

SAIL Camp Application

Return application to:

Economics Dept./SAIL - PLC

University of Oregon, Eugene, OR 97403

sailstaff@uoregon.edu (541)-346-8378

website: sail.uoregon.edu

STUDENT NAME: _____ DOB: _____ AGE: _____ GRAD YR: _____

HOW DID YOU HEAR ABOUT SAIL? _____ STUDENT SHIRT SIZE: S M L XL XXL

MIDDLE SCHOOL: _____ HIGH SCHOOL: _____ GPA: _____

GRADE ENTERING (CIRCLE): FRESHMAN SOPHOMORE JUNIOR SENIOR

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

STUDENT EMAIL: _____ STUDENT PHONE: _____

MAIN PARENT /GUARDIAN NAME: _____

EMAIL: _____ HOME/ CELL PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

NEW OR RETURNING SAIL STUDENT: _____

GENDER OR SEX IDENTITY (CIRCLE): MALE FEMALE TRANSGENDER, TRANSSEXUAL, FTM, MTM

CISSEXUAL/CISGENDER INTERSEX TWO-SPIRIT GENDERQUEER, GENDER VARIANT, GENDER NON-

CONFORMING QUESTIONING PREFERRED PRONOUNS: _____

WHAT IS YOUR FAMILY'S YEARLY INCOME (ESTIMATED):

LESS THAN \$15,000 \$15,000-30,000 \$30,000-70,000 \$70,000-100,000 MORE THAN \$100,000 UNKNOWN

ETHNIC BACKGROUND (CIRCLE): ALASKA INDIAN/ALASKAN ASIAN BLACK/AFRICAN AMERICAN, OR AFRICAN

HISPANIC/LATINO(A)/CHICANO(A) WHITE/CAUCASIAN MIDDLE EASTERN OR ARABIC MULTI-RACIAL _____

NATIVE PACIFIC/PACIFIC ISLANDER OTHER: _____

WHAT LANGUAGE(S) DO YOU SPEAK? _____

PARENTS' HIGHEST LEVEL OF EDUCATION (CIRCLE): SOME HIGH SCHOOL HIGH SCHOOL DIPLOMA/ GED

SOME COLLEGE ASSOCIATE'S DEGREE BACHELOR'S DEGREE MASTER'S DEGREE PH.D

Transportation Method: bike walk parent bus other: _____ Will you need a bus pass? Y/N

STUDENT'S DOCTOR: _____ PHONE: _____

MEDICATIONS & HEALTH CONCERNS (LIMITS ON PHYSICAL ACTIVITIES, ILLNESS, ETC.):

HISTORY OF EATING DISORDER? Y/N DIETARY RESTRICTIONS: _____

ALLERGIES? Y/N DESCRIBE REACTION: _____

HAVE YOU HAD A TETANUS SHOT WITHIN THE PAST 10 YEARS? Y/N

ANY SPECIAL CONSIDERATIONS OR ACCOMMODATIONS NEED? _____

SELECT CAMP CHOICE (CAMP CHOICE IS FIRST COME, FIRST SERVE BASIS)

PLEASE CIRCLE YOUR FIRST AND SECOND CHOICE AND NUMBER THEM

1. Rising **Freshmen (7/24-7/28)**: Economics German & Scandinavian Chemistry
Environmental Studies Product Design (July 17 – 21)
2. Rising **Sophomores (7/24 -7/28)**: Psychology World Cultures Performing Arts Product Design (17-21)
3. Rising **Juniors (7/17 – 7/21)**: Biology Education Physics & Physiology (7/24-7/28)
Roman Mythology Product Design
4. Rising **Seniors (7/17 – 7/21)**: Business English/Journalism Product Design

As the **parent/guardian**, I hereby authorize my high school/college/university/postsecondary training program to release any and all information relating to my financial aid, grades, class standing, transfer records, or any other relevant information to the SAIL program. I authorize SAIL and its agents to use this information as necessary to administer the SAIL program and for statistical and research purposes. SAIL foundation may release this information to third parties such as the National Student Clearing House for the purpose of tracking postsecondary attendance and degree completion. Information used for statistical purposes will not have individual names or personal identifying information connected to it. This authorization shall be valid for a period of six years from my high school graduation date.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

STUDENT SIGNATURE: _____ **DATE:** _____

ASSUMPTION OF RISK/RELEASE & INDEMNIFICATION OF ALL CLAIMS/COVENANT NOT TO SUE

GROUP: The Summer Academy to Inspire Learning (SAIL)

DATE(S): July 10 – July 28, 2017

ACTIVITY LEADER: Lara Fernandez, Executive Director 541-346-8378

DEPARTMENT: CAS & Economics Dept. – SAIL Program

In consideration of being permitted to participate in any way in the above-described activity (hereinafter called the “Activity”), I, for myself, my heirs, personal representatives and assigns, do hereby release, waive, discharge, and covenant not to sue the State of Oregon, the Board of Trustees of the University of Oregon, and the University of Oregon (collectively, hereafter called the “University”), their officers, employees, and agents from liability from any and all claims including the negligence of the University, its officers, employees, and agents, resulting in personal injury, accidents or illness (including death), property loss, and damages arising from, but not limited to, participation in the Activity.

Assumptions of Risks: Participation in the Activity carries with it Certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from (1) minor injuries such as scratches, bruises, and sprains (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to (3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Activity. I hereby assert that my participation in the Activity is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY, DEFEND, AND HOLD the University and its officers, employees, and agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

Medical Treatment Authorization: I understand that an emergency may develop which necessitates the administration of medical care. In the event of injury or illness, I authorize the University to secure appropriate treatment including the administration of an anesthetic or surgery. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University has no obligation to provide or seek out any medical treatment for me.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Oregon and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

Media: I hereby irrevocably consent to and authorize the University of Oregon to use videotapes, photographs, motion pictures, recordings or other record (collectively Media) of the Activity and my and my child's participation in the Activity and to use my or my child's image, voice and/or likeness for promotional purposes. In addition, the University of Oregon shall have the right to adapt, reproduce, edit, modify, and make derivative works of and from the Media in any media or technology now known or hereafter developed in perpetuity, so long as the use is in keeping with the purposes set forth above. I recognize that the Media and other works shall be the exclusive property of the University of Oregon.

PLEASE READ THE ENTIRE AGREEMENT BEFORE SIGNING

Name of Participant (please print legibly): _____

Signature of Participant: _____ Date: _____

***** IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST AGREE TO AND SIGN BELOW. *****

Name of Parent or Legal Guardian (please print legibly): _____

Parent or Legal Guardian Signature: _____ Date: _____