



Southwest Middle School  
**STEAM Academy**  
**STEM In Your Backyard**



**March 8, 2019 at Castle Park High School**

For more information, visit <http://lovestemsd.org>

**FREE FAMILY EVENT**

**STEM IN YOUR BACKYARD**  
**South Bay**

**Friday**  
**March 8<sup>th</sup>**  
**10AM - 1PM**  
**Castle Park High School**

Castle Park High School  
 1395 Hilltop Drive  
 Chula Vista, CA 91911

STEM In Your Backyard is a free, family-friendly interactive event that brings the worlds of Science, Technology, Engineering, and Math (STEM) to life for students of all ages! Get creative with 3-D printing, play with virtual reality technology, pet snakes and komodo dragons, generate electrical currents, compete in a Multiplication Bee for prizes, and so much more! Come witness all of the STEM that happens right in your backyard!

Special thanks to our sponsors:  
 County of San Diego SDG&E  
 Kinder Morgan Foundation U.S. Air Force  
 pSemi Corporation Verizon

www.biocominstitute.org  
 #lovestemsd

STEM In Your Backyard provides access to free, meaningful STEM experiences by bringing the spark of science directly to communities throughout San Diego. Each STEM In Your Backyard is organized similarly to a street fair: local companies, non-profits and community organizations set up exhibit booths with fun, hands-on STEM activities for all participants. STEM In Your Backyard increases the opportunities for students to interact with STEM professionals, providing youth with positive and diverse STEM role models and changing the image of STEM. This STEM exposure encourages youth to stay involved in STEM and consider a career in this field a reality.

**Friday, March 8th Southwest Middle STEAM Proposed Itinerary:**

<b>Pick up time at each site</b>	- 9:00am	meet at the Stage Area for attendance
	9:30am	Bus leaves SOM
	9:55am	Drop off at CPH
	10:00 am	Explore STEM In Your Backyard
	1:00 am	Depart CPH for SOM
	1:30am	Arrive at SOM

**We have 54 student spots available for each Group. If you would like to be a part of this field trip:**

1. Turn in the attached permission slip by **March 4th** (Mrs. Barron room 803)



**DUE BY: Monday, March 4th TO: Mrs. Barrón Room 803**



**Southwest Middle School STEAM Academy**  
**STEAM Field Trip to STEM In your Backyard, CPH**  
**Friday, March 8, 2019**

Student Name: \_\_\_\_\_

Student ID # \_\_\_\_\_

Lunch PIN \_\_\_\_\_

Group \_\_\_\_\_

**Special Notes:**

- Wear spirit shirt or uniform and comfortable walking shoes
- Dress in layers and wear sun protection (we might have to eat outside in the sun)

Please be aware that the teacher or leader has the right to call for medical assistance (911) in the event of a medical emergency.

- Does your student have a medical issue (asthma, ADHD, allergies, etc) that the teacher or leader needs to be aware of or is your child currently taking a medication? **Yes or no**

**If yes, please give a brief description of the problem and what type of treatment, if any, is required.**

\_\_\_\_\_

1. I understand that all students going on the trip will be responsible in conduct to the driver, teacher, and/or adult sponsor. It is further understood that students will go and return from the event in the transportation provided and that every reasonable caution will be maintained on the trip.
2. Parents will be called to pick up and/or arrange special transportation home for students who miss the return bus and/or are in possession of, or under the influence of alcohol or a controlled substance, or other illegal activity.
3. Students who break the law will be left in the custody of law enforcement and the guardian will be contacted.

\_\_\_\_ / \_\_\_\_ / 2018  
Date

\_\_\_\_\_  
Household Adult Signature

\_\_\_\_\_  
Emergency Phone #

**TEACHERS:** Please indicate whether the above named student is doing sufficiently well in your class in order to be excused from this event. **Any "NO" reply or lack of signature(s) invalidates this request.**

Period	Subject	Teacher Signature	Yes	No
1				
2				
3				
4				
5				
6				
Non-privilege clearance (AP Office)				

SWEETWATER UNION HIGH SCHOOL DISTRICT  
PARENT PERMISSION FOR STUDENT PARTICIPATION IN OFF-CAMPUS SCHOOL-SPONSORED  
EVENTS

Name: \_\_\_\_\_, has my permission to attend \_\_\_\_\_

STEAM/ STEM In Your Backyard which will take place at Castle Park High School  
(activity/Event)

Date of event: March 8, 2018 Depart time: 9:30 AM\* Return time: 1:30PM\*

Class or group attending STEAM Teacher/leader Barron/ Garnica-Mendoza

Method of transportation Bus If traveling by automobile,  
Name of driver/Drivers  
License # N/A D.L. # N/A

1. I understand that all students going on this trip will be responsible in for their conduct to the bus driver, to teachers or adult sponsors. It is further understood that students will go and return from the event on the transportation provided and that every reasonable caution will be maintained on the trip.
2. I hereby acknowledge that I have been advised that the activities involved in this excursion/field trip or event are \_\_\_\_\_ are not  X  considered by the district to be of “high risk” to the participants.

Education Code §35330 provides as follows:

“All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims.”

In accordance with this statute, and in consideration of my son/daughter’s participation in said field trip or excursion, I hereby release the Sweetwater Union High School District, its officers, employees and agents from and waive all claims for injury, accident, illness, death or property damage occurring during or by reason of said field trip or excursion, and arising from any cause whatsoever, including illegal acts of third parties, terrorism, or act of war, except for any claims based upon the fraud, willful injury to a person, property, or violation of law by the District, its officers, employees and agents, and further agree to indemnify and hold harmless the District, its officers, employees and agents from any claims and actions for damage or injury which any person may assert by reason of my son/daughter’s conduct while participating in said field trip or excursion.

In the event of any of any illness or injury to my son/daughter, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my son/daughter’s safety and welfare. I agree that the resulting expenses will be my responsibility.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)/Caregiver(s)       -  -       \_\_\_\_\_  
Cellular telephone# to contact      Date  
Parent or Guardian during event

\_\_\_\_\_  
Health Insurance Company      \_\_\_\_\_  
policy number

\*There are two groups (A&B) You may view the times in the information.

SWEETWATER UNION HIGH SCHOOL DISTRICT  
 CONSENTIMIENTO DE LOS PADRES PARA PARTICIPACIÓN DEL ALUMNO(A) EN EVENTOS FUERA  
 DE LA ESCUELA PATROCINADOS POR LA ESCUELA

Nombre: \_\_\_\_\_, tiene mi permiso para asistir/participar en

STEM In Your Backyard Que tendrá lugar en Castle Park High School  
 (evento o actividad)

Fecha del evento: El 8 de marzo de 2019 Hora de salida: 9:30AM\* Hora de regreso: ~1:30 PM\*

Clase o grupo que asistirá: STEAM Maestro o encargado: Barron/Garnica-Mendoza

Método de transporte: autobus Si viaja por automóvil, nombre del chofer(es) y número de licencia: N/A Número de la licencia de manejar: N/A

1. Entiendo que todos los alumnos que van en este viaje, responderán de su conducta al chofer del autobús, maestro o patrocinadores adultos. Además, entiendo que los alumnos irán al evento y regresarán del mismo en el transporte proporcionado, y que durante el viaje, se tomarán todas las precauciones necesarias.
2. Reconozco que se me ha informado que el distrito considera que las actividades del evento, viaje, paseo o excursión en que participará el alumno(a) son \_\_\_\_\_ no son \_\_\_x\_\_\_ de "alto riesgo" para el participante.

**El Código de Educación § 35330 provee lo siguiente:**

“Se considera que todas las personas participantes en este viaje, paseo o excursión renuncian a toda demanda en contra del distrito o del Estado de California por lesiones, accidente, enfermedad o muerte que ocurriese durante o debido al viaje, paseo o excursión.” Todo adulto que participe en viajes, paseos o excursiones fuera del estado, y todos los padres o tutores de alumnos participantes en viajes, paseos o excursiones fuera del estado, firmarán una declaración de renuncia a dichas demandas.”

De acuerdo a este estatuto, y en consideración de la participación de mi hijo(a) en dicho paseo, viaje o excursión, yo libero de toda responsabilidad al Sweetwater Union High School District, sus oficiales, empleados y agentes, y renuncio a toda demanda por lesiones, accidente, enfermedad, muerte o daños a propiedad que ocurran durante o por razón del paseo, viaje o excursión, **y que surjan de cualquier causa, incluyendo actos ilegales de terceros, terrorismo, o actos de guerra,** excepto de toda demanda basada en fraude, lesiones o daño intencional a persona(s) o propiedad, o por violación a las leyes por el distrito, sus empleados y agentes; además estoy de acuerdo en indemnizar y liberar de responsabilidad al Distrito, sus oficiales, empleados y agentes de toda demanda y acción por daños o lesiones que cualquier persona podría afirmar por razón de la conducta de mi hijo(a) durante su participación en dicho viaje, paseo o excursión.

En caso que mi hijo(a) se lesionara o enfermara, otorgo mi consentimiento para que reciba la atención médica necesaria (radiografías, examen, anestesia, tratamiento médico, dental o diagnóstico para cirugía y hospitalización por parte de un médico o cirujano con licencia para practicar su profesión, según se considere necesario para la seguridad y bienestar de mi hijo(a). Estoy de acuerdo en responsabilizarme de los gastos surgidos.

\_\_\_\_\_  
Firma del padre o tutor

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Nombre de la compañía del seguro de salud

\_\_\_\_\_  
Número de la póliza

\*Hay dos grupos (A y B) Puedo ver el tiempo en la información



**Photograph Permission** for

\_\_\_\_\_ (Name of STEAM Student)

Please select your preferred option by checking the appropriate box.

<p>Each STEAM teacher has permission to use my child's picture in their classroom, professional portfolio, professional website, or other professional media.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Other (explain below):</p>
<p>The STEAM academy has my permission to use my child's picture in the school, professional portfolio, brochure, professional presentation, professional website, or other professional media.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Other (explain below):</p>
<p>The business partners of STEAM have my permission to use my child's picture in the school, professional portfolio, brochure, professional website, or other professional media.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Other (explain below):</p>

\_\_\_\_\_  
**Printed Name** of Adult Who Lives with Child

\_\_\_\_\_  
**Signature** of Adult Who Lives with Child

\_\_\_\_\_  
 Best Way to Contact Adult (phone, email, address)



## Permiso para fotografiar a:

\_\_\_\_\_ (Nombre del estudiante)

Por favor seleccione su opción preferida marcando la casilla correspondiente.

Cada maestro de la Academia STEAM tiene permiso para usar la foto de mi hijo(a) en su salón de clase, portafolio profesional, página de internet profesional o por otro profesional.	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Otro (por favor explique):
La Academia STEAM tiene mi permiso para usar la foto de mi hijo(a) en la escuela, portafolio profesional, folleto, presentación profesional, página de internet profesional u otras formas de redes sociales.	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Otro (por favor explique):
Los socios de la Academia STEAM tienen mi permiso para usar la foto de mi hijo(a) en la escuela, portafolio profesional, folleto, sitio de internet profesional u otras formas de redes sociales.	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Otro (por favor explique):

\_\_\_\_\_  
**Nombre impreso** del adulto que vive con el alumno(a)    **Firma del adulto** que vive con el alumno(a)

\_\_\_\_\_  
Mejor manera de ponerse en contacto con un adulto (número de teléfono, correo electrónico, dirección)