

SENIOR RETREAT

FRESNO STATE

Upward Bound Programs

Class of 2015

Topics To Be Discussed:

College Admissions & Application Process
Talking to Your Parents about College
Senior Deadlines & Staying Organized
Scholarships & SAT/ACT Workshop
College Living: Dorms, Roommate Selection,
Selecting Courses, Living Away from Home
Transition from High School to College

Friday, September 19th 2 P.M. - 11 P.M.

Saturday, September 20th 7 A.M. - 7 P.M.

Camp Oakhurst (Coarsegold, CA)

Fresno Schools: Depart from Fresno State @ 2:30 p.m. on Fri. 9/19/14 & return Sat. 9/20/14 @ 7 p.m.

Madera Schools: Depart from Chevron gas station @ 3:35 p.m. on Fri. 9/19/14 & return Sat. 9/20/14 @ 6:30 p.m.

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

Turn in your permission slip & medical consent form no later than

Friday, September 5th, 2014.

Any questions? Call (559) 278-2693.

SENIOR RETREAT

CLASS OF 2015

Please turn in these forms to the UB office by *Friday, September 5th, 2014.*

- ✚ You will not be allowed to attend the event without your forms.
- ✚ If you cannot come in to the office, please mail them.
- ✚ Bring a copy of your transcript, AP scores, & SAT/ACT scores
- ✚ Bring a 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 layer up! It may be warm during the day but can get cold at night.
- ✚ Make sure you bring tennis shoes.
- ✚ 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
- ✚ Bad Attitude



Make sure you let the UB counselors know that you are attending the event by *Friday, August 29th, 2014.*

Call the office if you have any questions.

5240 N. Jackson Ave M/S UC 59, Fresno, CA 93740

Phone: (559) 278-2693 or (559) 278-5796

Fax: (559) 278-4306



Health & Medical Release

What to do with this form?



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

- To be completed by the parent or legal guardian.
- Give 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.

Please print clearly or type.

Camper's name _____ Group Name _____
Age at Camp _____ Date of birth ____/____/____ Male Female
Parent or Guardian _____ Home Phone (____) _____
Work Phone (____) _____ Cell (____) _____ Email _____
Home address _____
Emergency Contact (In addition to Parents) _____ Relationship _____
Phone (____) _____

Insurance Information

COMPLETE
Information required
for emergency
purposes

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. In some cases, an additional fee will be charged for special meals.



Check here if the camper eats a regular diet



In case of allergies, I have filled out the Food Allergy Form supplied by the group.

Medications Required while at Camp

Prescription must be sent in their original bottle/packaging with label. Please attach a schedule if needed.

What? _____ Why? _____

Dosage? _____ Schedule? _____

Activity & Recreation

Any activity restrictions? _____

Encouraged? _____

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 staff of local hospitals whether such a diagnosis or treatment is rendered at the office 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 of Parent/Guardian _____ Date _____

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 Releasers,) 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 of Parent/Guardian _____ Date _____

(Parent or Guardian if under 18)

**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 2015

Activity Date(s) and Time(s): Friday, September 19th (2:30 p.m.)-Saturday, September 20th, 2014 (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