



## **GROW Saturday Workshop**

Hands-on STEM Workshop for  
middle school students (Grades 6-8)

# **March 2, 2024**

**KANSAS STATE**  
UNIVERSITY

Office for the Advancement of  
Women in Science and Engineering

## What is the Goal?

The mission of GROW is to increase girls' interest in science, technology, engineering, and math (STEM) fields.

## Who Should Attend?

All student in grades 6-8th are welcome to attend. Students can participate on their own or with friends from their school or community. Be ready for a fun day full of hands-on activities and meeting new people!

## What Will We Do?

You and your group members will participate in a variety of hands-on STEM activities led by K-State faculty, staff and students. Each activity will showcase a "STEM Superhero" (past or present) and the amazing contributions they made or are making in their field. You may even meet some K-State research superheroes, too!

Lunch (included in the \$30 registration fee) will be two slices of pizza, a piece of fruit, cookie and water. Contact [kawse@ksu.edu](mailto:kawse@ksu.edu) if special accommodations are needed.

## When & Where?

**Saturday, March 2, 2024.** This will take place between 9am-3:30pm on K-State's campus in Manhattan, KS.

## How Do I Sign Up?

[Register online](#) or complete the registration and consent forms on the following pages. Please make additional copies for each person attending. Mail in the form along with payment (check/money order) to the address provided. **Please DO NOT SEND CASH.**

Registrants will receive a **confirmation email** once the GROW team receives a completed registration. Event capacity is limited to 100 students, available on a first come, first serve basis.

**Registration deadline is Friday, February 16, 2024.**

**Registration must be received by the KAWSE office by this date at 11:59 pm.**

## What if I have to cancel?

Should you need to cancel, please do so as soon as possible. Unfortunately, we cannot issue refunds for these events.

# GROW Saturday Workshop: **STEM Superheroes!**

## Saturday, March 2, 2024

Kansas State University—GROW Registration Form

<b>Student First &amp; Last Name</b>	<b>Student Date of Birth</b>
<b>Home Address, City, State and Zip Code</b>	<b>Student Cell Phone Number (Optional)</b>
<b>Current Grade in School</b>  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>6th</span> <span>7th</span> <span>8th</span> </div>	<b>Anticipated High School Graduation Year</b>
<b>Student Ethnicity</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>American Indian</p> <p>Asian</p> <p>Black</p> <p>Hawaiian Pacific Islander</p> <p>Prefer not to answer</p> </div> <div style="width: 45%;"> <p>Hispanic</p> <p>Mexican American</p> <p>Multiracial</p> <p>White</p> </div> </div>	<b>For participants with disabilities or dietary considerations—please indicate any special requirements and/or assistance needed:</b>
<b>Will the student be attending with a group?</b>  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Yes</span> <span>No</span> </div>	<b>Group / School Name</b>
<b>Group Leader / Teacher Name</b>	<b>Group Leader / Teacher Day-of Phone Number</b>
<b>Parent / Guardian Name</b>	<b>Parent / Guardian Email Address*</b>
<b>Parent / Guardian Primary Phone Number</b>	<b>Parent / Guardian Secondary Phone Number</b>
<b>Please tell us how you heard about this event</b>	<b>Names of up to 2 individuals you request your student to be grouped with, if applicable.</b>

<p><b>Registration Fee:</b> \$30.00</p> <p><b>Registration Deadline:</b> February 16, 2024</p> <p><small>*Confirmation and Event information will be sent to the Parent /Guardian email address provided.</small></p>	<p>Kansas State University is committed to making program activities accessible to all participants. If you have special requirements due to disabilities or dietary restrictions, indicate your needs on the application form or contact the Division of Continuing Education Registrar at (785) 532-5566 at least three weeks before the start of the program. After this date, we will make every effort to provide assistance, but cannot guarantee that requested services will be available.</p> <p><small>Notice of Nondiscrimination: Kansas State University is committed to nondiscrimination on the basis of race, color, ethnic or national origin, sex, sexual orientation, gender identity, religion, age, ancestry, disability, military status, veteran status, or other non-merit reasons, in admissions, educational programs or activities and employment, including employment of disabled veterans and veterans of the Vietnam Era, as required by applicable laws and regulations. Responsibility for coordination of compliance efforts and receipt of inquiries concerning Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans With Disabilities Act of 1990, has been delegated to the Director of Affirmative Action, Kansas State University, 214 Anderson Hall, Manhattan, KS 66506-0124, (Phone) 785-532-6220; (TTY) 785-532-4807.</small></p>
---	--

# Consent Waiver for GROW Saturday Workshop: **STEM Superheroes!** - March 2, 2024

This form may be completed electronically or printed and completed. Please print clearly. Completed form can be mailed to GROW, 215 Fairchild Hall, K-State, Manhattan, KS 66506.

Name of Participant: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Expected High School Graduation Year: \_\_\_\_\_

Address: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please specify any accommodations that your child will need to participate in this Workshop: \_\_\_\_\_

Please list the number for a cell phone your child will have in his/her possession during the Workshop (This is NOT mandatory. If provided, the number will be used for coordinating participants during the Workshop. The numbers will be maintained and utilized only by Kansas State University KAWSE Office Staff): ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
*initial here* I, the undersigned parent or guardian, do hereby grant permission for my child to receive necessary medical treatment in the event of an injury or illness while attending the GROW event sponsored by Kansas State University. I accept responsibility for the full payment of such medical treatment. I hereby hold Kansas State University and its representatives harmless in the exercise of the authority.

\_\_\_\_\_  
*initial here* I further grant permission for my child to participate in all activities related to the event, including any transportation provided or other activities.

\_\_\_\_\_  
*initial here* I am aware that I will be required to pick my child up from the event in the event that my child is dismissed early because of violation of event rules.

\_\_\_\_\_  
*initial here* I understand that Kansas State University assumes no liability for injury or damages arising from the result of participation unless due to willful fault or gross negligence on the part of the university.

\_\_\_\_\_  
*initial here* I give my permission to allow GROW to use photographs taken of my child during the workshop in promotional materials (including the GROW website, presentations, brochures, etc.)

\_\_\_\_\_  
*initial here* I give my permission to allow GROW to share my child's contact information with other programs on the K-State campus that offer a variety of opportunities for students.

\_\_\_\_\_  
*initial here* I agree to allow my child to create an account on the Scratch website ([www.scratch.mit.edu](http://www.scratch.mit.edu)), which will be need to carry out some GROW activities. Scratch is a programming environment developed by the Massachusetts Institute of Technology specifically for children. Information for parents can be found here (<http://scratch.mit.edu/parents/>).

\_\_\_\_\_  
*initial here* I hereby give my permission for my child to participate in all evaluation activities conducted in conjunction with the GROW Program. I understand that my child will be asked to complete surveys both before and after workshop activities. These surveys may explore my child's interest in, attitude, and understanding toward science. I give my permission for this data to be used for research and publication. A number will be assigned to those surveys to enable the evaluators to compare my child's responses before and after the workshop activities, so that my child's name will not

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date