

Welcome to the UCR Extension Education Youth Programs! **To apply, submit this application and include a current report card for each student.** For scholarship consideration, please also include verification of free lunch. Submit the complete application by email youth@ucx.ucr.edu, in-person, fax (951) 827- 6439 or mail to the address above. Students must have a minimum grade point average of a "B" (3.0 on 4.0 scale, or 80%) and positive behavior marks. Applications are reviewed and accepted on a first-come, first-served basis until courses are filled; **incomplete applications or applications submitted without a report card will not be considered.** Due to the high volume of applications, a walk-in review is not available. Please allow 5 business days to receive an official notification of acceptance or denial. Official notification will be emailed to the primary email address. **The deadline for applications that would like to be considered for a scholarship is June 1, 2018.** Scholarship recipients will be notified by email after June 1, 2018.

Section A		Student Information	
<input type="checkbox"/> Check here if returning student			
Last Name		First Name	
Address			
Current School		District	
Age (as of 6/1/18)		Grade level next year	
Program Information & Fee			
Riverside	<input type="checkbox"/> STEM Discovery for grades 3-8 (6/25-6/29) <input type="checkbox"/> STEM Discovery for grades 3-8 (7/23-7/27) <input type="checkbox"/> Expanding Horizons for grades 3-5 (7/09-7/13) <input type="checkbox"/> Expanding Horizons for grades 3-5 (7/16-7/20) <input type="checkbox"/> Expanding Horizons for grades 6-8 (7/09-7/20) <input type="checkbox"/> Tech UC: Video Game Design for grades 7-12 (7/23-7/27) (scholarships are not available for this program)		<input type="checkbox"/> \$295 <input type="checkbox"/> \$295 <input type="checkbox"/> \$295 <input type="checkbox"/> \$295 <input type="checkbox"/> \$545 <input type="checkbox"/> \$495 (discount not applicable)
Palm Desert	<input type="checkbox"/> STEM Discovery for grades 3-8 (7/23-7/27)..... <input type="checkbox"/> Expanding Horizons for grades 3-8 (7/30-8/03) <input type="checkbox"/> Tech UC: Video Game Design for grades 7-12 (7/30-08/03) (scholarships are not available for this program)		<input type="checkbox"/> \$295 <input type="checkbox"/> \$295 <input type="checkbox"/> \$495 (discount not applicable)
Discount	<input type="checkbox"/> Multiple enrollment: applicable if this student is enrolled in two or more STEM Discovery & Expanding Horizons		<input type="checkbox"/> \$50 off ea. program
Office use only: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Scholarship recipient		Subtotal for Section A:	\$
Section B		Student Information (Sibling, if applicable)	
<input type="checkbox"/> Check here if returning student			
Last Name		First Name	
Address			
Current School		District	
Age (as of 6/1/18)		Grade level next year	
Program Information & Fee			
Riverside	<input type="checkbox"/> STEM Discovery for grades 3-8 (6/25-6/29) <input type="checkbox"/> STEM Discovery for grades 3-8 (7/23-7/27) <input type="checkbox"/> Expanding Horizons for grades 3-5 (7/09-7/13) <input type="checkbox"/> Expanding Horizons for grades 3-5 (7/16-7/20) <input type="checkbox"/> Expanding Horizons for grades 6-8 (7/09-7/20) <input type="checkbox"/> Tech UC: Video Game Design for grades 7-12 (7/23-7/27) (scholarships are not available for this program)		<input type="checkbox"/> \$245 (sibling discount included) <input type="checkbox"/> \$245 (sibling discount included) <input type="checkbox"/> \$245 (sibling discount included) <input type="checkbox"/> \$245 (sibling discount included) <input type="checkbox"/> \$495 (sibling discount included) <input type="checkbox"/> \$495 (discount not applicable)
Palm Desert	<input type="checkbox"/> STEM Discovery for grades 3-8 (7/23-7/27)..... <input type="checkbox"/> Expanding Horizons for grades 3-8 (7/30-8/03) <input type="checkbox"/> Tech UC: Video Game Design for grades 7-12 (7/30-08/03) (scholarships are not available for this program)		<input type="checkbox"/> \$245 (sibling discount included) <input type="checkbox"/> \$245 (sibling discount included) <input type="checkbox"/> \$495 (discount not applicable)
Office use only: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Scholarship recipient		Subtotal for Section B :	\$
Section C		Student Information (Sibling, if applicable)	
<input type="checkbox"/> Check here if returning student			
Last Name		First Name	
Address			
Current School		District	
Age (as of 6/1/18)		Grade level next year	
Program Information & Fee			
Riverside	<input type="checkbox"/> STEM Discovery for grades 3-8 (6/25-6/29) <input type="checkbox"/> STEM Discovery for grades 3-8 (7/23-7/27) <input type="checkbox"/> Expanding Horizons for grades 3-5 (7/09-7/13) <input type="checkbox"/> Expanding Horizons for grades 3-5 (7/16-7/20) <input type="checkbox"/> Expanding Horizons for grades 6-8 (7/09-7/20) <input type="checkbox"/> Tech UC: Video Game Design for grades 7-12 (7/23-7/27) (scholarships are not available for this program)		<input type="checkbox"/> \$245 (sibling discount included) <input type="checkbox"/> \$245 (sibling discount included) <input type="checkbox"/> \$245 (sibling discount included) <input type="checkbox"/> \$245 (sibling discount included) <input type="checkbox"/> \$495 (sibling discount included) <input type="checkbox"/> \$495 (discount not applicable)
Palm Desert	<input type="checkbox"/> STEM Discovery for grades 3-8 (7/23-7/27)..... <input type="checkbox"/> Expanding Horizons for grades 3-8 (7/30-8/03) <input type="checkbox"/> Tech UC: Video Game Design for grades 7-12 (7/30-08/03) (scholarships are not available for this program)		<input type="checkbox"/> \$245 (sibling discount included) <input type="checkbox"/> \$245 (sibling discount included) <input type="checkbox"/> \$495 (discount not applicable)
Office use only: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Scholarship recipient		Subtotal for Section C:	\$
Grand Total (from sections A, B, & C):			\$

Section D Scholarship Information

A limited number of scholarships **may be** available for STEM Discovery and Expanding Horizons programs only. To qualify, students must meet all program requirements and qualify for free or reduced lunch during the 2017-2018 school year. Daily attendance is required for scholarship recipients. Discontinued attendance may be grounds for full or partial repayment of the scholarship. Transportation is not provided. It is the policy of UCR Extension to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability. Scholarship recipients will be selected at random using a lottery system. Awards are final and no appeal is available. **For consideration, submit this application, report card, and verification of free or reduced lunch by June 1, 2018 to youth@ucx.ucr.edu**

Section E Payment Information

- This application is for scholarship consideration only. No payment is required.
- This application is for scholarship consideration; however, I would like to pay for a space now. I understand that I will only receive a refund if my student is selected for a scholarship.
- This application is for program consideration only. My child does not qualify for a scholarship.

Payment Type

I understand that submitting payment does not guarantee application approval. Payment will be processed once the application is approved.

- A check made payable to REGENTS-UC for the grand total amount of \$_____ is enclosed.
- I would like to pay by credit card over the phone. Student Services will call to request credit card information once the application has been approved. Please have them call Name: _____ Phone: _____ Best time to call: _____ I understand that due to the limited spaces, a 48 hour response time is enforced.
- I will submit an in-person payment at the Extension Center once the application has been approved. I understand that due to the limited spaces, a 48 hour response time is enforced.

Cash and all other forms of payment are accepted at the Extension Center if the application has been approved and you have received notification of application approval. To confirm approval, please email youth@ucx.ucr.edu or call 951-827-1032.

Section F Parent(s)/Legal Guardian Information

Primary contact	Secondary Contact
Full name:	Full Name:
Phone Number(s)	Phone Number(s)
Mailing Address:	Mailing Address:
Primary Email:	

All program information will be emailed to the **primary email**. If you prefer program information to be mailed, please check here.

Section G Emergency Contact & Carpool Release Information

In case the parents/guardians listed above are not available, the following people should be contacted in case of an emergency. These individuals are also authorized to pick-up the student(s) listed above, provided that they present legal identification to staff at check-out.

1. Full Name	Cell phone	Work phone
2. Full Name	Cell phone	Work phone
3. Full Name	Cell phone	Work phone

Section H Photo Release

I understand the photograph(s) or video or audio recording(s) of me by agents, employees or representatives of The Regents of the University of California (hereinafter called "the University") shall 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 person acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I hereby certify that I am the parent or guardian of the minor(s) listed above and I do hereby give my consent without reservations to the foregoing on behalf of this person.

- I read the above statement and **do** grant photo release for the minor(s) listed on page 1.
- I read the above statement and **do not** grant photo release for the minor(s) listed on page 1.

Section I Consent for Computer and Internet Access

I, hereby give the University of California, Riverside Extension permission to allow my child to use a computer, laptop and or tablet as well as access the internet in participation and accordance with the programs. I also allow for my child to use an email account, which can be created during the program or an already existing account, for the computer programming course as deemed appropriate and necessary. I am aware that any misconduct and or abuse of these privileges, as determined by the coordinators and or supervisors, will result in loss of these privileges and, if necessary, prohibiting of my child to participate in this portion of the program. If further issue arises, I will be contacted and asked to remove my child from the program and will not be refunded the program fee. I understand that any damages, losses or costs as a result of my child's abuse of these privileges will be my sole responsibility. By signing below, I acknowledge that I have read, understand and agree to comply with the rules and safety provisions established for said course and/or activity.

I read the above statement and accept these terms. *(Required for program participation)*

Section J Parent(s)/Legal Guardian Signature

I acknowledge that I have read, understand, and agree to comply with the rules and safety provisions established for said program. If a discipline problem arises, students will be given a warning and parents will be contacted. Persistent discipline problems may result in the student being withdrawn from the program. No refund will be given.

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____

WAIVER OF LIABILITY, INDEMNITY AGREEMENT AND CERTIFICATION AND RELEASE FOR EMERGENCY MEDICAL TREATMENT

The undersigned (the "Participant") and, if Participant is an unmarried minor, Participant's parent or legal guardian, for and in consideration of the granting of permission by the Regents of the University of California (the "University") for Participant to engage in the above selected UCR Extension Youth Program(s) in June through August 2018:

1. Agree(s) not to sue and releases and discharges the University, its officers, agents and employees, from all liability to Participant, his personal representatives, heirs, and next of kin, for all loss or damage and waives any claim or demands an account of injury to or death of the Participant, or damage to the property of Participant, arising out of the participation of Participant in the above course and/or activity. This agreement, release, waiver and discharge, shall not apply to any personal or property damage sustained by Participant arising from the negligent acts or omissions of the University.
2. Agree(s) to indemnify and hold harmless the University from any loss, liability, damage or costs that may be incurred due to the acts or omissions of Participant during participation in the above program.
3. Certify(ies) that the Participant is physically fit and able to engage in the selected UCR Extension Youth Program(s).
4. In the event of any accident (or sudden illness), 9-1-1 will be called and the University has my permission to have performed whatever medical emergency treatment may be deemed necessary to Participant.

Medical Information:
Does the Participant have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of insurance plan _____ Policy number _____ Primary Care Provider: _____ Phone Number: _____ Is the participant have any acute or chronic medical conditions that would prohibit full participation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please follow up with the Education Department at 951-827-1654 prior to submission.
If the Participant is currently taking any medications during the hours of 9am-4pm please be aware that medication cannot be stored or dispensed by university staff or faculty. Additionally, there is no medical staff on site. Staff are NOT authorized nor trained to administer medication, including but not limited to EpiPens. Children under the age of 18 are not allowed to carry or administer any medication to themselves or others while in the program. Accommodations will be provided to ensure that those needing access to medication will be given a space/time to meet with their parent/guardian/ emergency contact to provide the medication.
List any current medications: _____ Please list the time you will provide the medication: _____ List any allergies: _____
The University is an open campus and cannot control for food, latex, or other potential allergens.

It is further agreed that the undersigned have read, understand, and agree to comply with the rules and safety provisions established for said course and/or activity.

Participant's Name <i>(Please Print)</i>	Parent or Legal Guardian Name <i>(Please Print)</i>
Parent or Legal Guardian Signature	Date