Welcome Packet

Thank you for including Thunder Vision as part of your middle school's college and career readiness curriculum! We are excited to welcome your students to Grand Canyon University and provide an engaging experience that helps them explore purpose, choice, and the possibilities that lie ahead.
To help you prepare for your visit, we've put together a short packet of materials designed to make the day smooth, meaningful, and aligned with your academic goals. Inside this packet, you'll find:

1. **Thunder Vision Chaperone Guide**
   - A quick one-page overview of expectations for all chaperones—both teachers and parent/guardian volunteers—to ensure students are attentive, safe, and fully engaged throughout the visit.
2. **Campus Visit Forms (English & Spanish)**
   - These forms are required for every student and adult visitor joining us on campus. Please submit completed forms according to the instructions provided to ensure a seamless check-in process.
3. **Student Pre-Visit Questionnaire**
   - A short activity to help students start thinking about questions they want to ask, careers they're curious about, and what they hope to learn during the visit.
4. **Exit Ticket / Post-Visit Reflection**
   - A flexible tool you can use as a grade, extra credit assignment, bellwork, or reflection activity to help extend learning beyond the visit and support academic alignment.

We appreciate your partnership in preparing students for their time on campus. Your support helps us create a meaningful, exciting experience that encourages students to explore their future with confidence.
If you have any questions leading up to your visit, please don't hesitate to reach out. We're here to help in any way we can and look forward to welcoming you and your students to GCU!
Warmly,
The Thunder Vision Team
Grand Canyon University
thundervision@gcu.edu
www.canyonpd.com/thunder-vision

Thunder Vision Chaperone Guide

Thank you for supporting our middle schoolers at Thunder Vision!

As a chaperone—whether you are a teacher, staff member, or parent/guardian—you play a key role in helping students get the most out of their college and career readiness experience. Your presence helps create a safe, engaging, and positive environment for all students.

Below are the expectations designed to help the day run smoothly for your group and our presenters.

Your Role as a Chaperone

1. **Be Actively Engaged:**
   - Stay with your assigned student group at all times.
   - Walk with them, sit with them, and participate when appropriate.
   - Your engagement helps keep students focused and sets the tone for the day.
2. **Help Maintain a Respectful Environment**
   - Please ensure your group remains quiet, attentive, and respectful during all presentations, demonstrations, and activities.
   - Redirect side conversations or distractions quickly and kindly.
3. **Model Positive Behavior**
   - Limit personal phone use and avoid side conversations while students are learning.
   - Show enthusiasm—students mirror your energy!
4. **Support the Thunder Vision Team**
   - Follow staff directions during transitions and group movement.
   - Help keep your group together and on pace so we can stay on schedule.
   - Let our team know right away if a student needs assistance.
5. **Encourage Curiosity**
   - Invite students to ask questions and participate thoughtfully.
   - Share your own positive college or career experiences when appropriate.

Thank You!

Your partnership ensures that Thunder Vision remains a fun, meaningful, and inspiring experience for every student. We appreciate your support in making this day a success!

CAMPUS VISIT TEACHER/CHAPERONE/PARENT REGISTRATION FORM

This information must be filled out by each adult attending. Compile all forms for group and submit together.

Please **PRINT** clearly and complete all areas (black or blue ink only) or fill out electronically.

I am a *(Please check one.)*	☐ Teacher ☐ Chaperone ☐ Parent		
Name			
Email Address			
Secondary Email Address	To ensure prompt communication, regardless of company filters, please provide a second email address.		
Phone Number *(Primary/daytime number)*		Phone Number *(Secondary number)*	
Name of Your School			
Total number of people coming to campus (Please include chaperones, parents, teachers and students in total number) **If your attendance changes, please inform your GCU contact for accurate counts**			

GCU RELEASE OF LIABILITY

Filling out the registration form signifies your (1) acknowledgment that by participating in the program/event, you may be undertaking activities involving certain risks, some of which may not be foreseeable; (2) acceptance of any all such risks including any associated damages or losses which may arise as a result of participation in the program/event; (3) that you will not hold Grand Canyon University (or any other entity or person involved in production of the program/event) responsible for any injuries, losses or other damages related to this program/event, including travel to and from the event; and (4) your agreement to waive, release, discharge and indemnify GCU and its affiliates, officers, and employees for, from and against any and all liability arising from injuries, losses or damages that you suffer or cause during your campus visit, whether such injury, loss or damage is foreseen or unforeseen or whether resulting from negligence or otherwise.

I, the undersigned, give Grand Canyon University permission to copyright and publish all or any part of photographs and/or video and/or voice recordings and/or written/spoken statements taken of me on the date and at the location listed below for use in any public relations and/or marketing campaigns or collateral for Grand Canyon University. I understand that I will receive no compensation for the use of my likeness.

In addition, if I have supplied my testimonial, it has been done by my own free will, involving no type of incentive or coercion. I understand that my testimonial may be used in connection with promoting Grand Canyon University. I authorize Grand Canyon University to use my name, brief biographical information, and the testimonial as defined on this form. Additionally, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness or my testimonial appears.

Human Anatomy Laboratory Guidelines. We acknowledge and appreciate the people who have donated their bodies to further medical science education. The cadavers are chemically preserved and pose a possible health risk; by attending this workshop you accept that risk. Pregnant women are prohibited from attending workshops. No food or drink is allowed in the lab at any time. Photographs and video cameras are prohibited. Avoid wearing contact lenses; wear glasses if you have them. Embalming solution gases may irritate the eyes. It is highly recommended that visitors eat prior to coming to the workshop. Act respectfully while in the Anatomy Lab.

Teacher/Chaperone/Parent Signature	Signature in blue or black ink is required.	Date	

FORMA DE REGISTRO DE MAESTRO/CHAPERÓN/ PADRE

Esta información debe ser llenada por cada adulto que nos visita. Recopila todas las formas si se trata de un grupo y envíalas.

VISITA AL CAMPUS

Por favor **ESCRIBE** claramente y llena todas las áreas (tinta negra o azul solamente) o llena la forma electrónicamente.

Soy un *(por favor marca uno)*	☐ Maestro ☐ Chaperón ☐ Padre

Nombre			
Correo Electrónico			
Correo Electrónico Secundario	*Para asegurar una comunicación adecuada, sin importar los filtros de la compañía, por favor proporciona una segunda dirección de correo electrónico*		
Número de Teléfono *(número principal/durante el día)*		Número de Teléfono *(número secundario)*	
Nombre de Tu Escuela			

Número total de Personas que vendrán al campus (por favor incluye chaperones, padres, maestros y estudiantes en el número total) *If your attendance changes, please inform your GCU contact for accurate counts	

LIBERACIÓN DE RESPONSABILIDAD DE GCU

Llenar la forma de registro significa que (1) reconoces que podrías participar en actividades con algún tipo de riesgo físico en conjunción con el programa/evento, y que (2) estás de acuerdo en no responsabilizar a Grand Canyon University (o cualquier otra entidad o persona involucrada en la producción del programa/evento) por cualquier accidente, lesión u otro tipo de daño relacionado con este programa o viaje hacia y desde el evento, y que (3) estás de acuerdo en no actuar en contra de GCU, y liberar de responsabilidad a GCU, renunciar a cualquier responsabilidad de GCU y demanda de indemnización a GCU y a sus afiliados, oficiales y empleados por, de y contra cualquier y toda responsabilidad que surja de lesiones o daños que pudieras sufrir o que sean causados durante tu visita al campus, sea tal lesión o daño previsto o no previsto o resulte o no por negligencia o por otra causa.

Yo, el que firma, otorga a Grand Canyon University el permiso de derechos y publicaciones de todas y cualquier parte de las fotografías y/o videos y/o grabaciones de voz y/o declaraciones escritas o habladas en las que sea partícipe, en la fecha y ubicación listada abajo para uso en cualquier tipo de relaciones públicas y/o campaña mercadotécnica o colateral para Grand Canyon University. Entiendo que no recibiré ningún tipo de compensación por el uso de mi imagen.

Además, Si he ofrecido mi testimonio, ha sido por voluntad propia, y sin ningún tipo de incentivo o cohecho. Entiendo que mi testimonio podría ser utilizado en conexión con promociones de Grand Canyon University. Autorizo a Grand Canyon University a utilizar mi nombre, breve información biográfica y mi testimonio como se define en esta forma. Adicionalmente, renuncio a cualquier derecho por apariciones testimoniales.

Lineamientos de Laboratorio de Anatomía Humana. Los cadáveres están químicamente preservados y conllevan un posible riesgo físico; al asistir a este taller tú aceptas dicho riesgo. Se prohíbe que las mujeres embarazadas asistan a los talleres. No se permiten comida ni bebidas en el laboratorio en ningún momento. Las fotografías y cámaras de video están prohibidas. Evita usar lentes de contacto; usa anteojos si los tienes. Los gases de las soluciones de embalsamiento podrían irritar los ojos. Se recomienda enérgicamente que los visitantes coman algo antes de asistir a los talleres. Actúa respetuosamente mientras estés en el Laboratorio de Anatomía. Reconocemos y valoramos a la gente que ha donado sus cuerpos para la educación de la ciencia médica.

Forma De Registro De Maestro/Chaperón/ Padre	se requiere que la firma se hecha en tinta azul o negra	Fecha	

CAMPUS VISIT STUDENT PERMISSION FORM

All student participants must complete this form. (Completed permission forms must be submitted with your Teacher/Chaperone/Parent Registration Form for GCU campus visits.)

Please **PRINT** clearly and complete all areas (black or blue ink only) or fill-out electronically.

Student Name					
Email Address					
Mailing Address					
City		State		Zip Code	
Phone Number					
Name of Your School					

Name of Teacher/Chaperone/Parent supervising student(s) (If applicable)
Students under 18 years of age who are not attending with a school must bring a parent or chaperone to visit campus. Parents and chaperones are required to fill out the Teacher/Chaperone/Parent Registration Form and return it with their Student's Permission Form.

Class Standing *(Please check one)*	☐K-8, Grade_____ ☐Freshman ☐Sophomore ☐Junior ☐Senior	High School Graduation Date (If applicable)	/ /

Do you have a sibling that currently attends GCU? ☐ No ☐ Yes Name _____

Do you have an older sibling that would like information about GCU's academic programs? If yes, fill out the form below.

Name		Cell Phone	
Name of Sibling School		Email Address	
Intended Major		High School Graduation Year	
High School or Community College Name		Current GPA	

FOR GRADES 9-12 ONLY

☐ I want to receive additional information or have an admissions counselor contact me.
By checking the box and submitting this form, you give Grand Canyon University your consent to use automated technology to contact you, regarding educational services. Please note that you are not required to provide this consent to receive services from us.

GCU RELEASE OF LIABILITY

Filling out the registration form signifies your (1) acknowledgment that by participating in the program/event, you may be undertaking activities involving certain risks, some of which may not be foreseeable; (2) acceptance of any all such risks including any associated damages or losses which may arise as a result of participation in the program/event; (3) that you will not hold Grand Canyon University (or any other entity or person involved in production of the program/event) responsible for any injuries, losses or other damages related to this program/event, including travel to and from the event; and (4) your agreement to waive, release, discharge and indemnify GCU and its affiliates, officers, and employees for, from and against any and all liability arising from injuries, losses or damages that you suffer or cause during your campus visit, whether such injury, loss or damage is foreseen or unforeseen or whether resulting from negligence or otherwise.

I, the undersigned, give Grand Canyon University permission to copyright and publish all or any part of photographs and/or video and/or voice recordings and/or written/spoken statements taken of me on the date and at the location listed below for use in any public relations and/or marketing campaigns or collateral for Grand Canyon University. I understand that I will receive no compensation for the use of my likeness.

In addition, if I have supplied my testimonial, it has been done by my own free will, involving no type of incentive or coercion. I understand that my testimonial may be used in connection with promoting Grand Canyon University. I authorize Grand Canyon University to use my name, brief biographical information and the testimonial as defined on this form. Additionally, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness or my testimonial appears.

Human Anatomy Laboratory Guidelines, if applicable. We acknowledge and appreciate the people who have donated their bodies to further medical science education. The cadavers are chemically preserved and pose a possible health risk; by attending this workshop you accept that risk. Pregnant women are prohibited from attending workshops. No food or drink is allowed in the lab at any time. Photographs and video cameras are prohibited. Avoid wearing contact lenses; wear glasses if you have them. Embalming solution gases may irritate the eyes. It is highly recommended that visitors eat prior to coming to the workshop. Act respectfully while in the Anatomy Lab.

Student Name			
Student Signature All students under 18 must have a parent or guardian sign this agreement.	Signature in blue or black ink is required.	Date	

Parent/Guardian Name			
Parent/Guardian Email Address			
Parent/Guardian Phone Number			
Parent/Guardian Signature	Signature in blue or black ink is required.	Date	

FORMA DE PERMISO DE ESTUDIANTE

Todos los estudiantes participantes deben llenar esta forma (Las formas de permiso llenadas deben enviarse junto con tu Forma de Registro de Maestro/ Chaperón/Padre para visitas al campus de GCU)

Por favor **ESCRIBE** claramente y llena todas las áreas (con tinta negra o azul solamente) o llena la forma electrónicamente.

Nombre del Estudiante					
Correo Electrónico					
Dirección de Correo					
Ciudad		Estado		Código Postal	
Teléfono					
Nombre de Tu Escuela					

Nombre del Maestro/Chaperón/Padre que supervisa al estudiante(s) (si es aplicable)
(Se requiere que los padres y chaperones que supervisen a estudiantes durante las visitas al campus de GCU llenen la forma de Registro de Maestro/Chaperón/Padre y la envíen junto con la Forma de Permiso de Estudiante).

Grado de Clases *(por favor marca uno)*	☐K-8, Grado_____ ☐Primero ☐Segundo ☐Tercero ☐Cuarto	Fecha de Graduación de Preparatoria (si es aplicable)	/ /

¿Tienes un hermano/a que asiste a GCU actualmente? ☐ No ☐ Sí Nombre_____

¿Tienes un hermano/a mayor que tal vez desee información acerca de los programas académicos de GCU? Si es así, llena la forma de abajo

Nombre		Teléfono Celular	
Nombre de la Escuela del Hermano/a		Correo Electrónico	
Título Deseado		Año de Graduación de Preparatoria	
Nombre de Preparatoria o Colegio Comunitario		Calificación Promedio de Grado (GPA)	

PARA GRADOS 9-12 SOLAMENTE

☐ Me gustaría recibir información adicional o que un asesor de admisiones contacte conmigo.

Al marcar el recuadro y enviar esta forma, le otorgas a Grand Canyon University tu consentimiento para utilizar tecnología automatizada para llamar, testear y enviar correos electrónicos de acuerdo con la información de arriba, incluyendo tu número de celular, si lo incluiste, acerca de servicios educativos. Por favor nota que no se requiere que proporciones este consentimiento pararecibir servicios de nuestra parte.

LIBERACIÓN DE REPONSABILIDAD DE GCU

Llenar la forma de registro significa (1) que estás consciente de que podrías participar en actividades físicas peligrosas en conjunto con el programa/evento, y (2) que aceptas no responsabilizar a Grand Canyon University (o cualquier otra entidad o persona involucradas en la producción del programa/evento) de cualquier accidente o daños relacionados con este programa o durante el viaje hacia y desde el evento, y (3) estás de acuerdo en liberar, exonerar e indemnizar por adelantado a GCU y a sus afiliados, oficiales y empleados de cualquier y contra cualquier responsabilidad que resulte de cualquier lesión o daño durante tu visita al campus, ya sean dichas lesiones o daños anticipados o no, o que resulten por negligencia o de cualquier otra forma.

Yo, el que firma, le otorga a Grand Canyon University permiso para obtener derechos y publicar todas o cualquier parte de las fotografías, videos y/o o grabaciones de voz y/o declaraciones escritas/habladas hechas en la fecha y ubicación listadas abajo, para uso en cualquier tipo de relaciones públicas y/o campañas de mercadeo o colaterales para Grand Canyon University. Entiendo que no recibiré compensación de ningún tipo por el uso descrito arriba de mi imagen.

Además, si he provisto mi testimonio, ha sido por voluntad propia, sin ningún incentivo o presión. Entiendo que mi testimonio podría ser usado en conexión con la promoción de Grand Canyon University. Autorizo a Grand Canyon University a utilizar mi nombre, información biográfica breve y el testimonio tal y como se define en esta forma. Adicionalmente, cedo los derechos de inspección y aprobación del producto final, incluyendo una copia escrita donde el uso de mi imagen o testimonio aparece.

Guías sobre el Laboratorio de Anatomía Humana. Los cadáveres están químicamente preservados y presentan un posible riesgo para la salud; al asistir a este taller aceptas ese riesgo. Está prohibido que las mujeres embarazadas asistan a los talleres. No se permite comida o bebida en el laboratorio en ningún momento. Las cámaras de fotografía y video están prohibidas. Evita usar lentes de contacto; usa anteojos si los tienes. Los gases de la solución de embalsamiento podrían irritar los ojos. Es altamente recomendado que los visitantes coman algo antes de venir al taller. Actúa con respeto mientras estés en el Laboratorio de Anatomía. Reconocemos y valoramos a la gente que ha donado sus cuerpos para la educación científica médica.

Nombre del Estudiante			
Firma del Estudiante	se requiere que la firma se escriba en tinta negra o azul	Fecha	

Se requiere que el padre o guardián de todo estudiante menor de 18 firme este acuerdo

Nombre del Padre/Guardián			
Correo Electrónico del Padre/Guardián			
Número de Teléfono del Padre/Guardián			
Firma del Padre/Guardián	se requiere que la firma se escriba en tinta negra o azul	Fecha	

THUNDER VISION QUESTIONNAIRE

Ask your tour guide or the presenters these questions during our tour of Grand Canyon University!

1. Is there a Mascot or school spirit tradition?
2. What's the food like?
3. How big are the classes for 1st year students?
4. Are there tutoring or homework centers?
5. How do students pick a major?
6. What's been your favorite class so far?
7. What are the dorms like?
8. What clubs or groups can students join?
9. How do students get around campus?
10. What is your favorite campus activity?
11. If you could change one thing about GCU, what would it be?
12. What makes GCU different from other universities?
13. Do your professors know your name?
14. How many classes should a new student take?
15. What advice would you give me about preparing for college?
16. Can students get help finding jobs or internships?
17. Do you have to be Christian to go to GCU?
18. What has been the hardest part about college?
19. Why did you choose to go to GCU?
20. Why would you recommend GCU to a friend?

NAME :

DATE :

THUNDER VISION EXIT SLIP

things I learned today at Thunder Vision.

things I want to learn more about for my future.

idea I learned that I will implement.