

Leonard Gelfand Center for Service Learning & Outreach

5000 Forbes Avenue Wean Hall 4612 Pittsburgh, PA 15213 (412) 268-1498

Thank you for your interest in SPARK Saturdays!

SPARK Saturdays will run from 9:45am - 12:00pm, and will be held on the following days this semester:

February 6 February 27 March 19 April 9

Applicants MUST be able to attend all sessions listed above. Due to limited space, we really want to make sure that all students who sign up will be able to make it to all of the sessions. This will also help students gain the most from their experience in the program.

Applicants must submit their release form and \$5 registration fee by **Wednesday**, **February 3, 2016**.

For directions to campus, please see http://www.cmu.edu/about/visit/directions-parking.shtml

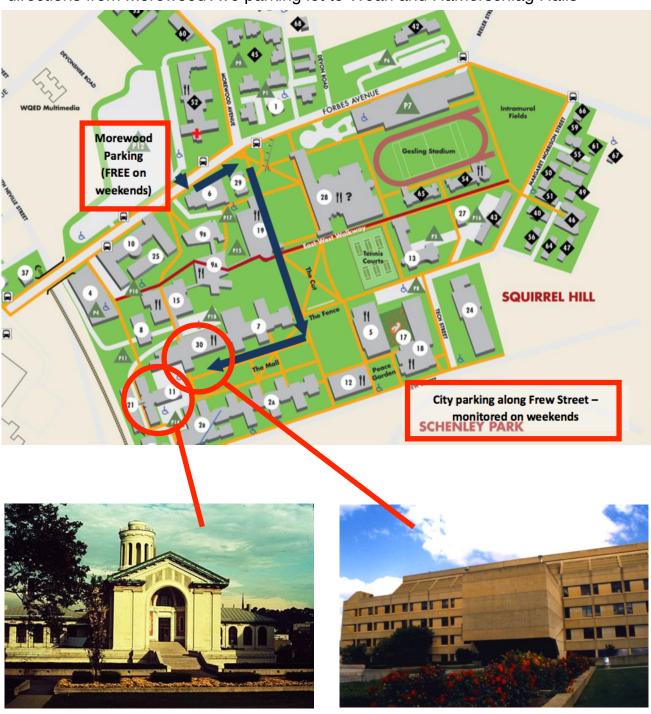
Details about the exact rooms and directions will be communicated through email. If this is inconvenient for you, please let us know when you return your forms and we will arrange to let you know through the phone.

Note: the city of Pittsburgh monitors parking on Saturdays. If you choose to park along Frew Street near Flagstaff Hill to drop off your child, please keep this in mind. The parking lot on Forbes, just west of Morewood Avenue, is open on Saturday and you can park there for free. There are several places to sit for parents who would like to stay on campus during the workshop – we can point these out to you.

Please complete the registration / information sheet on the third page and return by mail using the address on the form.

Questions? Contact Madison Scott at mlscott@andrew.cmu.edu

directions from Morewood Ave parking lot to Wean and Hamerschlag Halls



Hamerschlag Hall

Wean Hall

CARNEGIE MELLON UNIVERSITY | ECE Outreach: SPARK Saturdays Spring 2016

Complete AND mail along with \$5 fee (check payable to Carnegie Mellon) to:

Katie Costa Carnegie Mellon University 5000 Forbes Avenue, 1302 Hamerschlag Hall Pittsburgh, PA 15213

Student Name:	Student Grade:
Parent / Guardian Name:	
Email:	
Emergency Contact (other than parent or guardian):	:
Phone: Relationship To Student:	
Does the child have any chronic or acute medical pr	roblems? YES NO
If yes, please explain:	
Food allergies / dietary restrictions:	
Medications that may need to be taken during this v	workshop:
Names of people authorized to pick up student:	
MEDICAL TREATME	NT PERMISSION & RELEASE
benefits, associated with my child's participation in the Program Program, I, on behalf of myself, my child, my or their heirs, e representatives, irrevocably and unconditionally remise, release actions, causes of action, damages and claims, known and unk University and/or its trustees, officers, employees, agents, asset	Program"). I understand that there are hazards and risks, as well as am. In consideration of the benefits of my child's participation in the executors, administrators, agents, assigns, and other personal use, settle, compromise and forever discharge any and all manner of suits, known, that I or my child, have or may have against Carnegie Mellon aigns, or contractors arising from or connected with my child's all treatment for my child during my child's participation in the Program.
	oyees, agents, assigns, or contractors to secure medical treatment for my ld's participation in the Program or related activities. I agree to assume
terms, clauses, or waivers or releases of claims or rights conta	to this Medical Treatment Permission & Release. If any of the provisions, ained herein are declared illegal, unenforceable, or ineffective in a legal or waivers and releases shall be deemed severable, and all other and rights contained herein shall remain valid and binding.
I sign this document with the intent to be legally bound by it. document voluntarily. I have read it and I understand its conte	I am an adult, competent to sign this document. I am signing this ents.
Signature of Parent or Guardian	Date
IMAGE PERM	MISSION & RELEASE
	this workshop and the photographs would be used for non-commercial ogram on campus or to encourage other families to participate in coming nild's image for such purposes by signing below:
permission for Carnegie Mellon to use photographed material	surdays to be photographed in connection with the Program. I give is in university publications, or other websites for publicity purposes, or waive and release any rights that I may have to said photographed
Signature of Parent or Guardian	Date