**UBC Summer Science Program 2024**

UBC Summer Science Program 2024 Registration Application

Thank you so much for taking the time to apply to the Summer Science Program! The application may take an hour or so; please have the following information ready before starting the application:

* Indigenous Ancestry
* Community/Band name, band phone number
* Status number or Citizenship number (if applicable)
* Preferred pronouns (we will provide definitions of pronouns)
* Current mailing address, postal code
* Home phone number, student cell phone number
* Email addresses of student and guardians
* School information (phone number, counsellor name and email)
* Student medical/emergency information
* Reference letter

**PLEASE READ BEFORE APPLYING:**

UBC Summer Science is planning to be running in-person from June 30th - July 13th, 2024.

There will be two sessions of Summer Science. The week 1 session of the program will be for students going into grades 11/12 and the week 2 session will be for students going into grades

9/10 in the Fall (September) of 2024.

Please note, due to security reasons, Qualtrics will close the survey if there is inactivity on the page, so be sure to finish the application in one go and do not close survey until you are done.

**INSTRUCTIONS:**

Please fill out this form completely (except where it indicates 'optional'). You have the option to:

1. Fill out the Qualtrics application found below and upload your supporting documents (reference letter and proof of vaccination). If you are doing the application online you will be able to do your signature by dragging the mouse on the appropriate signature box.
2. Print out the form, fill it in by hand, scan it, and email it to summer.science@ubc.ca along with any supporting documents.

There is a Word Document copy of the application form on the UBC Summer Science Website that can be printed out. Here is the link to our website: https://health.indigenous.ubc.ca/ssp-applications/

**TO COMPLETE YOUR SUBMISSION, YOU WILL NEED:**

1. One reference letter: Your referee will need to explain why they think you should be chosen to attend the UBC Summer Science Program 2024. Referees can be staff at your school, mentors, coaches, important community members, etc. You will need to upload a word/pdf document of their letter, or a scanned copy. You will only be able to click ‘Submit’ once you have uploaded the letter.

2. You will be asked to write long responses to questions that describe your interests in school, recreation and why you are interested in the program. The questions are as follows:

* Why would you like to attend the UBC Summer Science Program? (please answer in 3-4 sentences)
* What are your interests in school? (e.g. favorite subjects, projects, etc.) Why?
* What are your interests outside of school? (e.g. hobbies, sports, cultural interests, volunteering, etc.) Why?
* What are your future education and/or career goals?
* Describe how you are connected to your culture, learning about, or wanting to learn about your culture. How will this support you in the future?
* One case study question

Once you have completed the questions and uploaded the reference letter you will then be able to submit your application.

It is important to note that only complete applications will be considered, so, if you have problems completing the process as described above, please do not hesitate to contact us.

Phone: 778.788.2151 Email: summer.science@ubc.ca

We look forward to reviewing your completed applications and can't wait to see you this summer!

Q1.1 Student First Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q1.2 Middle Name (optional)

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Q1.3 Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q2.1 Indigenous Ancestry (First Nations, Inuit, or Métis)

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Q2.2 Community/Band Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q2.3 Community/Band Phone Number

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Q2.4 Status Number or Métis Citizenship Number (if applicable)

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Q2.5 If you do not have a Status Number or a Métis Citizenship Number, or if these are not applicable in your case, we kindly request that you provide proof of your connection to an Indigenous Community. Here are some ways you can do this:

1. Letter from a Community Member or an Elder
2. Proof of Participation in Community Events or Ceremonies (this can be in the form of event program or a letter from the event organizer)

The above is not an exhaustive list and other forms of documentation are acceptable as well.

Please email this documentation to summer.science@ubc.ca

Q3.1 Date of Birth (MM/DD/YYYY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q3.2 Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q4 In September 2024, what grade will you be in?

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**Q5 - Gender**

* Female
* Male
* Two-spirit
* Non-binary
* Prefer Not to Say

**Q6 - Pronouns**

What is a pronoun?

"A pronoun is a word that refers to either the people talking (I or you) or someone or something that is being talked about (like she, it, them, and this). Gender pronouns (he/she/they/ze etc.) specifically refer to people that you are talking about." (LGBTQ+ Resource Center, University of Wisconsin-Milwaukee).

Someone may have pronouns he, she, they, ze, ve, etc.

If you prefer not to say your pronoun, please feel free to answer "prefer not to say"

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Q7.1 Home Address (home/appt. address, city, province, country)

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Q7.2 Postal Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q7.3 Mailing Address (only provide if it is different than your home address). Include home/appt number, city, province, country and postal code.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q8.1 Home Phone Number (or Guardian's Phone Number)

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Q8.2 Student Cell Phone (optional)

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**Q9 - Email Address (please supply at least one email address)**

Please also make sure you include a current email address because that is how you will be contacted the most.

o Student email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o Guardian email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q10 School Information

o School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o School Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o Counsellor/Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o Counsellor/Advisor Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q11 What is your T-shirt size? (options are in adult size)**

o X-Small

o Small

o Medium

o Large

o X-Large

o 2X-Large

o Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q12 Please upload your scanned reference letter here**

Please email this documentation to summer.science@ubc.ca

**Q13 STUDENT STATEMENT OF INTEREST**

Q13.1 Why would you like to attend the UBC Summer Science program? (please answer in 3-5 sentences)

Q13.2 What are your interests in school? (e.g. favorite subjects, projects, etc.) Why? (please answer in 3-5 sentences)

Q13.3 What are your interests outside of school? (e.g. hobbies, sports, cultural interests, volunteering, etc.) Why? (please answer in 3-5 sentences)

Q13.4 What are your future education and/or career goals? If you're uncertain, that is completely fine; just tell us about something interesting you wish to do in the future (i.e. traveling, volunteering abroad, etc). Please answer in 3-5 sentences.

Q13.5 Describe how you are connected to your culture, learning about, or wanting to learn about your culture. How will this support you in the future? (please answer in 4-6 sentences)

**Q14.6 Case Study Question - Can trauma be passed on in your genes?**

In this scenario, you are in biology class and you are discussing genetics and a fellow student of yours asks "can trauma be passed on in your genes?". Your teacher starts talking about intergenerational trauma and blood memory to the class.

What do these two concepts (intergenerational trauma and blood memory) mean to you? (please answer in 6-8 sentences)

**Q15 - Bursary Application (optional)**

There is a $200.00 program fee for Summer Science. This fee goes towards accommodation and meals during the program. All other expenses (such as workshops, transit fares, admission to museums or attractions, etc) are covered. The program fee does not include travel to and from Vancouver. Upon acceptance, a travel bursary application will be sent out to students. Students are encouraged to apply for funding from their band or school district to support program fees and travel costs.

If you wish to apply for a bursary to cover the $200 program fee, please fill out the following sections.

The bursary application form is to be completed by the student. The student and/or student's parent/guardian will be notified if your bursary application is successful.

Q15.1 Please describe a recent achievement in any area of your life.

Q15.2 What are your strengths and gifts you draw upon to overcome challenges?

Q15.3 If you would like to share anything else about yourself and/or your possible participation in the UBC Summer Science Program, please tell us. This could include any financial circumstances or personal challenges.

**Student Medical/Emergency Information**

Ask your parent or guardian for assistance if you are unclear how to respond to any of the following questions. In order to confirm that the information you supplied is accurate, your parent or guardian must print (or type) their name in the space provided. Please note they won't be required to sign anything for a couple more pages. The title "Medical Form Compiled by (parent/guardian name)" will serve as an indication.

This information is to ensure your safety in the program and will not be shared with anyone outside of the Summer Science staff.

Q16 Medical Care Card Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q17.1 Doctor/Physician Name (optional)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q17.2 Doctor/Physician Phone Number (optional)

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Q18.1 Parent/Guardian Name

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Q18.2 Relationship to Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q18.3 Primary Parent/Guardian Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q18.4 Secondary Parent/Guardian Phone Number (put N/A if none)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q18.5 Parent/Guardian Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q19 If Parent/Guardian is not available, the secondary contact is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q19.1 Name of Secondary Contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q19.2 Relationship to Secondary Contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q19.3 Primary Phone Number of Secondary Contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q19.4 Other Phone Number (put N/A if none)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q19.5 Secondary Contact's Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q20 Current Medical Condition (if applicable)

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**Q21 Past Medical Information (if applicable)**

**Q22.1 Are you currently taking medication (yes/no)?**

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**Q22.2 If yes, please provide the name of your medication and where it is kept? i.e., backpack, fridge, etc.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q23 Allergies? i.e. food, medication, bee stings, ceremonial sage, etc.**

o No

o Yes (Please describe below):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q24 Dietary restrictions? i.e., lactose free, vegan, vegetarian, etc.**

o No

o Yes (Please describe below):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q25 Do you sleepwalk or is there anything associated with your sleeping patterns/behaviors that we should know about?**

o No

o Yes (Please describe below):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q26 Are you currently experiencing mental health issues, such as anxiety, depression, or PTSD? (Put N/A if none)

**Q27 Have you been diagnosed with ADHD or another disorder? If so, which one(s)? (Put N/A if none)**

**Q28 Please describe any triggers that staff members should be aware of (Put N/A if none)**

**Q29 What resources do you need from the Summer Science program to support your diagnosis or mental health issue(s)? (Put N/A if not applicable)**

**Q30 Is there anything else that would be helpful for us to know for your wellbeing during the Summer Science Program?**

**Q31 Do you have any personal, religious, or cultural practices of how you would like your medical care to be provided? (put N/A if none)**

o No

o Yes (Please describe below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Q32 Medical Form Compiled by (parent/guardian name)**

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**Q33 Date compiled (MM/DD/YYYY)**

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Q34

**Cell Phone Policy:**

The Summer Science Program encourages students to engage with the camp activities and with one another. Often, cell phone use prevents students from getting the most out of their experience at camp. If a student chooses to bring/use their cellphone during the camp, the rules listed below must be followed. Students will ONLY be allowed to use their cell phone in the evening free-time before bed – otherwise:

* Cell phones should ALWAYS BE ON SILENT.
* Phones will be collected each night at lights out (10pm) and kept safe by staff overnight. Phone use cannot be disruptive and/or disrespectful, and this privilege may be revoked if students use their phone during scheduled workshops, talking circles, meals, rec time, etc.

**Smoking/Vaping:**

The majority of UBC is a smoke/vape free environment. Smoking is prohibited in UBC buildings and surrounding areas. The Centre for Excellence in Indigenous Health does not encourage smoking or vaping (underage or otherwise) during the Summer Science Program dates; however, we do have a harm reduction policy in place for smoking. A harm reduction policy aims to reduce the negative consequences of using substances without reducing the use of the substance itself. We will provide a safe space for students to smoke if needed. Please contact the Summer Science Program before the start of the program to make arrangements for this.

**Q35 Parent/Guardian Consent and Acknowledgement of Risk Form**

**Supervision**

I understand and agree to the following regarding the supervision of my child by UBC:

* UBC's supervision begins when my child arrives on campus for the program and ends when they leave campus at the end of the program.

If I have arranged for my child to be picked up and/or dropped off in Vancouver, as indicated on the Travel Arrangements form:

* UBC's supervision begins when UBC personnel meet my child at the arranged pickup location.
* UBC's supervision ends when my child is dropped off at the arranged drop-off location.

UBC will not be responsible for supervising my child at any times other than those specified above.

Travel Documentation

I also acknowledge and agree that it is my sole responsibility to obtain any and all immigration and/or travel documentation that my child needs in order to travel to and from and attend the program, including any documentation that might be required by any airline for unaccompanied minors.

Responsibility for Loss, Damage, or Injury

I agree to pay for any loss, damage or injury to the person or property of others that my child may cause while participating in the program. This includes damage to the UBC Housing and Conferences accommodations where my child will be staying.

**Program Code of Conduct and Program Rules and Regulations**

Participants are expected to be respectful and considerate towards other participants, UBC staff including all instructors, and external partner organization instructors. Participants are expected and required to follow the directions of all instructors. If there is a breach of the code of conduct, instructors will discuss the issue with the participant and/or their parents or guardian. In the event that there is a continuous breach of the rules and guidelines laid out by the instructors, arrangements may be made to send participant home at the expense of the participant and their parents or guardian. If a participant’s conduct jeopardizes the safety of the instructors, other participants, or themselves, then arrangements will be made to send the student home at the expense of the participant and their parents or guardian. At the minimum, arrangements will be made to send participant home if they are found to be in breach of Canadian federal, provincial and local government laws. This includes, but is not limited to, consumption of alcohol if under 19 years of age, possession of illicit drugs, and possession of illegal weapons.

Since the student is staying at a UBC residence while participating in the program, the following Residence Code of Conduct also applies:

**Residence Code of Conduct**

1. Quiet hours are in effect from 9 pm to 9 am. Excessive noise that may disturb other guests is prohibited at all times.
2. In the event that someone is locked out of his or her room, a Direct Supervisor must sign out a spare key.
3. Discarding objects from windows is strictly prohibited.
4. All exterior doors are to be kept closed and locked at all times. All registered guests will be issued a key.
5. Smoking is not permitted in any building.
6. Consumption of alcohol by minors is strictly prohibited
7. No parties.
8. Absolutely no climbing on rooftops or walkway covers.
9. No pranks.
10. Report all accidents, breakages, trespassers, and injuries to the Front Desk as soon as possible.
11. All guests must vacate the building during a fire alarm and cannot re-enter until the fire crew gives the ALL CLEAR.
12. False fire alarm pulls and tampering with fire equipment is strictly prohibited and subject to a $200 fine and/or eviction.
13. Overloading or rough-housing in an elevator is strictly prohibited and is subject to a $200 fine and/or eviction plus the cost or repairs to the elevator.

I have read and understand the Program Code of Conduct, Program Rules and Regulations, and the Residence Code of Conduct set out above and by signing below, I confirm that I have discussed these rules and expectations with my child. I understand that the codes of conduct, rules, regulations are for the safety of my child and all children attending the program. I understand that if my child fails to comply with the terms and conditions of these codes of conduct, rules, and regulations they may be required to withdraw from for the remainder of the program and be sent home at my expense, without reimbursement of any program fees.

I HAVE REVIEWED THE DESCRIPTION OF THE UBC SUMMER SCIENCE PROGRAM, INCLUDING THE RECREATIONAL ACTIVITIES PROVIDED AS PART OF THE PROGRAM, AND FEEL THAT I HAVE SUFFICIENTLY INFORMED MYSELF ABOUT THE NATURE OF THE PROGRAM AND THE ACTIVITIES INVOLVED. I ACKNOWLEDGE THAT THERE ARE SOME RISKS OF INJURY INVOLVED IN MY CHILD’ S PARTICIPATION IN THE PROGRAM, INCLUDING THEIR PARTICIPATION IN THE RECREATIONAL ACTIVITIES OFFERED BY THE PROGRAM, AND I ACKNOWLEDGE AND ACCEPT THESE RISKS.

By signing below, I hereby consent to my child’s participation in the UBC Summer Science Program on the terms and conditions set out above.

Q36 Print name of Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q37 Signature of Parent/Guardian:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q38 Date Signed (MM/DD/YYYY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q39 PARENT/GUARDIAN WAIVER**

Signatures must be completed by a parent or guardian.

To ensure the safety and security of your child, please list the names of any individuals, other than the parent or legal guardian, who are authorized to pick up the student at the conclusion of the program. It's important to note that in the event a parent or legal guardian is not available, only those individuals whose names are provided below will be permitted to pick up the student. You may include up to three individuals in this authorization.

Q39.1 Name #1

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q39.2 Relationship to the student

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q39.3 Name #2

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q39.4 Relationship to the student

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q39.5 Name #3

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q39.6 Relationship to the student

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q40 Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q41 Date signed (MM/DD/YYYY):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission for staff to transport student:**

While attending the UBC Summer Science Program, your child will attend a number of workshops/activities both on and off campus. For these occasions, the students may be required to commute on a Charter Bus or Vancouver public transit system in a group. However, the following cases may require that they travel in a private vehicle with a mature and insured program staff member in a group:

1. Medical emergency: this will occur only in extreme cases where the staff will be required to take your child to the UBC hospital if the need arises.

2.Travel upon arrival and departure (if requested by parent/guardian through email, phone call, in-person meeting); and

3. Any other unforeseen and necessary circumstances. In these cases, it will be necessary to be transported in a staff vehicle driven by a program staff member.

Q42 Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q43 Date Signed (MM/DD/YYY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent of Use of Image**

I hereby grant The University of British Columbia (UBC) the permission to utilize my images, including motion pictures, images captured through webinar platforms during the camp, still photographs, and audio recordings of my voice ("Images"), for purposes related to promoting UBC and its activities ("Purposes"). This may encompass a range of uses including advertising, promotional activities, and marketing efforts.

I acknowledge that:

* UBC has the right to edit, alter, or modify these Images, and to combine them with other images, texts, audio, and graphics without any obligation to notify me.
* My personal information, including the Images, is collected under section 26 of the Freedom of Information and Protection of Privacy Act, R.S.B.C. 1996, c. 165, specifically for these Purposes.
* I consent to the use of my name and any other information I provide to UBC in association with my Images.
* I agree to the storage, access, or disclosure of my personal information, including the Images, outside of Canada.

This statement is intended to ensure a clear understanding of the terms under which my images and associated information will be used by UBC.

Any questions about the videotaping, photographing and audiotaping should be directed to UBC Summer Science Program. Please note you can remove your consent at any time.

My parent/guardian is 19 years of age or older and is competent to sign this contract on my behalf. I have read and understood this form prior to signing it, and am aware that by signing this consent I am giving permission to UBC to use my 'Images' for the 'Purposes'.

Shoot Date: June / July 2024

Shoot Location: UBC Campus and Vancouver

Name of Photographer: UBC Summer Science

Q44 Student Name (Please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q45 Student Signature

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Q46 Name of Parent or Guardian (Please print)

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Q47 Signature of Parent/Guardian (if student is under 19 years)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is a legal document and is not to be altered in any way.

**MARKETING AND PROMOTION SURVEY**

Q48 Where did you hear about the UBC Summer Science Program? Please tick all that apply

* + Band/Community
  + Office
  + School
  + Family
  + Word of Mouth
  + Social Media (Instagram, Facebook, Tik Tok)
  + Past Attending Student
  + Email
  + Poster
  + Rural eMentoring BC
  + Other

If other, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for completing the UBC Summer Science Program 2024 application! Your application has been submitted to us and you will hear back from us soon. For any other questions, email us at summer.science@ubc.ca