

CLASS OF 2016

SENIOR RETREAT

When: September 18th—19th, 2015
Where: Camp Oakhurst (Coarsegold, CA)

Fresno Schools: Depart from Fresno State @ 2:30 p.m. on Fri. Sept. 18th & return Sat. Sept. 19th, 2015 @ 7 p.m.

Madera Schools: Depart from Chevron gas station @ 3:35 p.m. on Fri. Sept. 18th & return Sat. Sept. 19th, 2015 @ 6:30 p.m.

(Parents, please call school to excuse your child for early release on Fri. Sept. 18th)

Topics to be discussed:

- College admissions, application process
- Talking to your parents about college
- Senior deadlines & keeping track of everything
- Scholarships
- College living: dorms, roommate selection, picking your classes, living away from home
- Transition from high school to college
- Workshop to improve your SAT test scores



Remember to pack light; also we will be dressing up for senior portraits.

Refer to back side for more info. →→→→→

Turn in your permission slip forms by no later than **Friday, September 4, 2015**.
Any questions? Call (559) 278-2693 or (559) 278-5796.

SENIOR RETREAT

CLASS OF 2014

PLEASE TURN IN THESE FORMS TO THE UB OFFICE BY FRIDAY, SEPTEMBER 4, 2015

- Ⓢ You will not be allowed to attend the event without your forms.
- Ⓢ If you cannot come in to office, please mail them.
- Ⓢ Bring a copy of your transcript, AP scores, & SAT/ACT scores (if you have them).
- Ⓢ Copy of your personal statement.
- Ⓢ Bring your laptop or iPad if you have one.

REMEMBER IT IS A CAMPSITE AND ALTHOUGH WE WILL BE STAYING IN CABINS, WE WILL BE OUTDOORS MOST OF THE DAY.

- Ⓢ Make sure you bring tennis shoes.
- Ⓢ Make sure you layer up! It may be warm during the day but can get cold at night.
- Ⓢ Pack a pillow, blanket and/or sleeping bag.
- Ⓢ Bring your personal toiletries (toothbrush, toothpaste, towel, shampoo, deodorant, sunscreen, etc.)
- Ⓢ Bring spending money for the snack bar and souvenirs.

WE WILL BE TAKING YOUR SENIOR PICTURE ON SATURDAY MORNING.

- Ⓢ The picture will be from the waist up so you only have to worry about bringing a nice shirt or blouse.

MAKE SURE YOU ARE ON TIME:

- Ⓢ Fresno students arrive at the Upward Bound office by no later than 2:30 p.m.
- Ⓢ Madera students arrive at the Chevron gas station on 41 and Ave 15 by 3:35 p.m.

WHAT NOT TO BRING:

- Ⓢ Music players
- Ⓢ Perfume/cologne/hairspray (bugs love these products)
- Ⓢ Valuables or a lot of cash
- Ⓢ Problems
- Ⓢ Attitudes



Senior Retreat is MANDATORY for all UB high school seniors.

FRESNO STATE
Upward Bound Programs

Call the office if you have any questions.
5240 N Jackson Ave M/S UC59, Fresno, CA 93740
Phone: (559) 278-2693 or (559) 278-5796
Fax: (559) 278-4306

Field Trip Permission Slip

It is herein requested that my son/daughter, _____, be permitted to participate in the following activity which will take place away from the school premises:

ACTIVITY & PLACE: Class of 2016 Senior Retreat @ Camp Oakhurst (Coarsegold, CA)
COST TO STUDENT: \$0.00
DATE OF ACTIVITY: Friday, Sept. 18th & Saturday, Sept. 19th, 2015 (overnight trip)
DEPARTURE TIME: Fresno Schools–Sept. 18th @ 2:30 p.m. (UB Office @ Fresno State)
Madera Schools–Sept. 18th @ 3:35 p.m. (Chevron gas station on 41 & Ave 15)
RETURNING TIME: Madera Schools–Sept. 19th @ 6:30 p.m. (Chevron gas station on 41 & Ave 15)
Fresno Schools–Sept. 19th @ 7:00 p.m. (UB Office @ Fresno State)

Transportation will be furnished by: Charter Bus

1. My son/daughter has a medical history _____ which may necessitate the following first aid _____
2. I have been advised of the contents of the State of California Education code section 35330 which states in part: "All persons making the study trip or excursion shall be deemed to have waived all claims against the district or State of California for injury, accident, illness or death occurring or by reason of the study trip or excursion."
3. I realize the school will not be responsible for lost and/or stolen personal property.
4. In case of an emergency please call the number listed below.



SIGNED: _____
Parent/Guardian's Signature Mom's Contact # Dad's Contact #

Doctor's Name: _____ Doctor's Phone No.: _____

MEDICAL RELEASE FORM:

I, _____, parent/guardian of _____, a minor, do hereby consent to whatever X-Ray examination, anesthesia, medical or surgical diagnostic procedure or treatment is determined necessary in the best judgment of the attending physician in the event of illness or injury occurring to the above name student while attending this filed trip.



Parent's Signature Date

I am aware that as a representative of the CSU, Fresno UPWARD BOUND PROGRAMS, I must conduct myself so as to reflect credit upon the school at all times, and I will obey all the rules and regulations on this trip. Any violation to the rules may result in my being sent home at the expense of the parent.

Student's Signature Date High School

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

Activity: California State University, Fresno Upward Bound - Senior Retreat c/o 2016

Activity Date(s) and Time(s): Friday, September 18th (2:30 p.m.)-Saturday, September 19th, 2015 (7:00 p.m.)
Activity Location(s): Camp Oakhurst (Coarsegold, CA)

In consideration for being allowed to participate in this Activity, 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, Fresno, The California State University Association, Inc., and all of said entities' 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 the 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 cost incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

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: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Participant Name (print): XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Date: XXXXXX

If participant is under 18 years of age, or has a legal conservator or guardian:

I am the parent or legal conservator/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 Participant's Parent or Legal Guardian/Conservator

Name of Participant's Parent or Legal Guardian/Conservator (Print)

Participant's Name

High School

Health & Medical Release Form



36611 Mudge Ranch Road, Coarsegold, CA. 93614
Fax (855) 683-2207 Phone (559) 683-6563
www.CampOakhurst.org
GuestServices@CampOakhurst.org

What to do with this form?

- To be completed by camper *or if under 18 years of age, the parent or legal guardian.*
- Return the form to your Group Leader.
- Camper will be RESTRICTED from all physical activities until completed Health History with insurance information is on file at camp.

Group _____ Camp Dates _____

Please print clearly or type.

Camper's name _____ Male Female Age at Camp _____ DOB ____/____/____.

Parent or Guardian _____ Home Phone (____) _____

Work Phone (____) _____ Cell (____) _____ Email _____

Home address _____

Emergency Contact (In addition to Parents) _____ Relationship _____

Phone (____) _____ Other _____

Insurance Information

COMPLETE Information required for emergency

Name of Insured (Parent, Camper, Family) _____

Insurance Company# _____

Policy # _____ Subscriber # _____

Insurance Company address _____

Current Health

Please comment on any condition about which camp should be aware.

Comments _____

Immunizations

Please note date of last injection.

_____ Last Tetanus booster (*Tetanus must be up-to-date to attend camp*)

_____ Polio _____ DPT _____ MMR _____ HIB _____ Hepatitis B Comments _____

Allergies

Please list all medications, dietary, and environmental allergies, along with treatment plan. If EpiPin is required please send one with your camper to camp.

Allergy	Reaction	Treatment

Dietary Needs

Please describe special dietary requirements including vegetarian, lactose intolerant, etc.

Check here if the camper eats a regular diet. My child has food related allergies & I have filled out the Food Allergy Form
In some cases, an additional fee will be charged for special meals.

Medications Required while at Camp Prescription must be sent in their original bottle/packaging with label.

What? _____ Why? _____

Activity & Recreation

Any activity restrictions? _____

Authorization and Consent for Treatment

I, the undersigned parent/guardian, give permission for my child to participate in all camp activities designed for his/her age group. I further authorize Camp Oakhurst as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under the provisions of the medicine practices act on the medical sta of local hospitals whether such a diagnosis or treatment is rendered at the o-ce of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given in pursuant to the provisions of Section 25.8 of the Civil Code of California.

Signature _____ Date _____
(Parent or Guardian if under 18)

Medical Liability Release

MEDICAL RELEASE: This health history is correct so far as I know and this person has permission of the undersigned to engage in all camp activities except as noted. In case of illness or injury, Camp Oakhurst has my permission to procure medical treatment for the above named (minor, if applicable). I understand Camp Oakhurst does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am responsible for any / all such fees and charges arising from illness or injury that may occur.

LIABILITY RELEASE: The undersigned, for himself or herself and on behalf of his or her child(ren) or ward(s) and their personal representatives assigns or heirs, (hereinafter referred to as Releasors,) hereby releases and agrees and covenants not to sue Camp Oakhurst, their owners, directors, stock holders, agents, successors, or any employee, (herein after referred to as Releasees,) from any and all liability for loss, damage, injury, death, or any other claim whatever to the person or property of any guest or participant whether caused by negligence of Releasees or any other person or thing while participating in activities sponsored by or associated with Camp Oakhurst. The undersigned elects to participate and / or allow his or her child(ren), ward(s), to participate voluntarily and assumes all risk of loss, damage, injury or death, known or unknown, foreseen or unforeseen, that may be sustained.

YOU HAVE THE OPTION NOT TO PARTICIPATE OR ALLOW YOUR CHILD, CHILDREN, WARD OR WARDS NOT TO PARTICIPATE IN ANY ACTIVITY WHERE YOU DO NOT WISH TO WAIVE LIABILITY. IT SHALL BE YOUR RESPONSIBILITY TO INSURE THAT YOUR CHILD, CHILDREN, WARD OR WARDS DO(ES) NOT PARTICIPATE IN THE ACTIVITIES FOR WHICH YOU CHOOSE NOT TO BEAR LIABILITY.

The undersigned has read and voluntarily signs this medical release and waiver of all liability.

Signature _____ Date _____
(Parent or Guardian if under 18)