City and Zip | Phone | |
| *Parent email: | | |
| Emergency Contact: Name | Phone | |
| interest, achievement, and promise i Hypatia Day is designed to push he | in areas related to science, techno er to pursue the strongest possible of the range of choices you, as | ia Day 2015 because of her ability, logy, engineering, or math (STEM). le academic programs, especially in parents, will encounter in the near |
| Names of parents who plan to attend (please print) | i: | |
| Parents cannot attend: | | |

NOTES:

 You and your daughter will attend the opening and closing sessions together. For the remainder of the day your daughter will attend STEM-based laboratory activities; you will take part in discussions on how to prepare academically and financially for your daughter's future.

Parent Signature

- The registration fee is \$20 per student and \$7 per parent (includes lunch). Scholarships are available at the request of the coordinating teacher.
- Please make checks payable to **Saint Mary's College** and enclose with this form. This form may be returned to the teacher or you may mail it directly to:

Hypatia Day c/o Mathematics Department Saint Mary's College 31 Madeleva Hall Notre Dame, IN 46556-5001

Applications are due by February 7, 2015. Please note: we can only accommodate 125 girls and their parents; applications will be accepted in the order they are received until that limit is reached.

* Prior to the event you will receive confirmation of registration and additional information via email. Information is also available at www.saintmarys.edu/HypatiaDay

HYPATIA DAY 2015 Minor Release Form

I/We recognize and acknowledge that there are risks in my child's/ward's presence and participation in Hypatia Day. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against Saint Mary's College including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of, in connection with the transportation to and/or from the event, or any activity my child/ward participates in while attending Hypatia Day.

MEDICAL RELEASE

Our permission is hereby given to the school representative of Saint Mary's College to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving:

| STUDENT: | | | |
|---|---------|----------------------|--|
| Date: | | | |
| PARENT/GUARDIAN (Name Typed or Printed) | | | |
| DATE: | SIGNED: | | |
| | | (Parent or Guardian) | |