

U.S. Army Aeromedical Research Laboratory Gains in the Education of Mathematics and Science Program

To be considered for acceptance into the 2013 GEMS program, submit the following:

1. The Participant Application
2. The Participant Essay
3. The Participant Release Form
4. Participant Safety Information
5. The Teacher Recommendation Form

The application packet is due no later than May 3, 2013.

Fax the completed packet to 334-255-6983, e-mail to ssc@amedd.army.mil, or mail to:
 U.S. Army Aeromedical Research Laboratory, SIC
 ATTN: GEMS Program Coordinator
 P.O. Box 620577
 Fort Rucker, AL 36362

PARTICIPANT APPLICATION

Applicant Information				
First Name:		Last Name:		Middle Initial:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:	
Address:		City:	State:	
Zip Code:		Home Phone:	Cell Phone:	
E-mail Address:				
Name of School:			Current Grade: <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th	
Is the applicant's parent/guardian military, a Department of Defense civilian, or a DoD contractor working at Fort Rucker? <input type="checkbox"/> Yes <input type="checkbox"/> No				
To what unit is the parent/guardian assigned?			Has the applicant attended GEMS before?: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please indicate the desired week of attendance:

Physical Science & Forensics GEMS (5 th and 6 th grades)	
June 10-14, 8:30am-3:30pm	<input type="checkbox"/> 1 st choice <input type="checkbox"/> 2 nd choice <input type="checkbox"/> 3 rd choice
June 17-21, 8:30am-3:30pm	<input type="checkbox"/> 1 st choice <input type="checkbox"/> 2 nd choice <input type="checkbox"/> 3 rd choice
June 24-28, 8:30am-3:30pm	<input type="checkbox"/> 1 st choice <input type="checkbox"/> 2 nd choice <input type="checkbox"/> 3 rd choice
Robotics GEMS (7 th and 8 th grades)	
July 15-19, 8:30am-3:30pm	<input type="checkbox"/> 1 st choice <input type="checkbox"/> 2 nd choice
July 22-26, 8:30am-3:30pm	<input type="checkbox"/> 1 st choice <input type="checkbox"/> 2 nd choice

For questions, contact the GEMS Program Coordinator at 334-255-6906 or ssc@amedd.army.mil.

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PARTICIPANT ESSAY

Describe why you want to participate in the GEMS program. Hand-write or type your answer.



**Fax completed Participant Essay to 334-255-6983, e-mail to ssc@amedd.army.mil, or mail to:
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PARTICIPANT RELEASE FORM

RELEASE AND HOLD HARMLESS AGREEMENT

In consideration of permission granted by the U.S. Army and the Army Educational Outreach Program allowing the student to participate in the GEMS Program at USAARL, and utilization of related facilities, transportation and equipment, EACH OF THE UNDERSIGNED hereby assumes all risk and liability relating to the utilization of said Government property and agrees to hold harmless and indemnify the U.S. Government from all liability and responsibility whatsoever for injury (including death) to persons and for any damage to Government property or property of others arising out of or resulting directly or indirectly from participation in said activity.

EACH OF THE UNDERSIGNED further does hereby release and forever discharge the U.S. Government from any and all claims, demands, actions, causes of action, damages, and liabilities resulting or arising out of, either directly or indirectly, participation in said activity.

This release and discharge shall inure to the benefit of the U.S. Government, and its officers, agents, servants, and employees when acting in their official capacities; and to persons, firms, or corporations contracting with the Government, and their heirs, executors, administrators, successors, or assigns.

EACH OF THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND HOLD HARMLESS AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

GEMS Participant's Signature

Date

Parent's/Guardian's Signature

Date

PHOTOGRAPHY CONSENT

I hereby grant permission to USAARL and the GEMS teachers and leaders, to take and use photographs, videotape, and digital images, in promotional and/or educational materials. These materials might include printed or electronic publications, web sites, or other electronic communications. Your name and identity **WILL NOT** be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I acknowledge that USAARL has the right to crop or treat the photograph at its discretion. I also acknowledge that the program may choose not to use my child's photo at this time, but may do so at its own discretion at a later date.

All negatives, positives, prints, digital reproductions, and videotape shall be the property of USAARL and the GEMS program. I hereby release, discharge, and agree to hold harmless the photographer and the USAARL from any liability in the taking of said pictures as well as any publication thereof.

Parent's/Guardian's Signature

Date

SURVEY CONSENT

_____ (participant's name) has my permission to participate in surveys about their ideas and attitudes towards math and science.

Parent's/Guardian's Signature

Date

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PARTICIPANT SAFETY INFORMATION

Applicant's Name:	
Primary Emergency Contact's Name:	
Relationship to Applicant:	Daytime Phone:
Daytime Email:	
Secondary Emergency Contact Name:	
Relationship to Applicant:	Daytime Phone:
Daytime Email:	
Does the applicant have allergies, special health considerations, and/or take regularly scheduled medication during the day? If so, describe. <input type="checkbox"/> Yes <input type="checkbox"/> No	

As the parent/guardian of _____, I understand that should a health emergency arise, I will be notified. In the event I cannot be reached by telephone, such medical treatment as deemed necessary by the competent medical personnel is authorized.

Parent's/Guardian's Signature

Date

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TEACHER RECOMMENDATION FORM

Applicant's Name:	
Teacher's Name:	Phone:
School:	Grade:

Rate the Applicant						
	Poor	Fair	Good	Above Average	Outstanding	N/A
Academic Ability						
Academic Achievement						
Oral Communication						
Written Communication						
Personal Initiative						
Demonstrated Interest in Science or Math						

Select a Recommendation		
Highly Recommend <input type="checkbox"/>	Recommend <input type="checkbox"/>	Do Not Recommend <input type="checkbox"/>

Comments:

Teacher's Signature _____ Date _____

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