

NOVAS

NASA Opportunities in Visualization, Art, and Science

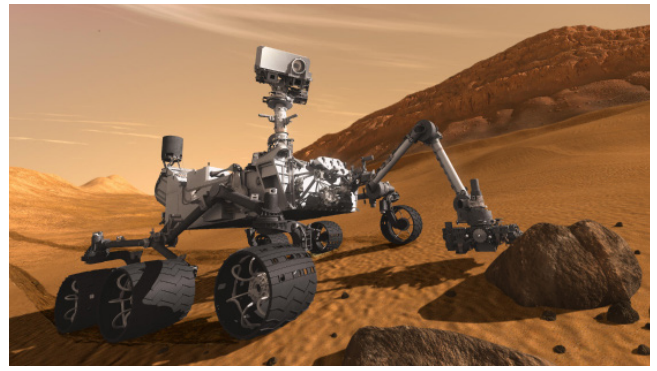


free
high school
summer program



INTRODUCING NOVAS:

Join us at the Teen Center in Downtown Berkeley for *NASA Opportunities in Visualization, Art, and Science* (NOVAS), a **free** NASA-sponsored teen summer program that explores the links between science and art. We'll show you how to create amazing science visualizations using digital media, graphic design, Photoshop, and video production, as well as drawing and sculpting. You'll also get to try out hands-on, fun activities involving NASA missions, black holes, supernova explosions, dark matter, climate science, and the search for life on other planets.



Throughout these workshops, you'll have the opportunity to meet UC Berkeley undergraduates, as well as professors, scientists, and other experts, plus gain valuable experience for college preparation. And you can choose to showcase your work to the public on NASA web pages, in art galleries, on video walls, and elsewhere.

Supplies and food are provided, and you'll have the opportunity to join us on a free behind-the-scenes field trip to a real research facility.



DETAILS

Location: YMCA-PG&E Teen Center at 2111 Martin Luther King Jr. Way at the corner of Center St. in Berkeley, just two blocks from the Downtown Berkeley BART Station

Dates: July 8 – 26, 2013, Mondays, Wednesdays, and Fridays only

Time: 10:00am – 4:00pm

Requirements: applicants must be enrolled in high school for the 2013-2014 year to participate



HOW TO APPLY

Fill out the attached application and return it by one of the following:

- email it to nasa.novas@gmail.com
- fax it to 510-643-5660
- drop it off at the Teen Center at 2111 Martin Luther King Jr. Way, Berkeley
- mail it to NASA NOVAS (c/o Leitha Thrall/SSL), 7 Gauss Way, MC 7450, Berkeley, CA 94720-7450

Please submit your application no later than Friday, June 14, 2013!

Full Legal Name

First	Middle	Last
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Contact Information

(Please provide your correct mailing address—this information is not shared with other agencies)

Permanent Mailing Address:

Email Address:

Home Telephone: (____) _____
Mobile Telephone: (____) _____

School Information

Grade: _____ Expected Year of Graduation/Class Year: _____

School Name: _____

Demographics

Gender: .. Female . Male Language(s) you learned to speak first: _____

Birthdate: ____/____/____ Language(s) Parent/Guardian speaks: _____

Ethnicity (check all that apply—please specify, if desired)

. African-American/Black: _____ . East Asian: _____

. Middle Eastern: _____ South/SE Asian: _____

. Hispanic/Latino: _____ Pacific Islander: _____

Indigenous Group: _____ . Multi-racial: _____

White/Caucasian/European: _____ Other: _____

Program(s) You Are Interested In (check all that apply)

NOVAS - NASA Opportunities in Visualization, Art, and Science YOUTH & GOVERNMENT

Y-SCHOLARS PROGRAM INTERACT CLUB

Workshop/please specify: _____ Other/suggestions: _____

Parent/Guardian (1)

Name: _____
 First M.I. Last

Day Telephone: (_____) _____
 Primary Secondary

Mobile Telephone: (_____) _____
 Primary Secondary

Email Address: _____

Relationship to Participant: _____

Gender: Female Male

Birthdate: ____/____/____
 (MM/DD/YY)

Will you be the emergency contact for this student?
 Yes No

Highest level of education completed:

- | | |
|--|--|
| <input type="checkbox"/> Never Attended School | <input type="checkbox"/> Some College/University |
| <input type="checkbox"/> Primary/Elementary School | <input type="checkbox"/> 2-Year College Graduate |
| <input type="checkbox"/> Jr. High /Middle School | <input type="checkbox"/> 4-Year College Graduate |
| <input type="checkbox"/> Some High School | <input type="checkbox"/> Postgraduate Studies |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> I Don't Know |

Parent/Guardian (2)

Name: _____
 First M.I. Last

Day Telephone: (_____) _____
 Primary Secondary

Mobile Telephone: (_____) _____
 Primary Secondary

Email Address: _____

Relationship to Participant: _____

Gender: Female Male

Birthdate: ____/____/____
 (MM/DD/YY)

Will you be the emergency contact for this student?
 Yes No

Highest level of education completed:

- | | |
|--|--|
| <input type="checkbox"/> Never Attended School | <input type="checkbox"/> Some College/University |
| <input type="checkbox"/> Primary/Elementary School | <input type="checkbox"/> 2-Year College Graduate |
| <input type="checkbox"/> Jr. High /Middle School | <input type="checkbox"/> 4-Year College Graduate |
| <input type="checkbox"/> Some High School | <input type="checkbox"/> Postgraduate Studies |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> I Don't Know |

Family Income

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Under \$20,000 | <input type="checkbox"/> \$20,001-\$30,000 | <input type="checkbox"/> \$30,001-\$40,000 | <input type="checkbox"/> \$40,001-\$50,000 |
| <input type="checkbox"/> \$50,001-\$60,000 | <input type="checkbox"/> \$60,001-\$70,000 | <input type="checkbox"/> \$70,001-\$80,000 | <input type="checkbox"/> Over \$80,000 |

Total Number of People in Household: _____

How Did You Hear About Us

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Place of Employment |
| <input type="checkbox"/> Email | <input type="checkbox"/> Magazine | <input type="checkbox"/> Drive by—live in area |
| <input type="checkbox"/> Member | <input type="checkbox"/> Radio | <input type="checkbox"/> Medical Referral |
| <input type="checkbox"/> Friend/family | <input type="checkbox"/> Television | <input type="checkbox"/> Other/please specify: _____ |

For Office Use Only

Date Received: _____	Date entered in DAXKO: _____	Initials: _____
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YMCA-PG&E Teen Center Parent Authorization & Waiver

I, _____, parent or legal guardian of _____, a minor child, hereby give permission:

- For my child to participate in program activities conducted by the YMCA-PG&E Teen Center.
- For any pictures taken of my child to be used for YMCA publicity purposes.
- For YMCA staff to provide all emergency dental or medical care prescribed by a duly licensed physician (MD or DO) or dentist (DDS).

I hereby understand and acknowledge that, in the course of performing services on behalf of my child, YMCA staff and volunteers will meet with him/her in one-on-one and group settings at the YMCA-PG&E Teen Center and other locations. Staff will also have access to, and make and receive copies of, my child's academic school records, including grades, attendance, discipline, standardized test scores and college application materials through the completion of 12th grade if required for program activities. I understand that these records will be used to monitor my child's academic progress and determine when academic support services are needed. These records will be kept in strict confidence, and will be distributed to program support persons only.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

YMCA-PG&E Teen Center Code of Conduct & Agreement

The YMCA-PG&E Teen Center is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, we ask individuals to act appropriately at all times when they are in the facility or participating in YMCA programs. The YMCA-PG&E Teen Center Code of Conduct does not permit language or any action that could hurt or frighten another person or that falls below a generally accepted standard of social conduct.

- 1) Prohibited actions specifically include:
 - A. Using, possessing and/or consuming alcoholic beverages or illegal drugs before and during program activities;
 - B. Any demonstration of sexual activity, or sexual contact with another person;
 - C. Possession and/or the use of any tobacco products during program activities;
 - D. Carrying or concealing any weapons or devices or objects that may be used as weapons;
 - E. Theft or behavior that results in the destruction of property;
 - F. Harassment or intimidation by word(s), gesture(s), body language, attire or any other menacing behavior.
- 2) Please enjoy the rooftop deck with adult supervision.
- 3) Parents/Guardians are responsible for the entire cost of any repairs or replacements due to vandalism caused by their child.
- 4) Members expelled from the YMCA-PG&E Teen Center are not eligible for refunds or credits of any kind.
- 5) In order to carry out these policies, members and guests are required to identify themselves to staff when asked.

The Center Director will investigate all reported incidents. Suspension or termination of YMCA membership privileges may result from a determination by the Center Director if in his/her sole discretion a violation of the YMCA-PG&E Teen Center Code of Conduct has occurred.

I have read and understand the YMCA-PG&E Teen Center Code of Conduct and I agree to all sections. I understand that failing to adhere to the code's minimum standard of conduct may result in immediate expulsion.

Parent/Guardian Name: _____ Member Name: _____

Parent/Guardian Signature: _____ Member Signature: _____

Date: _____ Date: _____

YMCA-PG&E Teen Center Release and Waiver of Liability And Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date: _____ Signature of Parent/Guardian: _____

Name of Child Member: _____