Math + Leadership Camp Registration

Registration Checklist

Complete all sections of the Math + Leadership Camp Registration Form. Complete and sign:

- Participant Information
- Camp Registration
- Health History
- Media Release
- UC San Diego Waiver of Liability, Assumption of Risk and Indemnity Agreement
- Participant Agreement
- arc Enrollment and Release of Liability Form (UC San Diego and CSU San Marcos camps only)

Confirmations & Receipts

All confirmations and camp information packets will be sent via email unless otherwise requested.

Cancellations/Refunds

Please let us know as soon as possible if your child is unable to attend the camp. The camp program cost includes a $50 nonrefundable registration processing fee. We will return the remainder of your registration fee after the camps. If you cancel less than two weeks before the start of camp, we will not be able to return your registration fee.

Payment is by check or credit card only.

Download, complete and mail this registration form to the address below.

Math for America San Diego
PO Box 12387
La Jolla, CA 92039

For checks: Please make checks payable to Math for America San Diego.

For credit cards: Please visit the Math + Leadership Camp at UC San Diego Eventbrite page (http://ucsdmathcamp.eventbrite.com) to make your secure online payment. Please mail or email this registration form to secure your child’s space at camp.

- Yes, I will be paying by check. I will mail this completed registration form with my check to the address above.

- Yes, I will be paying by credit card. I will mail this completed registration form to the address above.
### Participant Information

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Last</th>
<th>First</th>
<th>(M) Initial</th>
<th>Birthdate: Month/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Street</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>School:</td>
<td></td>
<td>Entering Grade:</td>
<td>Gender</td>
<td></td>
</tr>
</tbody>
</table>

### Important Contacts

<table>
<thead>
<tr>
<th>Parent/Guardian #1:</th>
<th>Last</th>
<th>First</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Phone</td>
<td>Evening Phone</td>
<td>Cell Phone</td>
</tr>
</tbody>
</table>

**Email Address:**

- Yes, you may use my email address to send me current and future information regarding camp.
- Yes, you may include my contact information on the carpool list.
- Please send confirmation by mail instead of email.

<table>
<thead>
<tr>
<th>Parent/Guardian #2:</th>
<th>Last</th>
<th>First</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Phone</td>
<td>Evening Phone</td>
<td>Cell Phone</td>
</tr>
</tbody>
</table>

**Email Address:**

- Yes, you may use my email address to send me current and future information regarding camp.
- Yes, you may include my contact information on the carpool list.

<table>
<thead>
<tr>
<th>Local Emergency Contact different from #1 &amp; #2</th>
<th>Last</th>
<th>First</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Phone</td>
<td>Evening Phone</td>
<td>Cell Phone</td>
</tr>
</tbody>
</table>
Camp Registration

Program Sign-Up

Child's Name: Last   First  (M) Initial

Select Math + Leadership Camp Location – Please check

<table>
<thead>
<tr>
<th>Select Camp</th>
<th>Campus</th>
<th>Incoming Grade Fall 2015</th>
<th>Location</th>
<th>Session/Dates</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>❏ Yes</td>
<td>UC San Diego</td>
<td>7 – 8 grade</td>
<td>Thurgood Marshall College</td>
<td>July 6 -17, 2015</td>
<td>8:30AM – 4:00PM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Bungalow 102</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❏ Yes</td>
<td>CSU San Marcos (Vista Unified</td>
<td>9-10 grade</td>
<td>Kellogg Library Rm. 5102</td>
<td>July 20 – 31, 2015</td>
<td>8:30AM – 4:00PM</td>
</tr>
<tr>
<td></td>
<td>School District only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>❏ Yes</td>
<td>Sweetwater High School (Selected SUHSD students only)</td>
<td>9th grade</td>
<td>2900 Highland Ave. National City, CA 91950</td>
<td>June 29 – July 10, 2015</td>
<td>8:30AM – 4:00PM</td>
</tr>
</tbody>
</table>

Sign In & Out

Parents and those authorized to pick up Math + Leadership campers must provide a valid picture ID when signing out their camper. “Important Contacts” previously listed are automatically authorized to sign out. List additional authorized sign out people below. Subsequent additions and deletions to this list must be made in writing by parent/guardian. PRINT CLEARLY.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
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</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
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</thead>
</table>

Carpooling

If you are interested in carpooling with others in the camp, please email us at sandiego@mathforamerica.org by June 21. Include your contact info (phone and email) and what part of town you live in (e.g. Mira Mesa, North Park, La Jolla…) and we will send out this information to those who are interested. You may then contact each other directly to arrange for carpools.

Payment and Fees

Payment is by check or credit card only.

Registration is $650 per session or $600 if received by May 1, 2015. We will send a confirmation of enrollment upon receipt.

For checks: Please make checks payable to Math for America San Diego and mail with this form to:

Math for America San Diego
PO Box 12387
La Jolla, CA 92039

For credit cards: Please visit the Math + Leadership Camp at UC San Diego Eventbrite page (http://ucsdmathcamp.eventbrite.com) to make your secure online payment. Please mail or email this registration form to reserve your child’s space at camp.

For more information call the Math Camp office at 858-822-6284 or email us at sandiego@mathforamerica.org
Health History

The information you provide here will be held in strictest confidence. Because this is our first resource in the event of an emergency, it is important that you be as specific as possible.

<table>
<thead>
<tr>
<th>Child's Doctor's Name</th>
<th>Doctor's Phone</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Medical Insurance Information: Company</th>
<th>Policy #</th>
<th>Exp Date: MM/DD/YYYY</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Policy Holder's Name: Last</th>
<th>First</th>
</tr>
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</table>

Allergies & Medical conditions

☐ Yes ☐ No

If yes, please describe the severity, requested accommodations and what to do to manage the reactions.

___________________________________________________________________________________________

___________________________________________________________________________________________

You may serve my child food and beverages:

☐ Yes ☐ No

Medical, Physical (Allergies) or Emotional Conditions (including Disabilities) that may affect his/her experience at our camp.

☐ Yes ☐ No

If yes, please provide information to assist us in providing the best camp experience for your child.

___________________________________________________________________________________________

Medications (Including Inhalers)

☐ Yes ☐ No

If your child must take medication while at camp, please note that here. All medications must be in their original containers and be appropriately labeled. We must have a MEDICATION FORM detailing the medications, doses, and administration instructions for all prescription medications. Please do not give your camper's medication to him or her to bring to camp; medications must be received and held by the camp office or with the camp director.

Immunizations

Is your child up-to-date on all state-required immunizations?

☐ Yes ☐ No

If no, please explain.

___________________________________________________________________________________________

What have we forgotten to ask? (For example, does your child have any reactions or special instructions for sunscreen use?). Please provide any other information about your child’s health, which has not been asked on this form.

___________________________________________________________________________________________

___________________________________________________________________________________________
Authorization to Consent to Treatment of a Minor

Authorization to Consent to Treatment of Minor (I) (We), the undersigned parent(s)/guardian(s) of, a minor, do hereby authorize University of California, San Diego Health System or attending medical personnel as agent(s) for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code §2000 et. seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code §1600 et. seq. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of California Family Code §6910. (I) (We) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of California Family Code §6910, to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code §1283. These authorizations shall remain effective until August 31, 2015, unless sooner revoked in writing delivered to said agent(s).

X_____________________________________________________________________________________________________________
Signature of Parent/Guardian of Minor      Date
Media Release

During the Math + Leadership Camp, Math for America San Diego and arc staff members may photograph your child and/or ask to use his/her writing in the Math for America San Diego newsletter, UC San Diego CREATE web page, blog or advertising materials. Videotaped lessons may also be used for educational and/or publicity purposes.

We will not publish names, grades or any contact information with any photos or videotapes used unless you give explicit permission.

In order to ensure we have your permission to publish a photograph of your child, your child’s writing, or a videotaped lesson that may include your child, please complete the section below.

Thank you for your cooperation.

Media Permission

Please check the appropriate box(es) and sign below.

☐ Yes  ☐ No I give permission for my child to be photographed or videotaped

☐ Yes  ☐ No I give permission for my child’s work to be included in Math for America San Diego/UC San Diego CREATE materials.
    I understand that his/her name may be published with any work selections used.

<table>
<thead>
<tr>
<th>Child’s Last Name</th>
<th>First</th>
<th>Date</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Parent/Guardian Last Name</th>
<th>First</th>
<th>Date</th>
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</table>

X

Parent/Guardian Signature
Waiver of Liability, Assumption of Risk, and Indemnity Agreement

UNIVERSITY OF CALIFORNIA, SAN DIEGO  
MATH + LEADERSHIP CAMP 2015

WAIVER In consideration of being permitted to participate in any way in:

Math + Leadership Camp

hereinafter called “The Activity,” I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

X__________________________________________________________________________________________________________
Signature of Parent/Guardian of Minor  Date    Name of Minor Student

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury/loss of sight, joint/back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney’s fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by the law.

X__________________________________________________________________________________________________________
Signature of Parent / Guardian of Minor   Date    Participant’s Age

Parent/Guardian phone numbers to call in case of emergency:

Day Phone    Evening Phone    Cell Phone

Other Contact:

Local Emergency Contact different from above    Last    First

Day Phone    Evening Phone    Cell Phone
Participant Agreement

- This health history is correct so far as I know, and my son/daughter has permission to engage in all prescribed camp activities, except as noted by me. My son/daughter is in good health.
- I understand that I am required to have accidental medical coverage for the child listed on this application, and I verify that the information provided on this form is accurate and true. I understand and agree that if I do not have accidental medical coverage for the child listed on this application, I will be financially responsible for all charges and fees incurred in the rendering of said treatment.
- I understand that at the discretion of camp/program supervisor and/or staff my child may be dismissed from the camp/program, without refund, for inappropriate behavior.
- I understand that at the conclusion of the scheduled camp/program time, Math + Leadership Camp is no longer responsible for my child.

X __________________________________________________________________________________________
Signature of Parent/Guardian of Minor                                              Date
arc ENROLLMENT FORM

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. YOU MUST READ IT CAREFULLY AND THOROUGHLY UNDERSTAND ITS RAMIFICATIONS BEFORE SIGNING WHICH WILL BE EVIDENCED AND ACKNOWLEDGED BY YOUR SIGNATURE AND INITIALS SET FORTH BELOW. DO NOT SIGN IT OTHERWISE.

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

Please PRINT CLEARLY and fill in all blanks:

Participant’s Name:______________________________________ Grade:____________
Male:_____ Female:_____ Participant’s Date of Birth:_______/_______/_______
Participant’s Home Address: Street____________________________________________________
City____________ Zip________
Participant’s Home Phone Number:________________________ Email address:_______________________
Health Insurance Co.:_______________________ Policy/Group:__________________________
Emergency Contact (even if present today): Name: ___________________________
Relationship:_______________ Cell Phone Number:___________________________
Special Needs, Circumstances, or Dietary Restrictions:______________________________
_______________________________________________________________________________

DUTY OF PARTICIPANTS: Some recreational activities conducted by Good Sports Plus Ltd., a California corporation doing business as arc (“arc”) may be hazardous to and create risks for participants. All participants have an obligation and duty to act as a reasonably prudent person when participating and engaging in the recreational activities offered by arc. If a participant cannot abide by the foregoing, the participant should not join in the activities and should advise the on-site representative of arc at once. The on-site representative of arc will determine in the sole judgment how to proceed.

I/We, the undersigned, hereby promise, covenant and agree:

a) to immediately, fully and diligently follow the directions and instructions of the on-site representative of arc.
b) not to act in any way which shall interfere with the running or operation of rock climbing, kayaking, mountain biking, or any other activity (the “Activities”) when such activities are conducted by arc.
c) not to act in any which shall interfere with arc or the on-site representative of arc and their administration, the supervision or the conduct of the Activities or arc’ business.
d) not to use any of arc’ equipment or facilities or services if I do not have the ability to use such facilities, equipment, or services safely without instructions and until I have requested and received sufficient instruction to permit safe usage as determined by arc.
e) not to use any of arc’ equipment or facilities or services without the permission of the on-site representative of arc or after any prior permission has been revoked.
f) not to engage in any dangerous, unsupervised or harmful conduct or willfully or negligently engage in any type of conduct which threatens or contributes to or causes any injury to any person including myself during, before or after the Activities have commenced.
g) not to embark in any self-initiated activity without first informing the on-site representative of arc of my intentions and receiving permission from arc to engage in such self-initiated activity.
h) not to violate the foregoing and/or any other rules of arc and shall allow the on-site representative of arc, at their sole discretion, to terminate my participation in the Activities. understand that arc reserves the right to cancel or change programs or activities as listed in their brochures when necessary.
i) understand that arc is not responsible for the loss or damage to my child’s personal belongings.
j) agree to accept full responsibility, financial or otherwise, for the conduct of my child. In order to make each participant’s experience fun, safe and rewarding, we hold high expectations in attitude and behavior. arc or the school/organization may dismiss a child at any time (prior to or during a trip) for disciplinary reasons.

I have read and agree to the terms (Initials): __________
ACKNOWLEDGMENT AND ACCEPTANCE OF RISK: The undersigned fully understands and acknowledges that the activity which the Participant is about to voluntarily engage in as a participant and/or volunteer bears certain known/unknown physical risks and unanticipated risks or chances for accidents which could result in injury, disability, death, illness of disease, physical or mental, or damage to the Participant, to the Participant’s property, or to spectators or other third-parties. The undersigned fully and completely accepts and assumes all responsibility and risk for injury, disability, death, illness, or disease, or damage to the Participant and the Participant’s property. Participation in the Activities is purely voluntary; no one is requiring or forcing the Participant to participate, and the undersigned elects to freely and knowingly participate in spite of all known and unknown risks and possibilities of adverse consequences. The undersigned further acknowledges that without the foregoing statement, arc would not have agreed to allow the Participant to participate in the Activities.

PICTURES AND PUBLICITY: All likenesses, pictures, videos, and recordings of any type or nature no matter the format, taken or produced in connection with the arc programs are the sole and exclusive property of arc and may be used in any promotional materials or in any publicity endeavors The undersigned grants permission for the foregoing use without need for any further consent, payment or signed release.

RELEASE: In consideration of the services and/or property provided, the undersigned for myself and any minor children for which I am the parent, legal guardian, or otherwise responsible, any heirs, personal representatives, or assigns, do hereby fully release and hold harmless arc, its principals, directors, shareholders, officers, agents, employees, and volunteers from any and all liability, expense (including attorney’s fees), loss or charge associated with the Activities, and further waive any cause of action (whether in tort, contract or strict liability) or complaint for any damage whatsoever arising from or related to any cause whatsoever (except that which is gross negligence or intentional misconduct solely by arc). I further agree to indemnify, defend and/or reimburse arc for any and all attorney’s fees and costs arc or its principals, directors, shareholders, officers, agents, employees, and volunteers may incur should I bring legal action against arc and lose (except that which is gross negligence or intentional misconduct solely by arc). arc shall not have had to incur any costs to claim the benefits of this indemnity. The release, waiver, indemnity, right of defense and reimbursement shall survive the termination of the Activity and have no limit in scope or duration. The undersigned specifically and knowingly releases all rights under California Civil Code Section 1542 which provides:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.

ENTIRE AGREEMENT: I understand that this is the entire agreement between myself and arc, its agents or employees, and that it cannot be modified or changed in any way by the representatives or statements of any employees of arc or by me unless in writing signed by the President of arc.

My (Our) signature(s) below indicates that I/We have read this entire document and understand it completely and agree to be bound by its terms.

PARENT/GUARDIAN (if Participant is under 18)                     SIGNATURE OF PARTICIPANT

DATE:_________________________________                      DATE:_________________________________