



University of California
San Francisco

UCSF Summer Science Camp

Monday, June 17th- Friday, June 21st 2019
9:00am-4:00pm daily



Join us and you will be able to:

- Make and eat liquid nitrogen ice cream
- Create explosions
- Launch water power rockets
- Experiment with dry ice
- Protect an egg from a ten-story fall
- Make slime
- Race self-made boats
- Meet famous scientists
- And much, much more!

Camp is Free!

The camp is free of charge, and lunch is provided by UCSF for all campers. A free parent/student orientation including dinner, will take place at UCSF (513 Parnassus Avenue) on **Thursday, May 30th, 2019 at 6:15 p.m.**

Transportation is Free!

Camp will be held at the University of California, San Francisco (UCSF), located at **513 Parnassus Avenue**. Camp staff will be available to meet campers at a central gathering point from 7:30 to 8:00 am daily. Staff will escort all campers via bus to the UCSF Parnassus campus. Campers will again be escorted back to the gathering point by 4:30 pm daily. There is no cost for this service. Parents or assigned family member over the age of 18, must **present an ID, and sign upon dropping off and picking up child. NO EXCEPTIONS.**

Tentative pickup/drop off points are:

Hillcrest Elementary (810 Silver Ave.)

Buena Vista Elementary (3351 23rd st)

Who can participate?

Any student currently in the 4th or 5th grade is eligible to participate in the camp. Interested students should have their parents fill out the attached application form and waivers, and return them to UCSF's Center for Educational Partnerships (CEP) by **Saturday, April 13th** (postmarked date). Students will receive notification regarding their acceptance to the camp, via phone and/or mail, **by April 27th**. Further camp information will be supplied at that time.

Questions?

Please contact the camp directors: Rosangel Oropeza, Lincoln Nguyen, and Cynthia Tsui

Phone: 415-890-3978

Email: UCSFScienceCamp@gmail.com

Please mail the completed application form and waivers **by April 13th** to:

**Center for Educational Partnerships
1855 Folsom Street, Suite 548
Mission Center Building, Box 0934
San Francisco, CA 94143-0934**

UCSF Science Summer Camp is sponsored by
UCSF School of Pharmacy and Center for Science Education and Outreach.



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UCSF Summer Science Camp

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Student Application

(one form per applicant, please)

Student's Full Name: _____
Last First Middle Initial

Street Address/P.O. Box: _____

City/State/Zip: _____ Phone: _____

Gender: Male Female Date of Birth _____

School Name _____ Student ID _____ Grade level _____

PARENT OR GUARDIAN CONTACT INFORMATION

Parent/Guardian Name, First _____ M.I. _____ Last _____

Home phone (____) _____ Work Phone(____) _____ Cell Phone (____) _____

E-mail address _____

Parent/Guardian Name, First _____ M.I. _____ Last _____

Home phone (____) _____ Work Phone(____) _____ Cell Phone (____) _____

E-mail address _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone (____) _____

1. Student's Ethnicity (please check as many as apply)

Information on ethnicity is used for demographic purposes only. The UCSF Center for Science and Education Opportunity is firmly committed to encouraging diversity in its programs

- African American/ Black
- American Indian/Alaskan Native
- Chinese/ Chinese American
- East Indian/Pakistani
- Filipino/Filipino American
- Japanese/ Japanese American
- Korean/Korean American
- Mexican/ Mexican American/ Chicano
- Pacific Islander
- Vietnamese/ Vietnamese American
- White/Caucasian
- Other Asian
- Other Spanish American/Latino
- Other (specify): _____
- Decline to state

2. Net Family Income:

- Less than \$20,000
- \$20,000-\$29,000
- \$30,000-\$39,000
- \$40,000-\$49,000
- \$50,000-\$59,000
- \$60,000-\$69,000
- \$70,000-\$79,000
- \$80,000-\$89,000
- \$90,000 or more

3. Languages spoken in the student's home (select all that apply)

- English
- Cantonese
- Mandarin
- Spanish
- Tagalog
- Russian
- Vietnamese
- Hmong
- Others _____

4. Is the student currently enrolled as an ESL or ELD student? Yes No

5. Does the student have any dietary restrictions, food allergies, or any other allergies? Yes No

Please explain: _____

6. Is the student eligible for the free or reduced lunch program? Yes No

7. Is the household a single parent home? Yes No

8. Did the student participate in UCSF Science Camp last year? Yes No

9. Highest level of Education completed:

	Father/Guardian	Mother/Guardian
Unknown or not available	(UNK) <input type="checkbox"/>	<input type="checkbox"/>
Never Attended School	(000) <input type="checkbox"/>	<input type="checkbox"/>
Attended six years or less	(G06) <input type="checkbox"/>	<input type="checkbox"/>
Attended Junior High	(G07) <input type="checkbox"/>	<input type="checkbox"/>
Finished Junior High	(G08) <input type="checkbox"/>	<input type="checkbox"/>
Attended Some High School	(G11) <input type="checkbox"/>	<input type="checkbox"/>
High School Graduate (High School Diploma)	(G12) <input type="checkbox"/>	<input type="checkbox"/>
General Education Diploma	(GED) <input type="checkbox"/>	<input type="checkbox"/>
Attended Some College or University	(C01) <input type="checkbox"/>	<input type="checkbox"/>
Associates of Arts (AA, AS etc.)	(C02) <input type="checkbox"/>	<input type="checkbox"/>
Bachelor's Degree (BS, BA, AB, etc.)	(C04) <input type="checkbox"/>	<input type="checkbox"/>
Master's Degree (MA, MBA, MS, etc.)	(GR2) <input type="checkbox"/>	<input type="checkbox"/>
Doctorate (PhD, MD, EdD, etc.)	(GR4) <input type="checkbox"/>	<input type="checkbox"/>

College degree obtained outside the U.S? Yes No

If degree obtained outside the U.S., country acquired? _____

Student's Personal Statement

Student, please write a short paragraph (maximum 50 words) on the following questions:

Why do you want to take part in Science Camp? _____

Student Commitment

I understand that UCSF's *Summer Science Camp* is a program for exposure to the sciences, and if accepted, I will participate fully. I am committed to attending *Summer Science Camp* on time each day and putting forth my best effort. If accepted I understand that I must commit to the entire program, including the closing celebration.

Student Signature: _____ **Date:** _____

Parent/Guardian Commitment

I give permission for my child to attend UCSF's *Summer Science Camp* 2019. I understand that, if accepted, my child must commit to the entire program, including the closing celebration. I personally commit to attending the parent/student orientation at UCSF, scheduled for May 30th 2019 at 6:15 p.m., with my child. I will support my child's participation in UCSF's *Summer Science Camp* and encourage my child to work hard and participate fully.

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

Student Waivers

(one set of forms per applicant please)

The Student Waivers on the following 3 pages include:

1. Waiver to participate in UCSF's main Summer Science Camp activities.
2. Waiver to participate in supervised boat race activity at UCSF's Fitness & Recreation Center (final Summer Science Camp activity).
3. Waiver of photographs/video taken during UCSF's Summer Science Camp.

All waivers must be signed and postmarked by April 13th, 2019 in order for your application to be considered!

Please send your completed application packet by **April 13th 2019** to:

**Centers for Educational Partnerships
1855 Folsom Street, Suite 548
Mission Center Building, Box 0934
San Francisco, CA 94143-0934**

Or fax it to: **415-502-6400**

Participant's (Student's) Name: _____

UNIVERSITY OF CALIFORNIA, San Francisco
UCSF Summer Science Camp, 2019

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in UCSF Science Camp 2019: Promoting Excitement and Motivation in Science, and Eliminating Science Stereotypes, in Middle School SFUSD Minority Students", June 2019, during which participants will: increase their understanding and excitement of chemistry when engaging in such hands-on activities as synthesizing gas, and exploring properties of liquid nitrogen and dry ice; be stimulated by the fundamentals of physics while participating in activities such as egg drops, water rocket launches, and cardboard boat races; and explore the fundamentals of biology and physiology through activities including the observation and manipulation of human organs 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

Signature of Parent/Guardian of Minor: _____ **Date:** _____

Signature of Participant (Minor): _____ **Date:** _____

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, bruise and sprains 2) major injuries such as eye injury or loss of sight, joint or 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 any 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, indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including 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 law.

Signature of Parent/Guardian of Minor: _____ Date _____

Signature of Participant (Minor) _____ Age (if minor) _____ Date _____

Fitness & Recreation Centers at UCSF • Register Now! Registration Waiver

STEP 1 PARTICIPANT INFORMATION (one form per participant. All fields are required in order to register. In-person registration required for Youth Aquatics Lessons.)

Adult Participant Name (or parent guardian):

First: _____ M.I.: _____ Last: _____ Birth Year _____ Gender _____

Child Participant Name (one child per registration form and waiver)

First: _____ M.I. _____ Last: _____ Birth Year _____ Gender _____

Street Address _____ Apt#: _____ City: _____ Zip: _____

Day Phone: (____) _____ E-mail _____

Emergency Contact Name: _____ Relationship _____ Phone (____) _____

STEP 2 WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Fitness & Recreation Centers at the University of California, San Francisco Activity, Program, Session, Lesson and/or Trip: UCSF Science Summer Camp 2019

Waiver: In consideration of being permitted to participate in any way in any activity, program, session, lesson and/or trip named above, indicated on the reverse side of or attached to this document, hereinafter called "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 illness (including death) and property loss arising from, but not limited to, participation in the "Activity."

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian of Minor: _____ Date: _____

Assumption of Risks: Participation in the "Activity" carries with it certain inherent risk 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 to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I understand the words and language in them. I have been advised of the potential dangers incidental to receiving instruction and participating in the "Activity." I know, understand and appreciate these and other risks are inherent in the "Activity." I hereby assert that my participation is voluntary and 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 any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney fees brought as a result of my involvement in the “Activity,” and to reimburse them for any such expense 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.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risks and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I understand and agree that if I am signing this waiver of liability, assumption of risks and indemnity agreement on behalf of a minor child, I am giving up substantial rights for said minor child, 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 law.

Photo Release: I hereby grant the University of California, San Francisco to take and use my and/or my minor child’s photograph on its world-wide web or in other official University printed publications without further consideration and I acknowledge the University’s right to crop or treat the photograph at its discretion. I also acknowledge that the University may not choose to use said photos at this time but may do so at its own discretion at a later date.

Signature of Participant _____ Date: _____

Signature of Parent/Guardian of Minor _____ Date: _____

Participant Age (if minor): _____



University of California
San Francisco



Release Form

I understand the photograph(s) or video or audio recording(s) taken of me by agents, employees or representatives of The Regents of the University of California (hereinafter called "the University") may be used in connection with the University's dissemination of information by its public service and academic programs to the general public.

I hereby irrevocably authorize the University to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing University programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the University from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Event Title: UCSF Summer Science Camp 2019

(Signature) _____
(Date)

(Printed Name) _____
(Street Address)

(City, State, Zip Code)

If the person signing is under 18, the following will need to be completed by that person's parent or guardian:

I hereby certify that I am the parent or guardian of _____, the minor named above, and do hereby give my consent without reservations to the foregoing on behalf of this person

(Parent Guardian Signature) _____
(Date)

(Parent Guardian Printed Name) _____
(Relationship to Minor- i.e. Mother, Aunt)