



UNIVERSITY OF MARYLAND

PRE-COLLEGE PROGRAMS IN UNDERGRADUATE STUDIES
Upward Bound
Upward Bound Math & Science
LIFT

4150 Campus Drive, Toll Physics Bldg Rm 4111
College Park, Maryland 20742
301.405.6776 TEL 301.314.9155 FAX

rev 01/18

2018 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, 2018 and end July 28, 2018**. 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 2018 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.)



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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 2018 PCP Summer Residential program. I am planning to attend ALL six weeks (June 18th-July 28th, 2018) 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 2018 Pre- College Programs' Summer Residential Program:

PLEASE RETURN THIS FORM TO PRE-COLLEGE PROGRAMS BY MARCH 11, 2018

Student Signature

Date

Parent/Guardian Signature

Date



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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: _____



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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.

Health Condition	Medication	Allergies

If your child has medical equipment or supplies please list them:

Signature: _____

Date: _____



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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