Health and Science Enrichment Program

Phone: 949-824-6689   E-mail: summerpremed@uci.edu

STUDENT REGISTRATION FORM

Student Name: __________________________________________________________ Gender: M   F

Address: ________________________________________________________________ T-shirt size: XS S M L XL

City: ____________________________ State: ____ Zip Code: __________

Student E-mail: ______________________ Parent E-mail: ______________________

Home Phone: _______________ Student Cell: _______________ Parent Cell: _______________

Best contact number while student is at camp: 1) __________________ 2) __________________

Parent/Guardian Name(s): (1) ____________________________________________

(2) ____________________________________________

If your student has a valid state driver's license, he/she may bring a vehicle to camp with written permission from a parent or guardian. However, students are not allowed to transport other students in their vehicles under any circumstances (per American Camping Association Safety Standards). If theft or damage should occur to the vehicle while at the campus or in transit, the University of California, Irvine Health & Science Enrichment Programs will not be held responsible for any damages, and I hereby release the Health and Science Enrichment Programs from any such liability.

The parking office requires one month advance notice for parking permits. The program will cover the cost of the permit if you indicate that you need a parking permit at least one month prior to the start of the camp. If you fail to notify us within one month, you will be responsible for the cost of the parking.

Will you need a parking permit for the duration of the camp?

___ Yes, I will be driving and parking on campus and will need a parking permit for the duration of the camp.

___ No, I will not be parking on campus for the duration of the camp and will not need a parking permit.

I understand that the Health and Science Enrichment Programs ends at 4 pm and the staff of the program will not be responsible for staying with my child after the program ends unless my child has signed up for room and board. I will make personal arrangements with my child regarding the pick-up location and time. I understand that University of California, Irvine, its staff, employees or volunteers will not be providing care
after the program ends and I release University of California, Irvine, its staff, employees and volunteers from any liability related to any events that may result in any kind of harm or injuries.

**Conduct Code**

Students are subject to school-imposed consequences under the following circumstances:

1. Found or suspected to possess or use tobacco products, drugs, controlled substances or alcohol
2. Possess or use of any weapons
3. Disrespectful behavior or immoral conduct
4. Harassment
5. Hazing
6. Theft
7. Vandalism
8. Littering
9. Forgery

Depending on the nature and seriousness of the situation, consequences may include parental notification, suspension, involuntary withdrawal or expulsion from the program.

I agree to abide by the rules and regulations of the UC Irvine Health & Science Enrichment Programs.

Student Signature: ____________________________________________ Date: ________________

Parent Name (please print) ____________________________________________ Date: ________________

Parent/Guardian Signature: ____________________________________________ Date: ________________

**REGISTRATION CHECKLIST**

Please complete all the required forms and return to us along with copies of required documents as soon as possible. We encourage you to make copies of each completed form and retain them for future reference.

- Signed Student Registration Form (this form)
- Signed Confidentiality Form
- Signed Liability Waiver Form
- Signed Gross Anatomy Lab Permission Form (not required for shadowing and research programs)
- Signed Health History/Medical Permission Form
- Immunization Record
- Proof of Health Insurance
- Full tuition please follow the instructions on the letter of acceptance and pay online (discounts apply if payment received **before February 11th**)
- Room and Board documents (only if applying for room and board—will be sent to you at a later date)

**Completed forms and copies of required documents** (immunization record, health insurance) **are to be received within four weeks after acceptance.** Please mail or fax documents to:

Coordinator
Health and Science Enrichment Programs
UC Irvine School of Medicine
836 Health Sciences Road, Room 1011
Irvine, CA 92697
Fax: 949-824-3385
E-mail: summerpremed@uci.edu