



CALIFORNIA NORTHSTATE UNIVERSITY

Summer Science Program Registration

Final date to apply is June 18, 2018. Payment is due at time of registration. Any cancellations must occur before the deadline date. After the deadline date, medical/bereavement issues can only be settled for full refund with a physician's note.

PLEASE PRINT

Name: _____ Age: _____
Last First

Address: _____
Street

_____ City State Zip

E-mail: _____

Home Phone: (____) _____ Cell Phone: (____) _____

How did you hear about our program: website friend/family school newspaper

Medical conditions we should be aware of: _____

School currently attending: _____ Current grade level: freshman sophomore junior

Program Session:

- | | |
|---|--|
| <input type="checkbox"/> The Laboratory Science of Forensics
June 25-June 29, 8:30 am-12:30 pm | <input type="checkbox"/> Get Bright with Biotech: The Biology of Fluorescence
June 25-June 29, 1:00 pm-5:00 pm |
| <input type="checkbox"/> Microbiology- Discovering the World Around Us
June 25-June 29, 8:30 am-12:30 pm | <input type="checkbox"/> Psychology- Healthy Forensics, or Forensically Healthy?
June 25-June 29, 1:00 pm-5:00 pm |

Program Fee: \$250.00 per session or \$475.00 for 2 sessions

Parent/Legal Guardian Signature Print Name Date

NOTE: PLEASE VISIT www.healthsciences.cnsu.edu AND COMPLETE ALL REGISTRATION FORMS FOUND AT THE SUMMER SCIENCE PROGRAM LINK. PLEASE MAKE CHECKS PAYABLE TO: **CNU SUMMER SCIENCE PROGRAM 2018**

Mail all Registration Forms and Payment to:

CNU College of Health Sciences
Attn: Bridgette Dixon
Summer Science Program
2910 Prospect Park Drive
Rancho Cordova, CA 95670

For any questions, please contact Bridgette Dixon at Bridgette.Dixon@cnsu.edu
or 916-686-7674

California Northstate University Summer Science Camp Waiver and Release

In consideration for the services of California Northstate University, its faculty, officers, agents, employees, trustees and all other persons associated with the University (collectively, "the University"), I, _____, do hereby consent to my or my child's participation in the University Summer Science Camp and related activities (hereinafter, the "Camp"). I understand that the Camp is a 5 day program designed to encourage scientific interest and will involve hands-on activities and laboratory experiences. I understand that the Camp commences each day at 9:00am and ends at approximately 5:00pm, and that it is my responsibility to ensure my or my child's care and custody at the latter time unless prior arrangements have been made with the University to extend the pickup time up to 5:00pm, which will incur an extra fee of \$10 per day. Camp organizers and their agents shall not be responsible for my or my child's safety and supervision before or after the time that the Camp is in session unless prior arrangements have been made.

In consideration of my or my child's attendance at the Camp, I hereby assume all responsibility for any injury to or accident involving my child or me which occurs while my child or I is participating in the Camp or related event(s), or while my child or I is on the premises of the Camp(s) or event(s). I make this assumption of the risk of injury with the understanding that the Camp program includes hands on, laboratory, and mechanical work. I give permission to the Camp and the University to obtain reasonable emergency medical care for my child or me if it is deemed reasonably medically necessary by the Camp or University.

I understand that during Camp my child or I will be asked and permitted to use me or my child's laptop computer to access the Internet regarding Camp projects and activities. I understand that access to a computer allows the user to access some material that may not be considered appropriate in a youth camp setting. While Camp staff will make reasonable efforts to restrict the access to questionable material, the possibility of intentional or inadvertent access exists. Repeated violations of accessing inappropriate content will lead to disciplinary actions, such as a parental phone call and possible removal from Camp without monetary reimbursement. The University has notified me that it will attempt to monitor attendees' use of computers to restrict access to controversial materials, and I will not hold the University responsible for materials my child or I acquire from the Internet. There are additional rules regarding cell phone usage, to which all students are expected to follow.

I hereby _____ give permission _____ do not give permission (please place your initials before your response) for my child or me to be photographed or videotaped in conjunction with Camp activities, which may be shared over electronic and other media.

I have read and understand the terms and conditions of the Camp. I acknowledge that the Camp organizers and the University reserve the right to cancel the Camp due to lack of funds, inadequate number of Camp registrants, or any other reason at their discretion and, upon doing so, will refund the entire tuition amount. I acknowledge that they further reserve the right to refuse participation to any participant for rule infractions, objectionable behavior, or attire. I agree that the Camp is a professional education event, that medically sensitive material of a non-sexual but graphic nature may be presented, and that mature and respectful behavior is a reasonable expectation.

I, for myself, my child if applicable, and my assigns, heirs, and executors, hereby release and forever discharge the University, Camp organizers, sponsors, promoters, and each of their respective agents, employees, representatives, successors and assigns, and all other persons associated with the University and Camp, for all damages, injuries, expenses, costs, claims, liabilities, and actions which my child and/or I may have against them arising out of or in any way connected with me or my child's participation in the Camp, which may result in personal injury, including death, or property damage to me or my child, without regard to its cause by negligence, acts, omissions, or other wrongdoing by any of the released persons or entities; this release shall also act as a waiver of all such claims, liabilities, and actions.

I have carefully read, understand, and hereby accept the terms and conditions stated herein, and acknowledge this agreement shall be effective and binding upon myself and my children, assigns, heirs, and executives.

Signature of Camp Attendee (Required of All)

Signature of Parent or Legal Guardian
(Required if Child is Under 18 Years Old)

Name of Camp Attendee (Please Print)

Name of Parent or Legal Guardian (Please Print)

Birthdate: _____

Date Signed: _____

Date Signed: _____



MEDIA CONSENT

I hereby grant to California Northstate University College of Health Sciences and its agents and assigns the unlimited right to use my name and images and recordings of me in any format or medium chosen by California Northstate University College of Health Sciences for any purpose whatsoever in the sole discretion of the College, including but not by way of limitation for purposes of announcing and publicizing the College, its programs, and its affiliates. I hereby consent to the production and distribution of any and all such information, recordings, and images by publication, broadcast, and any other means of distribution.

I hereby agree that I neither have nor shall have any right of approval, claim for compensation, or any other claim against California Northstate University College of Health Sciences, its agents, or its assigns for any claim arising out of the use of my information, recordings, and/or images described in this Media Consent Form. I hereby further agree to indemnify and hold harmless California Northstate University College of Health Sciences and its employees, agents, and assigns for any and all damages, judgments, expenses, and costs, including but not limited to court costs and attorneys' fees, for any claim asserted by a third party as a result of my assignment or other transfer to such third party of the rights I am granting in this Media Consent Form.

I understand and acknowledge that California Northstate University College of Health Sciences may not be able to control how news media organizations and others may use, publish, and distribute information about me once it has been released; notwithstanding this understanding I nevertheless grant to California Northstate University College of Health Sciences the rights described herein.

{Please check one}

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Faculty | <input type="checkbox"/> CHS Prospective Student |
| <input type="checkbox"/> Staff | <input type="checkbox"/> CNU Guest |
| <input type="checkbox"/> CHS Student | |

Print Name

Student ID#

Signature

Date