SEE US Succeed! CSULB Summer Camp at CSULB
2015 Registration Form
The camp will run Monday – Friday, 8:40 am-1:00pm, July 27- August 7

CAMP APPLICATION
Please fill out one application per family.

SPECIAL SERVICES FOR THIS SUMMER’S CAMPERS

This summer we will be able to provide free vision screening. This is provided by St. Mary’s Medical Center. If your child needs glasses information about how to get free glasses will be provided. Please fill out a permission slip for each child attending the camp program.
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The camp runs Monday – Friday, 8:40-1:00, July 27- August 7

Thanks to a grant from the Earl B. and Lorraine H. Miller Foundation and numerous other organizations and individuals, this science camp is made available to students at no cost to families! Transportation to and from camp will be provided for all eligible & accepted students. We encourage the student’s school-aged (kindergarten – 8th grade) siblings to also apply in order to support the parents’ schedule. **Students who attended last year are not eligible.**

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**ONLY ONE CAMP APPLICATION PER FAMILY**

<table>
<thead>
<tr>
<th>Student’s Name: __________________________</th>
<th>Home Phone: (____ ) ________</th>
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<tbody>
<tr>
<td>Student’s Current School __________________</td>
<td>Student’s Current Grade 2014-2015 ______</td>
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<tr>
<td>Current Living Address___________________</td>
<td>Does he/she have an IEP?___ (please include details so we can help your child be successful)</td>
</tr>
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Other Siblings who will attend camp (Kindergarten – 8th Grade Only)

<table>
<thead>
<tr>
<th>Sibling’s Name</th>
<th>Current School</th>
<th>Current Grade</th>
<th>IEP? (yes/no)</th>
<th>Food Allergies?</th>
<th>What medications is this child taking?</th>
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Emergency Contact Information

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<tr>
<th>Mother’s Name: __________________________ Work # (____ ) ________ Cell# (____ ) ________</th>
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<tbody>
<tr>
<td>Father’s Name: __________________________ Work # (____ ) ________ Cell # (____ ) ________ Family Physician: __________________________ Phone: (____ ) ________</td>
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</tbody>
</table>

If unable to contact parent(s) or guardians in the event of illness or accident, please contact:

Name __________________________________________ Phone: (____ ) ________
Name __________________________________________ Phone: (____ ) ________

**Consent:** In the event of accident or emergency, I (we) give permission for the program authorities to take my (our) child to any available doctor or hospital, or to request their services. **YES ____ NO ____**

*If you answered no, please advise the program of your preferred action (on a separate sheet of paper).*

Insurance: My son/daughter (or ward) is covered under our family health/medical plan. **YES ____ NO ____**

Insurance Company: __________________________ Policy Number: __________________________

**Transportation:** Please list the names of people, other than parents, with whom your child may leave camp. If no names are listed, your child will only be allowed to leave with the parent.

*Unless permission is given in writing, no children may leave the camp or the afternoon programming unsupervised, or with people other than their parents or legal guardians.*

People allowed to pick-up your child(ren):
__________________________________________
__________________________________________
__________________________________________

A small snack and lunch will be provided.

We strongly encourage parents/legal guardians to meet their children at the bus stop. We also encourage families to walk home together.
**Unsatisfactory Behavior:**
I (we) understand and agree that my (our) child will be dismissed from the Summer Camp for any/all of the following reasons:

- *Continued disruptive behavior*
- *Damaging school property*
- *Sharp dangerous objects/weapons*
- *Endangering or harming others*
- *Leaving campus without consent*
- *Drugs or drug paraphernalia*

Signature of Parent/Legal Guardian ___________________________ Date ______________

**CSULB RESEARCH FOUNDATION CAMP**
**Photo / Video Authorization and Release Waiver**


I, ________________________________, the parent and/or legal guardian of,

__________________________________________________________________________________________________

(my “Child(ren)”), do hereby grant permission to the California State University, Long Beach Research Foundation (referred to as “Camp/Research Foundation”) to photograph/video and to publish the said photograph(s)/video(s) of me and/or my Child(ren) on the Program/Research Foundation website and in related Program/Research Foundation promotional brochures, advertisements and videos for the purpose of promoting the Program/Research Foundation’s business worldwide. I hereby waive all rights of privacy and/or compensation for me and my Child(ren), which I, or she/he, may have in connection with the use of my, or her/his, photograph, likeness, depiction or story, or any or all of them, in or in connection with said Program/Research Foundation websites, still photography, or video/film and any use to which the same or any material therein may be put, applied or adapted by the Program/Research Foundation in connection with the promotion of the Program/Research Foundation. I hereby grant the Program/Research Foundation permission to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs.

I, for myself and my Child(ren) and our respective heirs, administrators, successors and assigns hereby release the Program, the California State University, Long Beach Research Foundation, the State of California, Trustees of the California State University, California State University, Long Beach, and all officers, employees, volunteers and agents of each of them from and against any and all claims, liabilities, losses, expenses, causes of action, costs of every nature and/or damages of any kind (including, but not limited to, invasion of privacy, defamation, false light or misappropriation of name, likeness or image, unauthorized republication of image) arising out of, or in connection with, the use of my, or my Child(ren)’s, photograph, name or likeness, or any or all of them, by the Program/Research Foundation for its business promotion activities. I further understand that all grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

I acknowledge and represent that I am over the age of eighteen (18), that I have read the entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor Child(ren).

Print Child(ren) Name: ________________________________________________

Relationship to Child(ren) _______________________________________________

Parent and/or Legal Guardian of (Child(ren)’s Name): _______________________

Parent and/or Legal Guardian Signature: ___________________________ Date: ____________
PARENTS: Complete this form and the CSULB liability waiver then submit all the documents to your school counselor. There are optional permission slips to participate in vision screenings.

COUNSELORS:

- Please check the bus stop location that is nearest to the student’s address (see following page for locations).
- Make one copy and place it in the student’s file.
- Submit all forms to Dr. Erin Simon at Tucker Admin Offices by the FRIDAY, June 12th deadline using the following:
  * Inter-district mail – addressed to Tucker Administrative Offices
  * Fax – (562) 986-6870 x241
  * Email – to esimon@lbschools.net

If you have any questions or concerns regarding the deadline, camp information or application, please call Dr. Erin Simon at (562) 986-6870 x241

Transportation Assistance

Bus Pick-up and Drop-off Locations and Schedule

Parents, please check one of the following:

___ My child WILL participate in bus transportation (Check one bus stop below).

___ I will provide my own transportation and bring my child to and from Science Camp. (My child WILL NOT ride the bus – I will bring them to CSULB and pick them up.)

Parent or Legal Guardian’s Signature ___________________________ Date _________________

Bus Pick-up/Drop-off Locations and Schedule (check one only):

<table>
<thead>
<tr>
<th>Bus Route (check one)</th>
<th>Location/Address</th>
<th>Morning Pick-up Time</th>
<th>Afternoon Drop-off Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signal Hill 1st stop</td>
<td>Signal Hill Elementary School, 2285 Walnut Avenue (Signal Hill)</td>
<td>8:00 am</td>
<td>1:40 pm</td>
</tr>
<tr>
<td>Nelson 2nd stop</td>
<td>Nelson Middle School, 1951 Cherry Avenue (Signal Hill)</td>
<td>8:05 am</td>
<td>1:35 pm</td>
</tr>
<tr>
<td>Whittier 3rd stop</td>
<td>Whittier Elementary School, 1761 Walnut Avenue</td>
<td>8:10 am</td>
<td>1:30 pm</td>
</tr>
<tr>
<td>Roosevelt 4th stop</td>
<td>Roosevelt, 1574 Linden Ave (pick up and drop off will be on Atlantic)</td>
<td>8:15 am</td>
<td>1:25 pm</td>
</tr>
<tr>
<td>Lincoln 5th stop</td>
<td>Lincoln Elementary School, 1175 E. 11th Street</td>
<td>8:20 am</td>
<td>1:20 pm</td>
</tr>
<tr>
<td>Jefferson 6th stop</td>
<td>Jefferson Middle School, 750 Euclid Avenue</td>
<td>8:30 am</td>
<td>1:10 pm</td>
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</table>

I will get my child to and from CSULB at the appropriate times
In consideration of being permitted to participate in any way in the Young Scientists Camp – CSULB Program indicated below and/or being permitted to enter for any purpose any restricted area (herein defined as any area where admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be unsafe; I will immediately take all precautions to avoid the unsafe area and refuse to participate further.

2. I/WE fully understand and acknowledge that:
   (a) There are risks and dangers associated with participation in SEE US Succeed! Summer Science Camp events and activities, which could result in bodily injury partial and/or total disability, paralysis and death.
   (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
   (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including but not limited to, the Releases named below.
   (d) There may be other risks not known or are not reasonable foreseeable at this time.

3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releases named below.

4. I/WE hereby release, waive, discharge and covenant not to sue The State of California; the Trustees of the California State University; California State University, Long Beach; and California State University, Long Beach Foundation; Associated Students, Inc. and the 49'er Shops, and each of their trustees, officers, employees, and volunteers all for the purposes herein referred to as “Releasee” from all liability to the undersigned, my/our personal representatives assigns, executors, heirs and next to kin for any and all claims, demands, losses or damages and any claims or demands therefore on account of any injury, including but not limited to the death of the participant or damage to property, arising out of or relating to the event(s) caused or alleged to be caused in whole or in part by the negligence of the Releasee or otherwise.

5. I/WE hereby acknowledge that the activities of the event(s) are very dangerous and involve the risk of serious injury and/or death and/or property damage. Each of the undersigned also expressly acknowledges that injuries received may be compounded or increased by negligent rescue operations or procedures of the Releases.

6. Each of the undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State in which the event in conducted and that if any portion is held invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect.

7. On behalf of the participant and individually, the undersigned parent(s) and/or legal guardian(s) for the minor participant execute this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releases, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money, which they have paid to the participant, or on his behalf, and hold them harmless.

8. In the event of illness or injury, I do hereby consent to all x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I have read this release and waiver of liability, assumption or risk and indemnity agreement fully, understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be complete and unconditional release of all liability to the greatest extent allowed by law.

**Young Scientists Camp at CSULB – SEE US Succeed!**  
**July 27-Aug 7, 2015**

<table>
<thead>
<tr>
<th>Activity or Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Parent or Legal Guardian Signature (if minor)</td>
<td>Parent or Legal Guardian Signature (if minor)</td>
</tr>
<tr>
<td>Name(s) of Participant(s) <strong>(Please Print Names of ALL participants)</strong></td>
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</tr>
<tr>
<td>Name(s) of Participant(s) <strong>(Please Print)</strong></td>
<td>Address of Participant(s)</td>
</tr>
</tbody>
</table>

Camp Team Waiver Revised 12-08
St. Mary Low Vision Center
VISION TESTING

DATE OF TESTING  Tuesday, August 4, 2015
SITE  California State University, Long Beach
SEE US SUCCEED SCIENCE CAMP
START TIME: 9:00 A.M.

DO YOU KNOW HOW YOUR CHILD SEES?

Everything looks right to a child, and children often can’t tell if anything is wrong with their vision. The incidence of eye problems increases at each grade level in school. One in four school children has a vision problem.

HOW IS VISION SCREENED?

The Titmus II Vision Tester will be used to screen distance visual acuity, binocularity, and, for some grade levels, farsightedness and color perception. The Titmus II Vision Tester takes just a few minutes to screen each student. This is a non-invasive test. Test results will be sent home with each student screened.

WHO WILL CONDUCT THE SCREENING?

The screening will be conducted by the trained staff of St. Mary Low Vision Center. The screening is provided free of charge as a community service by St. Mary Medical Center. In addition, if your child is referred for further follow up with the eye doctor and does not possess vision insurance, a comprehensive examination and glasses will be provided free of charge.

If you have any questions, or would like further information, you can contact the screening staff directly by calling the St. Mary Low Vision Center at (562) 491-9275.

PLEASE COMPLETE THIS FORM AND RETURN IT WITH YOUR CHILD’S CAMP APPLICATION.

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PLEASE ENSURE THAT CHILDREN WITH GLASSES OR CONTACT LENSES BRING OR WEAR THEM TO THE SCREENING.

□ YES, I give my consent for my son/daughter __________________________ to participate in the screening program.  (Please Print Student’s Name)

□ NO, I do not give my consent for my son/daughter __________________________ to participate in the vision screening.  (Please Print Student’s Name)

□ I request to be notified by phone if test results indicate a possible eye problem.  

Phone number: __________________________  __________________________  __________________________

PRINT NAME OF PARENT OR GUARDIAN (PLEASE PRINT LEGIBLY) __________________________  DATE

DATE OF BIRTH __________________________  __________________________

NECESSARY