

Welcome to the UCR Extension Education Spring Break Program! This program is for grades 3-5, however eager 2nd graders are also welcome. To enroll your student, submit this application in-person, via fax (951) 827-7273, or mail to the address above. Applications are reviewed and enrolled on a first-come, first-served basis until the program is filled; **incomplete applications will not be considered.** Please allow 5 business days to receive an official notification of enrollment. Official notification will be emailed to the primary email address.

Section A Student Information	
<input type="checkbox"/> Check here if returning student	
Last Name	First Name
Address	
Current School	District
Age (as of 3/1/19)	Grade level <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th
Program Information & Fee	
Riverside <input type="checkbox"/> STEM Spring break Makerspace for grades 3-5 (3/25-3/28) (184EDL001)	<input type="checkbox"/> \$240 (discount not applicable)
Palm Desert <input type="checkbox"/> STEM Spring break Makerspace for grades 3-5 (4/15-4/18).....(184EDL002)	<input type="checkbox"/> \$240 (discount not applicable)
Student Services use only: Basket #	Initials Date processed
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 3/1/19)	Grade level <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th
Program Information & Fee	
Riverside <input type="checkbox"/> STEM Spring break Makerspace for grades 3-5 (3/25-3/28) (184EDL001)	<input type="checkbox"/> \$190 (sibling discount included)
Palm Desert <input type="checkbox"/> STEM Spring break Makerspace for grades 3-5 (4/15-4/18).....(184EDL002)	<input type="checkbox"/> \$190 (sibling discount included)
Student Services use only: Basket #	Initials Date processed
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 3/1/19)	Grade level <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th
Program Information & Fee	
Riverside <input type="checkbox"/> STEM Spring break Makerspace for grades 3-5 (3/25-3/28)(184EDL001)	<input type="checkbox"/> \$190 (sibling discount included)
Palm Desert <input type="checkbox"/> STEM Spring break Makerspace for grades 3-5 (4/15-4/18).....(184EDL002)	<input type="checkbox"/> \$190 (sibling discount included)
Student Services use only: Basket #	Initials Date processed
Subtotal for Section C:	
\$	
Grand Total (from sections A, B, & C):	
\$	
Section D Payment Information	
Payment is due and payable. You may mail in a personal check, pay in person at UCR Extension or pay by credit card via fax or mail. At this time, we cannot accept enrollment requests made over the phone or via email. Cash and all other forms of payment are accepted in person at the UCR Extension Center.	
<input type="checkbox"/> A check made payable to REGENTS-UC for the grand total amount of \$_____ is enclosed.	
<input type="checkbox"/> I would like to pay by credit card. VISA/MASTERCARD/DISCOVER	
Exp. Date _____	
Card No. _____	
Signature of Cardholder _____	
UCR Extension Center hours: Monday- Friday 7:30am-6:00pm, Closed Saturday and Sunday	
Section E Parent(s)/Legal Guardian Information	

Primary contact Full name:	Secondary Contact 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 F 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 G 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 H 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 I Parent/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: _____

University of California, Riverside Extension
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 March through August 2019.

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? Yes 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? Yes 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 (*Please Print*)

Parent or Legal Guardian Name (*Please Print*)

Parent or Legal Guardian Signature

Date