

GE Girls at Notre Dame

A free summer day camp focused on STEM from GE and the University of Notre Dame providing students the opportunity to:

- Perform hands-on STEM experiments
- Learn about STEM careers and fields of study
- Meet STEM professionals from GE and Notre Dame
- Tour the Notre Dame campus... and much more!



What:	Science, Technology, Engineering and Math (STEM) summer program
Who:	South Bend Students currently in grades 6 or 7
Where:	Notre Dame South Bend campus (see sample schedule on other side)
When:	Monday July 22 through Friday July 26, 2024, from 8:00am-3:30pm
	Applications are due Friday May 31, 2024

Families must provide their own daily transportation for their student to and from camp.

This program is funded by GE. **Tuition is free.** Attendance is limited to 50 students. Teacher recommendation will be taken into consideration.

You will be notified by **Monday June 3**, if you are accepted into the program. Attending this program is a privilege, and students are expected to be on their best behavior. Please keep this page for your information.

Questions? Ask your science teacher or contact:

- SBCSC Liaison: Rachel Sachritz rsachritz@sbcsc.k12.in.us
- GE Girls at ND Lead: Meehan Lenzen meehan.lenzen@ge.com 815-394-9397

All completed application forms must be submitted via email to meehan.lenzen@ge.com or v.goodrich@nd.edu by Friday May 31, 2024.



Sample Camp Agenda

This is an example schedule from previous camps, curriculum will change year to year.



Monday	Tuesday	Wednesday	Thursday* Family Barbecue	Friday
At 8:30 the buses arrive at Notre Dame with girls.				
Welcome and Balloon Tower	3D Printing	Cyber Security	Snap Circuits	DIY Lip Balm
Alka Seltzer Rockets	Build a Robot Artist	Drone Obstacle Course	Make your own DDR Mat	Make Your Own Silly Putty
Lunch				
Boat Building	Build an iPhone App	Explore VR	Campus Tour	GE Girls Video Conference
Build a Prosthetic Leg	Marble Rollercoasters	Thermochromics	Robotic Football Demo	Ice Cream Making
At 3:30 pm the buses depart from Notre Dame to drop girls off at home.				

*Every year we hold a special **Family Celebration and Barbeque** on campus from 5:00 - 7:00 pm. Girls and their families are invited to attend; the event will be held on **Thursday July 25** after camp. Invitations will be distributed to all parent emails and to all participants of the camp.*



GE Girls at Notre Dame Program Application

*All application forms must be submitted via email by **May 31, 2024**.*

Student Information

Name: _____ Pronouns: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Student Cell Phone (optional): _____

Do you need bussing to and from camp?

☐ Yes, I will need bussing to get to and from camp (use the address above)

☐ No, I will provide my own transportation to AND from camp

Student email address: _____

Grade you will enter in Fall 2024: _____ School: _____

Name of your science teacher: _____

Will you be able to attend all 5 days of the program? Y / N

If no, please explain special circumstances. _____

Unisex T-shirt size (circle one):

Youth Medium

Adult Small

Adult Large

Adult 2XL

Youth Large

Adult Medium

Adult XL

Adult 3XL

Student Pledge

I understand that I am expected to be on my best behavior while attending this program. I am expected to treat members of staff and fellow students with respect and courtesy. I understand that if my behavior disrupts the program or is deemed inappropriate by staff, I may be asked to leave the program.

Student Signature

Date

Parent/ Guardian information

Print name: _____

Day Phone: (____) _____

Alternate Phone: (____) _____

Email Address: _____

(Email addresses will be used to send important program information and updates.)

Additional Emergency Contact

Print name: _____

Day Phone: (____) _____

Alternate Phone: (____) _____



GE Girls at Notre Dame Program Application (cont'd)

Student Statement (Required)

Why do you wish to attend this program? You may attach a separate sheet if needed.

Student Signature

Date

Teacher Recommendation (Required)

Teacher Name _____ Title _____

I would recommend this student for the GE Girls at Notre Dame program because, _____

Teacher Signature

Date





GENERAL CONSENT AND RELEASE (this “*General Release*”)

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, as a material inducement for the Minor’s (as defined below) attendance and participation in General Electric Capital Corporation and its affiliates (including General Electric Company), divisions, subsidiaries, licensees, agents, successors and assigns (collectively “**GE**”) events, meetings and activities (the “**Program Events**”), I agree as follows:

1. I certify that I am the parent or guardian of _____ (the “**Minor**”) with the legal right to grant the permissions included herein. (This agreement must be executed by a parent or guardian of the Minor.)
2. I hereby grant my authorization and consent for GE to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor (the “**Authorization and Consent**”). If the injury or illness is life threatening or in need of emergency treatment, I authorize GE to summon any and all professional emergency personnel to attend, transport, and treat the Minor and to issue consent for any X-Ray, anesthetic, blood transfusion, medication, or other medical diagnosis treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume any financial responsibility of all expenses of such care. I understand that this Authorization and Consent is being given in advance of any such medical treatment, but is given to provide authority and power on the part of GE, in the exercise of their best judgment, upon the advice of any such medical or emergency personnel.
3. I hereby give and grant to GE the perpetual, worldwide, irrevocable right to use, publish and display the Minor’s name, biographical material, voice, verbal statements, image, likeness, appearance and/or performance in any and all advertising and marketing materials GE deems acceptable (the “**Materials**”) in all media and in all forms, now known or later developed, including, but not limited to, print, video, audio, television or the internet, for any business purposes of GE, including for any internal or external public relations, promotion, advertising, media, or commercial activities by GE, without any limitation whatsoever to further compensation to me or the Minor.
4. I agree that all Materials are owned by GE, and that GE may copyright the same, and I release any rights I may have with respect to the Materials. If I obtain a copy of any or all of the Materials, I shall not authorize their use by anyone else.
5. I agree that the Materials need not be submitted to me for any further approval and that GE shall be without liability to me for any edits, distortion or illusionary effect resulting from the use or publication of the Materials.
6. I agree to allow General Electric Capital Corporation and/or its affiliated representatives to maintain professional contact with the Minor for outreach and professional enrichment purposes. I also understand that this contact may continue beyond the timeframe of the Program Events; however, the conduct of General Electric Capital Corporation and/or its affiliated representatives shall continue to follow the terms included herein in perpetuity.
7. I hereby grant a general release and forever discharge and hold harmless GE from any and all liability (the “**Release of Liability**”), for any and all manner of actions, causes of actions, suits, sums of money owed as a result of a judgment or refund, covenants, contracts, controversies, agreements, promises, damages, extents, claims and demands, whatsoever, in law or in equity, that result from actions of the parties named herein or any third parties, including but not limited to direct, indirect, special, consequential or liquidated claims, several or otherwise, past, present or future, which can or may ever be asserted as a result of any injuries or damages, physical or mental, sustained by the Minor, or any property of whatever kind, while the Minor participates in the Program Events.
8. Nothing herein shall constitute any obligation on GE to make any use of any of the rights set forth herein.
9. I warrant and represent that the rights granted herein do not in any way conflict with any existing commitment on my part to other parties.

10. I acknowledge that this General Release shall be governed by the laws of the State of New York, without giving effect to its conflict of laws or provisions, and constitutes the entire agreement between myself and GE with respect to the Authorization and Consent, the Materials and the Release of Liability.



This General Release is acknowledged and agreed to as of the date set forth below.

Signature of Parent or Guardian:

Signature

Date

Print Parent/Guardian Name

Parent/Guardian Email

Street Address of Minor

City

State/Province

Zip Code

Country

Medical Treatment Information:

Full Legal Name of Minor

Home Address

Date of Birth

Gender Identity

Physician's Name and Location of Practice

Physician's Phone #

Medical Insurance/Health Plan

Policy #

Allergies to Medications (attach extra pages if necessary)

Allergies (Other) (attach extra pages if necessary)

Please note all conditions for which the Minor is currently receiving treatment (attach extra pages if necessary)

Please note any other significant medical information (attach extra pages if necessary)

UNIVERSITY OF NOTRE DAME
GE GIRLS IN THE COLLEGE OF ENGINEERING SUMMER PROGRAM
STATEMENT OF RESPONSIBILITY AND AUTHORIZATION
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT
MINORS

I, _____, am the parent or guardian of a minor child who will be participating in the GE Girls in the College of Engineering Summer Program ("Program") at the University of Notre Dame du Lac ("the University") Notre Dame, Indiana during the period July 22 through July 26, 2024. I am fully aware that my child's participation in the Program is totally voluntary.

In consideration of the University's agreement to permit my minor child to participate in the aforementioned Program, the receipt and sufficiency of which consideration is hereby acknowledged, I agree as follows:

1) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, hereby release, acquit and forever discharge the University and their employees, agents, students, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries (including death), mental anguish or emotional distress to persons and/or property, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses (including hospital and medical expenses) and attorney's fees, which arise out of, during or in connection with my child's attendance at, activities at, sponsored by, participation in, or arising out of the aforementioned Program, including travel to or from the University and including without limitation any loss, claim, demand or suit that my child might assert once he/she attains the age of majority.

2) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University and their employees, agents, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss or damage they or any of them incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorneys' fees, which result from arise out of relate to my child's attendance at, association with, participation in, activities at, sponsored by, or arising out of the aforementioned Program, including travel to or from the University.

3) I, individually and on behalf of my minor child, hereby acknowledge and accept that there are both known and unknown risks arising from various activities, including but not limited to bodily injury and death, that could result from my child's participation in the aforementioned Program at the University. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of the University's permission to allow my minor child to participate in the aforementioned Program. I individually and on behalf of my minor child hereby release and discharge the University from any and all negligence, including the University's own negligence, in connection with my child's attendance at, activities at, or participation in the Program, including travel to and from the University, except for any gross negligence or willful and wanton misconduct on the part of the University.

4) I represent and warrant that my child is covered throughout this Program by a policy of comprehensive health and accident insurance which provides coverage for injuries which she may sustain as part of her participation in this Program. I hereby release and discharge the University of all responsibility and liability for any injuries, illnesses, medical bills, charges, co-pays, deductible or similar expenses, whether covered by health insurance or not, that he/she may incur while participating in this Program. I agree to report to the University's Director of the Program any physical or mental condition he/she may have which may require special medical attention or accommodation during the Program at least thirty (30) days prior to the start of the Program.

5) I hereby acknowledge and accept that my child's personal property is at my risk entirely.

6) The University reserves the right to decline to accept or retain my child in the Program at any time should her actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my child's conduct violates any policy or procedure of the University, I understand that my child may be required to leave the Program in the sole discretion of the University's agents and representatives, and may be referred to the appropriate University officials for further disciplinary or other action. In such an event, no refund will be made for any unused portion of the Program. The right is reserved by the University, in its sole discretion, to cancel the Program or any aspect thereof prior to departure.

7) I agree that this Waiver, Release and Indemnification Agreement; Statement of Responsibility and Authorization is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, U.S.A., and if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect. In the event of any cause of action, the laws of the State of Indiana apply and the jurisdiction lies with the St. Joseph County Superior Court or the U. S. District Court of Northern District of Indiana.

8) I hereby consent to any publicity, including the use of my child's name and likeness, and waive any right to inspect and/or approve any photography, film videotape, recordings or advertising copy which may be used in connection with my child's participation in this Program.

9) In signing this Waiver, Release and Indemnification Agreement; Statement of Responsibility and Authorization. I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights and those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Dated: _____, 2024

Child's Name (Print)

Parent or Guardian's Signature

Parent or Guardian's Name (Printed)

UNIVERSITY OF NOTRE DAME

HEALTH INFORMATION AND CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM

Minors

Program Attending: GE Girls at Notre Dame Summer STEM Camp 2024 **Dates of Program:** July 22-26, 2024

Name of Student or Minor Child: _____ **Birth Date:** _____

Permission for Treatment: The health history provided on this form is correct to the best of my knowledge. By my signature below, I hereby grant permission and authorize the provision of emergency medical treatment for minors/students who become ill or injured while participating in a University of Notre Dame du Lac sponsored Program and when parents or guardians cannot be reached.

Release of Information: By my signature below, I authorize the University of Notre Dame to release medical information regarding the above named minor/student to any person or entity to whom the University of Notre Dame refers the minor/student for medical treatment.

TO GRANT CONSENT

I, _____ of _____
(Name of Parent/Legal Guardian) (City)
_____, _____, do hereby state that I am the
(County) (State)
parent or legal guardian of: _____, a minor.
(Name of Child)

Should an emergency arise while my child is under the supervision of the staff of The University of Notre Dame du Lac, I do hereby authorize the staff to obtain medical attention for my child. I do hereby give consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, blood transfusion and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine during the program period. All such treatment shall be at my expense, and I agree to reimburse the University or its representatives for any expenses that they or any of them might incur on account of my child's condition or treatment. This consent shall not give rise to, and is not intended to give rise to a legal duty owed by the University to my child. I do hereby release and forever discharge the University of Notre Dame du Lac and its employees, agents, officers, trustees, affiliates and representatives from any and all liability of any kind for any claim, demand, action, cause of action, expense (including hospital and medical expenses), judgment or cost, including without limitation attorneys' fees, co-pays or deductibles, which arise out of or relate in any manner to the exercise of authority or judgment pursuant hereto, or to the securing, oversight, administration or supervision of medical or other care or treatment on behalf of my minor child at any time or any travel incident thereto.

♦ Family Doctor: _____ Phone: _____

♦ Family Dentist: _____ Phone: _____

♦ Medical Insurance: _____
(ID Number) (Group Number) (Member's Name)

♦ Medical History: Allergies, if any, including medication and foods: _____

♦ Chronic or existing diseases or medical problems (e.g. diabetes, epilepsy): _____

♦ Medicines your child is now taking and dosage: _____

♦ Date child received last Tetanus injection or booster (if known): _____

♦ Any physical restrictions: _____

I can be reached at the following phone numbers(s) in an emergency:

_____, (_____) _____
(Name and Location) (Phone)

_____, (_____) _____
(Name and Location) (Phone)

(Signature of Parent/Legal Guardian) Dated _____