



APPLICATION/ENROLLMENT FORM (EF) AY 2019-2020



School Name: _____ Are you a returning MESA student? Yes No

CA SSID: _____ Grade Level: _____

Last Name: _____ First Name: _____ M.I.: _____

Email Address: _____ Birthdate: ____/____/____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ - _____ Secondary Phone: (____) _____ - _____

Gender: Female Male Trans Female/Trans Woman Trans Male/Trans Man
 Genderqueer/Gender Non-Conforming Different Identity Unavailable/Decline to State

Ethnicity (please write the corresponding number(s) into the space provided): _____

01 African American / Black	09 Pacific Islander (includes Micronesian, Polynesian, other Pacific Islanders)
02 American-Indian/Alaskan Native	10 Vietnamese/Vietnamese-American
03 Chinese/Chinese-American	11 White/Southwest Asian and North African
04 East Indian/Pakistani	12 Other Asian (Not including Middle Eastern)
05 Filipino/Filipino-American	13 Other Spanish-American/Latinx (includes Cuban, Puerto Rican, Central and South American)
06 Japanese/Japanese-American	14 More Than One
07 Korean/Korean-American	15 Other (not listed above)
08 Mexican/Mexican-American/Chicanx	16 Decline to State/Don't Know

Is a language other than English spoken regularly in your home? 1. No 2. Yes If yes, specify _____

Summer Programs Participated in Past Summer (please check all that apply):

- 1. MESA Summer Program
- 2. Summer Advancement Academy (SAA)
- 3. Summer Job
- 4. Other Program, please specify _____

Other Academic Programs Participated (please check all that apply):

- 1. Puente
- 4. Upward Bound
- 2. UC Early Academic Outreach
- 5. AVID
- 3. CSU Early Outreach
- 6. COSMOS

Primary Career Interest (please check one):

- 1. Engineering
- 4. Business
- 7. Other Non-Math Based Career
- 2. Computer Science
- 5. Other Math Based Career
- 8. Don't Know
- 3. Physical Science
- 6. Health Profession

1. Parent/Guardian Name: _____

Phone: () _____ - _____

2. Parent/Guardian Name: _____

Phone: () _____ - _____

Highest level of education achieved by each of your parents or guardians? (please write the corresponding number in the applicable box):

- | | | |
|-----------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Parent 1 | 1. Did Not Graduate from High School | 5. 4-year college degree |
| <input type="checkbox"/> Parent 2 | 2. High School Graduate | 6. Beyond 4-year college degree |
| | 3. Some College or University | 7. M.S./M.A./M.B.A./Ph.D degree |
| | 4. Community college degree | 8. Don't know |

What type of work have your parents or guardians typically done over the past years or prior to retiring? (please write the corresponding number into the boxes):

- | | | |
|-----------------------------------|------------------------------|--------------------|
| <input type="checkbox"/> Parent 1 | 1. Engineer | 7. Factory worker |
| <input type="checkbox"/> Parent 2 | 2. Computer Scientist | 8. Farm worker |
| | 3. Other Professional | 9. General worker |
| | 4. Manager/Supervisor | 10. Never employed |
| | 5. Sales/Clerical | 11. Don't know |
| | 6. Skilled technician, trade | |



Assumption of Risk, Release of Claims and Hold Harmless Agreement

Program	University of the Pacific MESA Program
Program Dates	August 1, 2019-May 29, 2020
Location of Events	School, University of Pacific, field trips and regional events
Name of Child's School	

The parties to this Agreement are:

&

Name of Child Participating in MESA	Participant's custodial parent or legal guardian
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If Participant is under 18, all referred to hereafter jointly and severally as "Participant". The University of the Pacific, its Board of Regents, officers, trustees, faculty, agents, representatives, volunteers, students and employees (collectively referred to hereafter as "Pacific").

Assumption of Risk. Participant is a voluntary participant in MESA activities. Participant understands and agrees that MESA and any related activities may be dangerous, may involve travel, and that neither MESA nor Pacific can guarantee the safety of Participant.

Participant is responsible for researching and evaluating the risks he/she may face and is responsible for his/her actions. Any activities in which Participant may take part, whether as a component of MESA or separate from it, have been undertaken with Participant's understanding and acceptance of any and all risks involved, which include but are not limited to physical or psychological injury, pain, suffering, disfigurement, temporary or permanent disability, economic or emotional loss, property loss or damage, loss of income or career opportunities, and/or death. Participant understands that these injuries or outcomes may arise from his/her own or others' actions, inaction, or negligence; conditions related to travel; or the condition of the location where the MESA activity is taking place. Nonetheless, Participant assumes all related risks, both known or unknown, whether or not listed above, of his/her participation in MESA, including travel to, from and during MESA events.

Physical Condition and Insurance. Participant attests that she/he is physically and mentally capable of participating and has no known health or other restrictions that might jeopardize her/his safety or health or the safety or health of others during their participation in MESA. Participant gives permission for Pacific or its representative to provide immediate and reasonable emergency care should it be required. Participant agrees to hold harmless and indemnify Pacific from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment or emergency care.

Participant agrees to be solely responsible for payment in full of all costs of medical or emergency care she/he may receive.

Student Records. I authorize Pacific to have access to, make and receive copies of my child's academic school records through the completion of the 12th grade. Participant understands that these records will be kept confidential and will be used to: a) monitor my child's academic progress; and b) determine when additional academic support services are needed.

I understand that information from my child's academic records will be disclosed to designated representatives of colleges and universities so they may determine my child's eligibility for admission at their institutions, his/her need for special services, and for general use in planning outreach and recruitment activities.

Video Release. Participant agrees that Pacific may record, edit, use, reproduce, publish and distribute by way of any and all media and transmission, the visual and/or audio likeness of Participant and other commentaries, information, and materials the Participant may provide in connection with MESA, which includes, without limitation, Participant's name, biographical information, recorded voice, likeness, commentaries, presentation materials, and/or performance at MESA events. Pacific and the California MESA Program are further granted permission to use such materials for educational, fund-raising, promotional or other purposes worldwide and in perpetuity Participant agrees that Pacific will be held harmless from any



Assumption of Risk, Release of Claims and Hold Harmless Agreement

liability that may arise regarding the production, use, and distribution of such materials as described herein, and Pacific is hereby released from any claims relating to the rights granted above.

Waiver and Release of Claims. In consideration of being accepted into and/or participating in MESA, Participant agrees to and hereby does, for Participant and on behalf of Participant's heirs, executors, administrators, employers, agents, representatives, insurers, and attorneys, release and discharge Pacific of and from any and all claims which may arise from any cause whatsoever, including claims arising from any negligent act or omission by Pacific or others. Participant further releases and discharges Pacific from liability for any accident, illness, injury, loss or damage to personal property, or any other consequences, arising or resulting directly or indirectly from Participant's participation in MESA.

Indemnification and Hold Harmless. Participant hereby agrees to indemnify, defend, and hold harmless Pacific from any and all claims of injury, loss or liability whatsoever including reasonable attorneys' fees and/or any other associated costs, that may arise as a result of his/her participation in MESA. If Pacific incurs any of these types of expenses, Participant agrees to reimburse Pacific.

To the extent Participant engages in activities that are not part of MESA and from which Participant may sustain personal injury or other damage to him/herself or property, or cause others to be injured or sustain other damage including damage to their property, Participant understands that neither Pacific, nor any of its employees, officers, directors, volunteers, and agents will be held responsible regardless of cause or fault.

Adherence to Standards. Participant understands and agrees to abide by all Pacific policies, rules, and regulations applicable to MESA.

Severability. It is understood and agreed that, if any provision of this Agreement or the application thereof is held invalid, the invalidity shall not affect other provisions or applications of this Agreement which can be given effect without the invalid provisions or applications. To this end, the provisions of this Agreement are declared severable.

Governing Law and Venue. This agreement shall be construed in accordance with, and governed by, the laws of the State of California. The venue for any action arising out of this Agreement shall be the County of San Joaquin, State of California. The parties agree to submit to jurisdiction in the State Courts, San Joaquin County, California.

Construction and Scope of Agreement. The language of all parts of this Agreement shall in all cases be construed as a whole, according to its fair meaning, and not strictly for or against any party. This Agreement is the only, sole, entire, and complete agreement of the parties relating in any way to the subject matter hereof. No statements, promises, or representations have been made by any party to any other, or relied upon, and no consideration has been offered or promised, other than as may be expressly provided herein. This Assumption of Risk, Release of Claims, Indemnification, and Hold Harmless and Agreement supersedes any earlier written or oral understandings or agreements between the parties.

Participant acknowledges that he/she has read this Assumption of Risk, Release of Claims, Indemnification and Hold Harmless Agreement, understands its meaning and effect, and agrees to be bound by its terms.

Date:
Signature of Custodial Parent or Legal Guardian (if Participant is Under 18)
Custodial Parent or Legal Guardian Name Printed:

Medical Information, Consent for Emergency Medical Treatment &
Emergency Contact Information Form
Optional Form (recommended for children with medical conditions)

Participant Name _____

Date of Birth _____

Medical Insurance

Is the participant covered by medical/hospital insurance? Yes No

If so, list the policy/group number: _____

Carrier Name _____

Name of Insured _____

Relationship of Insured to Participant _____

Medical Information

Primary Care Physician _____

Phone _____

Address _____

City, State and Zip Code _____

Does the participant have any chronic or acute medical conditions that would require any accommodation to permit participation in the program/activity? Yes No

If yes, please explain.

Please list any medications that would need to be administered to participant in case of an emergency.

Please list any allergies to medications, food, pollen, insect bites, etc. and/or other dietary restrictions, and indicate if participant carries an EpiPen for allergic reactions.

Please list any other special needs or medical issues that would be important for caregivers to know about in case of an emergency.

Participant Home Phone _____

Participant Cell Phone _____

In Case of Emergency, Please Notify

Primary Contact's Name _____

City _____

Relationship Parent Legal Guardian Sibling
Other, describe _____
Home Phone _____ Alternate Phone _____
Email Address _____

AND/OR

Secondary Contact's Name _____
City _____
Relationship Parent Legal Guardian Sibling
Other, describe _____
Home Phone _____ Alternate Phone _____
Email Address _____

Consent for Emergency Medical Treatment

I hereby give consent to the University of the Pacific to obtain all emergency medical care under whatever conditions are necessary to preserve the life, limb or wellbeing of the Participant named above.

Participant Signature _____
Date _____

Custodial Parent/Legal Guardian Signature

(If custodial parent/guardian's plan covers the participant or if participant is under 18 years old at the start of the program/activity)

Signature _____
Date _____
Parent/Guardian Name Printed _____