Gateway Science Museum is pleased to be hosting a Gateway Hour of Code event. This a unique 1.5 hour introduction to software development, designed to demystify code and show that learning the basics is easy! Participants will explore how to write code through a series of fun and creative challenges while discovering how coding is a tool that is used in real-world science applications for the creation of simulations and modeling.

WHAT IS HOUR OF CODE?
The Hour of Code is global movement reaching tens of millions of students in 180+ countries. The Hour of Code is an annual event in December organized by Code.org, a public non-profit dedicated to expanding participation in computer science by making it available in more schools, and increasing participation by women and other underrepresented groups.

FRIDAY, APRIL 14TH, 2017 3:30-5PM for grades 5 - 8TH

This workshop is independently paced and picks up at your skill level. All levels welcome!

COST PER SESSION:
$25 for members, $40 for non-members

Pre-registration required. Registration is open and limited. Registration will close when spaces are filled and no later than April 10th.

For more information or to register, please contact jedmunson@csuchico.edu or (530) 898-5130

625 ESPLANADE, CHICO • (530) 898-4121
WWW.GATEWAYSCIENCE.ORG
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COST PER SESSION:
MEMBERS $25 / NON-MEMBERS $40
(cash or check; payable at time of registration)

Pre-Registration is required and spaces are limited.
Registration will close when spaces are filled, and no later than April 10th.
For More Information contact Jess, at (530) 898-5130 or jedmunson@csuchico.edu

1. Parent/Guardian Name ___________________________ Student’s Name ___________________________
   (please print) (please print)
   Address ___________________________ City _____________ State _______ Zip ____________
   Phone (Home) _______________ Mobile ______________ E-mail _______________________

2. What grade is participant in (please circle)?  5th  6th  7th  8th

3. Current Member?  ○ No  ○ Yes, name on membership card ________________________________

4. Payment:  ○ Cash (do not send by mail)  ○ Check (make checks payable to Gateway Science Museum)

5. Forms:  I have completed and submitted the following FOUR forms: (please check when completed)
   ○ Release of Liability  ○ Authorization to Treat a Minor  ○ Permission to Publish Photos  ○ Pick-Up / Dismissal

ALL FORMS & PAYMENT MUST BE RECEIVED – NO LATER THAN APRIL 10th

GATEWAY SCIENCE MUSEUM
Mail:  400 W. 1st St., Chico, CA  95929-0545
In Person:  625 Esplanade, Chico
Email:  gateway@csuchico.edu
www.gatewayscience.org | 530. 898. 4121

Last updated 2/16/17 je
RELEASE OF LIABILITY
PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: Gateway Science Museum Hour of Code April 2017
Gateway Science Museum is a research project of the CSU, Chico Research Foundation.

Activity Dates and Times: Fri. Apr. 14th : 3:30pm - 5pm
Activity Locations, Premises or Facilities: California State University, Chico - Gateway Science Museum

In consideration for being allowed to participate in this Activities and/or use of the Premises or Facility, on behalf of my child/ward, myself and next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California, the Trustees of the California State University, California State University, Chico, and their employees, officers, directors, volunteers and agents (collectively “University”) and the Research Foundation and their employees, officers, directors, volunteers and agents (collectively “Auxiliary Organization”) from any and all claims, including claims of the University’s or Auxiliary Organization’s negligence resulting in any physical or psychological injury (including paralysis and death), illness, property damage or economic or emotional loss my child/ward or I may suffer because of their participation in this Activity, including travel to, from and during the Activity.

I grant permission for my child/ward to participate in the Activity. I am aware of the risks associated with traveling to, from and participating in the Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, death and/or property damage. I understand that these injuries or outcomes may arise from my child/ward’s own or other’s actions, inaction, negligence, conditions related to travel, or the condition of the Activity Location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my child/ward’s participation in this Activity, including travel to and from and during the Activity.

I certify that the participant is in good health and has the capacity to participate in programs of this nature.

I agree to hold the University and Auxiliary Organization harmless from any and all claims, including attorney’s fees or damage to participant’s personal property that may occur as a result of participation in this Activity, including travel to, from and during the Activity. If my child/ward needs medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry health insurance on my child/ward.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University and the Auxiliary Organization from all liability on my and the Participant’s behalf, (b) promising not to sue on my and the participant’s behalf, (c) and assuming all risks of the Participant’s participation in this Activity, including travel to/from an during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this full page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Name of Minor Participant’s Parent/Guardian (Print)

Signature of Minor Participant’s Parent/Guardian Date

Last updated 2/16/17 je
AUTHORIZATION TO TREAT A MINOR
CSU, CHICO RESEARCH FOUNDATION

In the event that my child/ward becomes ill or sustains an injury while in the care or under the supervision of the Gateway Science Museum *Hour of Code* program, operated through the CSU, Chico Research Foundation, any of the adult supervisors of the activity is given my permission to administer first aid for his/her relief.

If it is not practical to return him/her to me or to receive my instructions for his/her care:

I, the undersigned parent or legal guardian of ____________________________, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and emergency hospital care, which is deemed advisable by and is rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to provision of Section 25.8 of the Civil Code of California.

I further agree to not hold the above-named program, the CSU, or the CSU, Chico Research Foundation or their employees, officers, directors, or volunteers liable for the medical aid rendered, and I agree to make reimbursement for the medical or other expenses incurred for the care of the named minor.

Parent/Legal Guardian Signature: ___________________________ Date: ___________________________

Parent/Legal Guardian name (print): ___________________________ Relationship to Minor: ___________________________

Medical Insurance Information:
Name of Insurance Company: ___________________________ Policy #: ___________________________
Name of Insured: ___________________________

Medical Information:
Allergies to drugs or foods: _____________________________________________________________
Required medications & frequency: _______________________________________________________
Date of last Tetanus Booster: ___________________________________________________________
Are there any activity limitations or special needs? ___________________________________________

Emergency Contact and Pick Up Information:
Name: ___________________________ Phone #: ___________________________ Relationship: ___________________________
Name: ___________________________ Phone #: ___________________________ Relationship: ___________________________
Name: ___________________________ Phone #: ___________________________ Relationship: ___________________________

Last updated 2/16/17 je
Permission to Publish Photos/Video
on Website, GSM Facebook, or in Printed Materials

Photos and video of activities taken during the **Hour of Code** are important tools for publicizing and promoting future workshops/activities of this nature. Permission from minor participant and parent/guardian is required to allow this to occur.

To protect a child’s identity, names will not be published near or in reference to photographs. Only the GSM Executive Director will have permission to add pictures/video to publicity materials or GSM web pages.

**Workshop Participant Consent**

☐ YES ☐ NO

As parent/legal guardian, I give the CSU, Chico Research Foundation, CSU, Chico, and Gateway Science Museum permission to use photographic workshop images of my child/ward for reproduction on the Gateway website or Gateway Facebook page, or in printed materials for the sole purpose of promoting the workshop or related activities. I understand that my child/ward’s name will not be associated with any such photographs.

--- IF you checked YES above, please complete below ---

**Parent/Guardian Consent**

Participant’s Full Name (print): ______________________________

I am the parent or the legal guardian of the above-named minor and hereby approve the use of his/her photograph/audio/video pursuant to the terms described above.

I affirm that I have the legal right to issue such consent.

Parent/Guardian Signature: _______________________________ Date: __________________

Parent/Guardian Printed Name: ______________________________
PICK-UP / DISMISSAL AUTHORIZATION

For the safety of the children attending the Hour of Code we ask that you please provide us with information on the adult(s) who are approved to pick-up your minor child at the end of each day.

PICK-UP AUTHORIZATION (please enter one or more):

1. Name: ________________________________   Phone: ______________________________
   Relationship: _________________________________

2. Name: ________________________________   Phone: ______________________________
   Relationship: _________________________________

3. Name: ________________________________   Phone: ______________________________
   Relationship: _________________________________

Parent/Guardian Signature: _________________________________ Date: __________

ALTERNATIVE DISMISSAL (optional):

IF you have made alternate arrangements with your child, and you wish to allow them to leave the premises without adult supervision, you MUST indicate transportation method and sign below.

   I grant Gateway Science Museum and the CSU, Chico Research Foundation, approval to release my minor child/ward without adult supervision or authorized pick-up personnel, at the close of events on April 14th. My minor child/ward will be leaving the Gateway premises by:

   □ Bicycle or skateboard □ Walking □ Public Transportation □ Other (explain)

   _________________________________

Parent/Guardian Signature: _________________________________ Date: __________

Gateway Science Museum
625 Esplanade
Telephone: 530-898-4121