



California State University Long Beach

UPWARD BOUND PROGRAM



Dear Students and Parents/Guardians:

It's time to prepare for the 2023 Summer Program! The purpose of this letter is to provide pertinent information regarding Upward Bound's (Classic and Math & Science) Summer Program.

This year's Summer Program is scheduled for June 17, 2023 – July 29, 2023 (hybrid structure):

- **June 17, 2023 (in-person educational field trip)**
- **June 19, 2023 (Holiday No – Class)**
- **June 20 -23, 2023 (virtual)**
- **June 26 – July 14, 2023 (in-person/commuter @ CSULB)**
- **July 4, 2024 (Holiday No – Class)**
- **July 16 – 22, 2023 (in-person/ residential @ CSULB)**
- **July 24 - 25, 2023 (virtual)**
- **July 26-29, 2023 (Northern California College Tour)**

The purpose of our summer program is to provide a holistic experience to enhance students' academic, social, and personal development. The summer academic curriculum will provide college preparation in mathematics and English courses. In addition, the summer program will offer elective courses in the following areas: Spanish Language, Family and Consumer Science, Engineering & Rocket Science, Communications & Etiquette, Golf Fundamentals and Life Skills. Lastly, UB & UBMS's summer program will provide educational academic field trips, workshops, and cultural enrichment activities to build students' foundation for success.

The summer residential component starts July 16 – July 29, 2023, which will include our Northern California College Tour from July 26– July 29 (students check-out on July 22nd and return July 26th). Students will have the opportunity to reside on-campus at California State University, Long Beach State (CSULB) and participate in an engaging residential experience to increase attendees motivation to enroll into a higher education program. The residential component is available on a first-come, first-serve basis. Students not participating in the residential component are able to commute for the remainder of Summer Program **(transportation will not be provided by Upward Bound during residential component)**. Students **MUST** participate in the entire Summer Program (no more than three absences) to be eligible for the Northern California College Tour.

In order to participate in the Summer Program, students must submit below documents on/or before May 14, 2023 to their appointed Educational Coach or the Upward Bound Office. Below is a comprehensive checklist to ensure all documents are submitted:

- **Applicant Information**
- **Medical Treatment Form (Both sides)**
- **Letter of Intent**
- **California State University, Long Beach Release of Liability Form**
- **California State University, Long Beach Voluntary Medical Disclosure Form**
- **California State University, Long Beach Release Photo Release Form**

Saturday May 27, 2023 the Programs will host a mandatory in person Summer Program Orientation for students and parents/guardians. If you have any questions, please contact the Upward Bound Office at 562-985-3114 (phone).

Sincerely,

Upward Bound Staff



California State University Long Beach
UPWARD BOUND PROGRAM



SUMMER 2023 PROGRAM APPLICATION

Upward Bound & Upward Bound Math & Science is federally funded by the U.S. Department of Education.

In order to determine your eligibility to participate in the Six-Week Summer Program, complete all sections. Completed applications should be returned to your Upward Bound Educational Coach/College Aide by **May 14, 2023**. If you have any questions contact your appointed Upward Bound Coach/College Aide or the Upward Bound Office at 562-985-3114.

STUDENT SECTION

School:

Grade Level (During Fall 2023) 9 10 11 12

Overall GPA:

Name

Last: First: Middle:

Address

Street & Apt #: City: Zip:

Student's Cellphone: Student's E-mail Address:

Birth Date: Gender: Male Female Non-Binary Other

Ed. Coaches' Name:

Parent / Guardian Information

Parent's / Guardian's Name (PRINT):

Parent's / Guardian's Phone: Parent's / Guardian E-mail:

Parent's/Guardian's Signature: Date:

SUMMER 2023 PLAN

I permit my son/daughter to participate in the Upward Bound's 2023: Six-Week Summer Program.

If you have not received an Upward Bound t-shirt please specify your size: _____.

I certify that the information provided on this Summer Program application is true to the best of my knowledge and that any misrepresentation may be cause for denial or cancellation of participation.

Student's Signature: _____ **Date:** _____

Parent's / Guardian's Signature: _____ **Date:** _____



California State University Long Beach
 UPWARD BOUND PROGRAM
SUMMER 2023 PROGRAM
MEDICAL TREATMENT FORM



Emergency Procedures:

In the event of an injury or accident, students will be taken to the Student Health Center on campus or to the nearest medical facility. The Medical Treatment Form will accompany the student as evidence of parental authorization in order to avoid delays in treatment. Parents will be contacted as soon as possible of their son's/daughter's condition.

The Upward Bound Program carries accident insurance for all program participants, but the accident insurance does not cover all medical expenses. Please state on the Medical Treatment Form, if you belong to a medical insurance plan or if you have medical insurance. Students should carry their medical cards and/or insurance information at all times.

To be completed by parent/guardian:

Student's Name:

Last: _____ First: _____ Middle: _____

Social Security: _____

Address:

Street & Apt #: _____ City: _____ State: _____

Zip: _____ Birthdate: _____

IN CASE OF EMERGENCY:

Parent/Guardian to be notified: _____

Primary Language spoken by Parent/guardian: _____

Home Phone: _____ Cellular Phone: _____

IN CASE YOUR SON/DAUGHTER REQUIRES MEDICAL ASSISTANCE:

Do you have health insurance or medical? Yes No

Name of insurance carrier: _____

Policy number: _____

Have you received full COVID-19 vaccinations: Yes No



California State University Long Beach UPWARD BOUND PROGRAM



In order to increase food security and reduce hunger, the Upward Bound Program will collaborate with the United States Department of Agriculture (USDA) to offer the Summer Food Service Program by providing children with a healthy diet and nutrition education. Please complete the income information below:

Number of people living in your household: _____

Is your family receiving public assistance:

- Free/Reduced Lunch TANF Food Stamps Medi-Cal Social Security
- Unemployment Disability Cal-Works Other (specify): _____

2022 Taxable income range (See line 43 on Form 1040, line 27 on 1040A, line 6 on 1040EZ):

- \$16,245 or below \$16,246-\$21,855 \$21,856-\$27,465
- \$27,466-\$33,075 \$33,076-\$38,685 \$38,686-\$44,295
- \$44,296-\$49,905 \$49,906-\$55,515 \$55,516 or greater

Signature of Parent/Guardian:

Date:



California State University Long Beach
UPWARD BOUND PROGRAM



SUMMER 2023 PROGRAM
Residential Component & Northern California Tour Intent

The final two weeks of the Summer Program will be a residential stay at CSULB Housing and Northern California College Tour.

Residential Stay: Sunday, July 16, 2023 – Saturday, July 22, 2023 (Note: Saturday, July 22, 2023 - Students will check-out of housing & return to campus on Wednesday, July 26, 2023)

Students will have the opportunity to stay on CSULB's campus to experience the simulated college students' experience, academic course works, skills building workshops, and community building events.

Northern California College Tour: Wednesday, July 26, 2023 – Saturday, July 29, 2023 Upward Bound & Upward Bound Math & Science staff and participants will visit colleges and cities in Northern California. The purpose of this trip is for students to obtain information about Northern California colleges and their admissions process. Attendees will also have an opportunity to explore the beautiful cities of Northern California.

If your Child plans to participate in the 2023 Summer Residential and/or Northern California College Tour please complete the information below. All students are required to return this form to an Upward Bound representative or the Upward Bound office by **Friday, May 14, 2023**.

Student's Name:	Parent's Name:
Signature:	Signature:
E-mail:	E-mail:
High School:	Cell Phone:
Grade:	Home Address:
Date of Birth:	
T-shirt Size:	City/Zip Code:

Residential Stay and Southern-CAL College Tour

My child will participate in the 2-week Summer Residential Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>
My child will participate in the 3-day Northern California Tour	YES <input type="checkbox"/>	NO <input type="checkbox"/>



California State University Long Beach UPWARD BOUND PROGRAM



RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Participant Name (Print) _____

Field Trip, Voluntary or Extracurricular Activity: Upward Bound & Upward Bound Math & Science
Summer Program _____

Date(s): June 17, 2023 – July 29, 2023

Activity and Location:

UB & UBMS will host a hybrid Program. June 17, 2023 (educational field trip), June 19 - July 29, excluding the virtual portion July 19-23, and July 24 – 25, students will be at CSULB.
Residential: Sunday, July 16, 2023 — Saturday, July 22, 2023 (Saturday, July 22, 2023 - Students will check-out of housing & return to campus on Wednesday, July 26, 2022).
Southern California College Tour: July 26, 2023 — July 29, 2023.

In consideration for being allowed to participate in this Activity including air and/or ground transportation, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the state of California, the Trustees of The California State University, California State University, Long Beach, and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from, and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.



California State University, Long Beach
1250 Bellflower Boulevard
Long Beach, California 90840

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature

Participant Printed Name

Date

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Legal Guardian

Name of Minor Participant's Parent/Legal Guardian (print)

Date

Minor Participant's Name (print)



**California State University,
Long Beach 1250 Bellflower Boulevard
Long Beach, California 90840**

VOLUNTARY MEDICAL DISCLOSURE STATEMENT AND ASSUMPTION OF RISK

PROGRAM _____ **DATES:** _____

PARTICIPANT: _____

The following medical information may be necessary in the event of serious illness or accident. Please complete this form accurately and to the best of your ability. The facts you disclose will be kept confidential and will be used only to help the staff respond to an injury or illness. Failure to disclose accurate and complete information could compound the seriousness of an accident or illness, particularly if you are unable to respond clearly to the medical staff's inquiries. Please print your responses.

PERSON TO CONTACT IN EVENT OF EMERGENCY:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Office Phone: _____ E-mail: _____

DIETARY RESTRICTIONS:

Please describe any known dietary restrictions (i.e., lactose intolerant, food allergies)

MEDICATIONS:

Please list all medications you are taking or will be taking during this program. All medicines, prescribed or over-the-counter, should be transported in its original packaging.

BLOOD TYPE RH FACTOR: _____

ASSUMPTION OF RISK:

I have consulted with a medical doctor with regards to my personal medical needs. I am aware of all applicable personal medical needs. I have no health related reasons or problems that preclude or restrict my participation in this program. I assume all risk and responsibility for my medical needs.

The University may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University from any liability for their actions.

Participant's Signature

Printed Name

Date

Parent/Legal Guardian's Signature if participant is a minor

Printed Name

Date

Parent/Legal Guardian's Signature (2) if participant is a minor

Printed Name

Date

CALIFORNIA STATE UNIVERSITY, LONG BEACH
Image Release Form

Youth Activity Name: Upward Bound & Upward Bound Math & Science Summer Program

Location: CSULB & Other Various Locations in Northern California

Minor Name: _____ Date(s): June 17, 2023 – July 29, 2023

I, _____, the parent and/or legal guardian of, _____ (my "Child(ren)"), do hereby grant permission to the State of California, Trustees of the California State University, California State University, Long Beach, California State University, Long Beach Research Foundation and all officers, employees, volunteers and agents of each of them (referred to as "University") to photograph/video and to publish the said photograph(s)/video(s) of me and/or my Child(ren) at the Youth Activity as defined above on the University website and in related Program/University promotional brochures, advertisements and videos for the purpose of promoting the Program/University'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 University 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 University in connection with the promotion of the University. I hereby grant the University 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 University 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 replication 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 University 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): _____

Signature: _____ Date: _____

CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

Youth Activity Programs

Emergency Contact Information:

In the event of an emergency, the _____ Youth Activity will make every effort to contact the participant's primary contact who has provided an Affidavit for Medical Care. In the event we are unable to contact this parent(s) or legal guardian(s) first, please provide two other individuals that can be contacted in the event of an emergency. I _____ do _____ do not want to receive receive any future surveys and/or follow-up information at the contact information provided for Youth Activity purposes only.

Primary Contact:

_____ First Name _____ Last Name _____ Relationship

Phone No. 1: _____ Phone No. 2: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Secondary Contact:

_____ First Name _____ Last Name _____ Relationship

Phone No. 1: _____ Phone No. 2: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Third Contact:

_____ First Name _____ Last Name _____ Relationship

Phone No. 1: _____ Phone No. 2: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____