2017 SUMMER ENROLLMENT FORM
This form is to be used by current Pre-College Programs students only.

Student Name: ____________________________________________________________

Parent/Guardian Name: ____________________________________________________

Home Telephone Number: __________________________ Alt. Telephone Number: __________

Student Email Address: ______________________________________________________

Parent Email Address: _______________________________________________________

Please circle the program your son/daughter is in:  _____UB I  _____UB II  _____UBMS

Please circle the grade your son/daughter will enter next year: 10  11  12  College (Bridge Program consideration only)

The Pre-College Programs’ summer residential session will begin June 18, 2017 and end
July 28, 2017. To be considered for the upcoming summer session, current students
must submit their most recent academic grade reports along with the following
documents by March 11th:
1) Student Form
2) Liability Release Form
3) Emergency Information Form
4) Dietary Restrictions Form
5) Residence Hall/Lost Key/Library Materials Agreement

To complete your registration and to be allowed to participate in the 2017 Summer Residential program, parents must have completed at least 20 volunteer hours and the
following medical forms must be signed by a physician and received by April 29th:
1) Medical Clearance Form
2) Medical History Form
3) Immunization Record (Physician’s signature is required for students who have not
participated in a previous UB/UBMS summer session. Section A must be completed by
all students.)
STUDENT FORM

This form is to be used by current Pre-College Programs students only.

Note: Current students will be selected based on a combination of interest, need for academic services, active participation in the program and space.

I, ________________ would like to apply to the 2017 PCP Summer Residential program. I am planning to attend **ALL** six weeks (June 18th - July 28th, 2017) of this academically rigorous program and intend to fully utilize all resources and opportunities provided to me during my stay on campus.

Please state the reason(s) why you would like to participate in the 2017 Pre-College Programs’ Summer Residential Program:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________


PLEASE RETURN THIS FORM TO PRE-COLLEGE PROGRAMS BY MARCH 11, 2017

Student Signature ________________________________ Date __________

Parent/Guardian Signature ________________________________ Date __________
LIABILITY RELEASE

Dear Parent(s) or Guardian(s),

During the time your child is in the Upward Bound Program or Upward Bound Math and Science Program, he or she will be expected to participate in many activities such as field trips, sports, picnics, laboratory experiments, etc. We will take all of the necessary precautions to ensure the safety of your child at all times. The University of Maryland, College Park, however, requests your endorsement of the statement below. Please sign on the appropriate line beneath your child’s signature.

I, the undersigned, in full recognition of the possible dangers and hazards inherent in any student activity normally conducted by the Upward Bound Program and the Upward Bound Math and Science Program, do hereby agree to assume all the risks and responsibilities surrounding my participation. Furthermore, I hereby defend, hold harmless, indemnify, release, and forever discharge the University, and all its officers, agents, and employees from and against any and all claims, demands and actions, or cause of action, on account of which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of the University, its officers, agents, or employees, during the period of my participation as aforesaid.

IN WITNESS WHEREOF, I have caused this release to be executed this

__________________ day of ________________________________, ____________.

Student Signature: ________________________________________________

Father/Guardian Signature: __________________________________________

Mother/Guardian Signature: _________________________________________
EMERGENCY INFORMATION FORM

To Whom It May Concern:

While my child, ___________________________________ is a participant in Pre-College Programs’ activities at the University of Maryland, College Park. Please notify the following individuals should an emergency occur:

Parent/ Guardian: ________________________________  Parent/ Guardian: __________________________________________
Address: ______________________________________  Address: __________________________________________
Daytime Phone: ________________________________  Daytime Phone: ______________________________________
Cell: __________________________________________  Cell: __________________________________________
E-mail: ________________________________________  E-mail: ________________________________________

If none of the aforementioned persons are available, I authorize Pre-College Programs to contact:

Name: __________________________________________  Relationship to minor: ________________________________
Address: ______________________________________
Daytime Phone: ________________________________  Evening Phone: ________________________________

Please complete this section to allow your child to be taken for treatment in case of emergency, when the people listed above cannot be contacted: “I give permission for my child to be taken by Pre-College Programs personnel or ambulance for treatment. I will be responsible for all related fees.”

Physician’s Name: ________________________________  Address: ______________________________________
City/ State: ______________________________________  Phone: ______________________________________
Health Insurance Company: ________________________
Policy Number: __________________________________  Name of Policy Holder: _________________________

Preferred Ambulance Service, if other than EMS: ______________________  Phone: __________________

Use space below to list any known health conditions and/ or allergies, and medications that your child takes.

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Medication</th>
<th>Allergies</th>
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If your child has medical equipment or supplies please list them:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Signature: __________________________________________  Date: ________________________________
SUMMER FOOD DIETARY RESTRICTIONS FORM

Student Name: ____________________________ Date: ____________________________

Parent/Guardian: Please initial any foods that your child is allergic to and/or should avoid because of dietary restrictions.

Milk/dairy products (ice cream, cheese, etc.) ________ Chili ________
Eggs ________ Kiwi ________
Peanuts ________ Oats ________
Tree nuts (cashews, almonds, walnuts, etc.) ________ Lentils ________
Fish ________ Sesame Seeds ________
Shellfish (shrimp, lobster, crab, crayfish) ________ Sunflower Seeds ________
Soy ________ Corn ________
Wheat/Gluten/Oats ________ Spinach ________
Berries (strawberries, blueberries, etc.) ________ Oranges/Orange Juice ________
Tomatoes ________ Chicken ________
Chocolate ________ Pork ________
Pineapple ________ Beef ________
Yeast ________ Pistachios ________
Beans/Legumes ________ Pecans ________
Garlic ________ Pine nuts ________
Onions ________ Rice ________
Apples ________ Potatoes ________
Grapefruit/juice ________ Coconut ________

I have read the list of food categories. If my child has any food allergies or dietary restrictions for a particular food, I have initialed the food item. I understand that it is my child’s responsibility to avoid foods that are restricted from his/her diet.

** Please indicate other allergic foods not listed above (Please print clearly):
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Date: ____________________________ Parent/Guardian Signature: ____________________________

Date: ____________________________ Parent/Guardian Signature: ____________________________
RESIDENCE HALL DAMAGE/LOST KEY/LIBRARY MATERIALS AGREEMENT

I, __________________________, understand that I will be held financially responsible for any residence hall damage which I have caused. I also understand that I am responsible for my room key and any library materials I borrow. I further understand that I am responsible for payment of any fines/fees incurred due to loss of room key or meal card, and/or non-adherence to procedures regarding borrowed library materials, in which case I must pay library fees.

a) The Residence Hall damage fee is determined by the Department of Resident Life of the University of Maryland, College Park
b) The key replacement fee is $85.00.
c) Library Fees:
   • For regular items, charges start at $.50 cents per day per item, to a maximum of $100.00. On the thirty-first day overdue, the item is declared lost and you will be billed the lost item charge
   • For recalled items, fines start at $2.00 per day per item, to a maximum of $160.00. If the item is not returned by the 14th day, it will be declared lost and the lost item fee is charged.
   • For lost items, the replacement charge ($170.00) but not any fines ($35.00) can be cancelled if the item is returned within six months of the initial due date.
   • Fines are collected by the UM Bursar's Office, just like tuition or parking fines. The Bursar will use all the same devices for collecting library fines as are used for other bills, including a collection agency.
d) Meal card replacement fee $25.00

________________________________________  _______________________
Student Signature                          Date

As parent/guardian of the above-named student, I support his/her commitment to the Residence Hall Damage/Lost Key/ Library Materials Agreement/ Meal Card, and assure payment of any obligations incurring pertaining to the items indicated.

________________________________________  _______________________
Parent Signature                           Date