



Colorado State University

4H YOUTH DEVELOPMENT



ARAPAHOE COUNTY
COLORADO'S FIRST

COLORADO STATE UNIVERSITY EXTENSION/ARAPAHOE COUNTY



Register now-

2017 4-H Youth National Science Day Experiment Incredible Wearables!

Have you ever wanted to build something using technology? Join us for the 2017 4-H Youth National Science Day experiment! Teams will be working together to design their own fitness tracker. You will see what it is like to be an engineer using technology to solve real world problems. See a video of the experiment here- <http://bit.ly/2017Experiment> There will be lots of fun hands-on activities and pizza! Bring a friend and check it out.

Who: Anyone in grades 4-12 who wants to try out some cool science!

Where: Arapahoe County Fairgrounds, 25690 E Quincy Ave, Aurora, CO 80016

When: Wednesday, November 8th, 6:00-8:00pm

Cost: \$5- includes Pizza!

RSVP: make sure to register by November 1st at <http://bit.ly/IncredibleWearables> space is limited, first come, first served.

Questions? Contact Danielle Ardrey- dardrey@arapaheogov.com 303-738-7977

Colorado State University, U.S. Department of Agriculture and Arapahoe County cooperating. Extension Programs are available to all without discrimination. If you need special accommodation(s) to participate in the event listed, please contact Danielle Ardrey at dardrey@arapaheogov.com or 303-730-1920. Your request must be submitted at least 10 days in advance of the event.



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2017 Incredible Wearables Permission Form

First Name _____ Last Name _____

Grade _____ Date of Birth _____ Male _____ Female _____ Home/Cell Number _____

Ethnicity(check all that apply) American Indian/Alaskan _____ Asian/Pacific Islander _____ Black/African American _____ Hispanic/Latino _____ White _____

Parent /Guardian _____ Relationship to Participant _____

Street Address _____ City _____ State _____

Are there any medical concerns? yes ___ no ___ Please explain _____

Emergency Contact (The Parent/Guardian will be the first contacted)

Name of person to contact in case of Emergency _____

Home/Cell _____ Relationship to participant _____

Required Parental Consent (Participant will not be able to participate without permission)

_____ I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my child's actions and physical condition. I agree to indemnify and hold Arapahoe County Government and Colorado State University and its employees from any liability, loss, cost, or expense (including attorney's fees and medical and ambulance cost) that my child may incur while participating in after-school activities. My signature represents this permission. I understand that community professionals, other than extension staff, will conduct some of the activities. All extension staff are subject to criminal background checks in accordance with Arapahoe County policy. I understand that evaluation data will be compiled on a secured web-based system. In order to foster program improvement, I agree to allow my child to participate in surveys about the program. I give my consent to use any photographs or videotape taken in future promotion or marketing materials.

Parent/Legal Gardian _____ Date _____