



Upward Bound Programs

University Center 124  
5240 N Jackson M/S UC59, Fresno, CA 93740-8023  
Office: (559) 278-2693 or (559) 278-5796 \* Fax: (559) 278-4306

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## FINANCIAL RESPONSIBILITY FORM

Summer Program 2015

**Please read carefully:**

We are bound by the rules set forth by the university in terms of damage to property. During your child's stay at Fresno State, should your child damage, lose, or destroy any property during the course of the program, his/her parents or guardians will be held responsible for damage costs. This particularly applies to the dormitories, but also covers facilities used by, and visited by, the Upward Bound students.

When damage occurs to a dorm room or to property where more than one student has access, the cost of damages will be divided among the number of students involved. The same rule applies when it cannot be determined who caused damage to an area or suite.

By signing below, you acknowledge the rules and guidelines outlined above and agree to abide by the guidelines set by the Upward Bound Programs and California State University, Fresno.

Thank you for your cooperation and understanding. We are looking forward to a positive and exciting summer.

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian's Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature



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\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian's Name (please print)

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## EMERGENCY TELEPHONE NUMBERS

Summer Program 2015

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_  
\_\_\_\_\_ Cell/Work Number

\_\_\_\_\_ Cell/Work Number

*In case parent(s) cannot be reached, please contact:*

	<u>Name</u>	<u>Phone Number</u>	<u>Relationship to Student</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

*Add more below if needed.*



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CONSENT FOR TRANSPORTATION ARRANGEMENTS
Summer Program 2015

I, \_\_\_\_\_, give permission to the following person(s) to pick up my
Parent/Guardian's Name (please print)

student, \_\_\_\_\_, from the Upward Bound Summer Programs:
Student's Name (please print)

Table with 3 columns: Name, Phone Number, Relationship to Student. Rows 1, 2, 3.

I recognize that the Upward Bound Programs reserve the right the call me and confirm that
prior transportation arrangements have been made for my child. I acknowledge that once my
child leaves with the person(s) designated, the Upward Bound Programs will not be held liable.

Parent/Guardian's Signature

Date

Home Phone Number

Daytime/Work Phone Number

Cell Phone Number

Please list any additional comments or instructions that you think are important for our staff to
know regarding pick-up and drop-off:

Four horizontal lines for additional comments.

(Please call to inform us when someone else will pick up your student as soon as possible.
Designated person must still sign the student out. Please inform us if you need to add or remove
someone off the list so that you can fill out a new form.)



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CELL PHONE POLICY
Summer Program 2015

I, Parent/Guardian's Name (please print), parent/guardian of Student's Name (please print)

Give permission for my child to bring and use only the following cell phone(s) during the summer program:
1. Cell Phone Number: This cell phone belongs to:
2. Cell Phone Number: This cell phone belongs to:

Do not give permission for my child to bring and use her/his cell phone during the summer program.

My child does not have a cell phone.

I understand that cell phones are not allowed in the classrooms and cannot be used after bedtime hours. Using a cell phone during these times or any inappropriate use may result in confiscation and loss of further cellular privileges. All calls to and from parents/family can be made through the Upward Bound Programs' office and with residential staff consent. Theft, loss, charges, and/or damages to the cell phone are not the responsibility of the Upward Bound Programs.

I understand if there are any changes to this form (change of cell phone number, change of usage, etc.), it is my responsibility to notify Upward Bound Staff.

Parent's Signature Student's Signature Date

Please list any reasons, comments, or instructions that you think are important for our staff to know regarding your student's cell phone:

Four horizontal lines for providing reasons, comments, or instructions regarding the student's cell phone.

### MOVIE PERMISSION SLIP

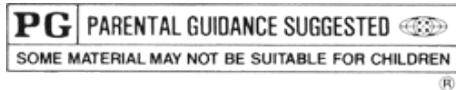
#### Summer Program 2015

The Upward Bound Programs holds social and/or activities in which students have an opportunity to interact with their peers. The Upward Bound Programs will be selecting appropriate movies that are suitable for minors. Movies are classified into different categories based on the contents of the movie. The different categories and a brief description are provided in this form. Please be aware that some of the movies that will be played for the students might be classified under these four categories.

I, \_\_\_\_\_, parent or guardian, do hereby give permission to  
(Name of parent or guardian)  
\_\_\_\_\_ who will be participating in the Summer 2015 Upward  
(Name of Student)  
Bound Program to view any movies whose content might be classified: **G, PG, PG-13** and/or **R**.



**G** General Audience. All ages admitted. This signifies that the film rated contains nothing most parents will consider offensive for even their youngest children to see or hear. Nudity, sex scenes, and scenes of drug use are absent; violence is minimal; snippets of dialogue may go beyond polite conversation but do not go beyond common everyday expressions.



**PG** Parental Guidance Suggested. Some material may not be suitable for children. This signifies that the film rated may contain some material parents might not like to expose to their young children - material that will clearly need to be examined or inquired about before children are allowed to attend the film. Explicit sex scenes and scenes of drug use are absent; nudity, if present, is seen only briefly, horror and violence do not exceed moderate levels.



**PG-13** Parents Strongly Cautioned. Some material may be inappropriate for children under 13. This signifies that the film rated may be inappropriate for pre-teens. Parents should be especially careful about letting their younger children attend. Rough or persistent violence is absent; sexually oriented nudity is generally absent; some scenes of drug use may be seen; one use of the harsher sexually derived words may be heard.



**R** Restricted-Under 17. Requires accompanying parent or adult guardian (age varies in some locations). This signifies that the rating board has concluded that the film rated contains some adult material. Parents are urged to learn more about the film before taking their children to see it. An R may be assigned due to, among other things, a film's use of language, theme, violence, sex, or its portrayal of drug use.

- I **do** hereby give permission to \_\_\_\_\_ who will be participating in the  
(Name of Student)

Summer 2015 Upward Bound Program to view any movies whose content might be classified: **G, PG, PG-13**, and/or **R**.

- I **do not** give my consent for my child to participate in the above-mentioned activities.



\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

## Medical Consent Form

Effective \_\_\_\_\_ to \_\_\_\_\_.

I \_\_\_\_\_ parent (or guardian) of \_\_\_\_\_ whose birthday is on \_\_\_\_\_,  
Parent/Guardian Name Student Name Date of Birth

Hereby authorizes staff members in the Upward Bound Program at California State University, Fresno to seek and authorize medical treatment for my son/daughter in the event of an emergency. If an emergency arises requiring a major surgical procedure, the program staff will attempt to reach me to be guided by my wishes; but, if I cannot be reached, I authorize the attending physician to proceed as deemed advisable and appropriate.

Student Residence Address City State Zip

High School Age Grade Student Cell Phone #

Home Telephone# Father/Guardian Cell Phone# Mother/ Guardian Cell Phone#

**Emergency Contact:** Please give us the name and phone number of someone we may call in the event of an illness or injury, someone who will know where and how to reach you – if the parent/guardian can't be reached.

Name Relationship to Minor Telephone Number

Name Relationship to Minor Telephone Number

Do you have medical insurance?  Yes  No

If yes, please write your medical insurance company's name, policy number, and provide a copy of your medical insurance card.

Name of Medical Insurance Company Policy Number

Name of Family Doctor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of student's last general medical examination: \_\_\_\_\_ Date of last tetanus injection: \_\_\_\_\_

Has he/she had a serious illness or operation in the past? Yes  No

If yes, please describe: \_\_\_\_\_

Has your son/daughter had recent exposure to any contagious disease? Yes  No

If yes which one? \_\_\_\_\_ When? \_\_\_\_\_ - \_\_\_\_\_

Does the student have any special medical problem(s) or allergies? If so, please specify below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is he/she taking any prescribed medication? If so, fully explain dosage, times to be given, and reason for medication:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Legal Guardian Signature**

\_\_\_\_\_  
**Date**