You will need to submit the following supplemental forms to register for the OASIS Summer Bridge program. In an effort to help **EXPEDITE** the registration process, please complete, sign and submit each of the forms through their respective methods - **forms #1-5 as well as the photo copy of the front/back of your Medical Insurance Card**, will need to be printed and brought in on the first day of Summer Bridge on Sunday, August 5th, 2018. Submit forms **#6-12** by scanning the completed forms and emailing the packet to your Resource Counselor by Wednesday, July 18, 2018. If you have any questions please contact Summer Bridge Staff at summerbridge.ucsd.edu.

<table>
<thead>
<tr>
<th>Form #</th>
<th>Form Name</th>
<th>Parent signature required on form?</th>
<th>Student Signature Required on Form?</th>
<th>How to Submit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Photo Release Form*</td>
<td>Only if student is under 18</td>
<td>Yes</td>
<td>In person on 8/5</td>
</tr>
<tr>
<td>2</td>
<td>Medical Emergency *</td>
<td>Yes</td>
<td>No</td>
<td>In person on 8/5</td>
</tr>
<tr>
<td>N/A</td>
<td>Photo Copy of Medical Insurance Card (Front and Back)*</td>
<td>N/A</td>
<td>N/A</td>
<td>In person on 8/5</td>
</tr>
<tr>
<td>3</td>
<td>Consent for Medical Treatment *</td>
<td>Only if student is under 18</td>
<td>Yes</td>
<td>In person on 8/5</td>
</tr>
<tr>
<td>4</td>
<td>Confidential Health History (2 pages)*</td>
<td>Yes</td>
<td>Yes</td>
<td>In person on 8/5</td>
</tr>
<tr>
<td>5</td>
<td>Summer Bridge Request for Holiday Time-Off (Note: Only form that can be submitted by 8/26).*</td>
<td>Only if student is under 18</td>
<td>Yes</td>
<td>In person 8/5 – 8/26</td>
</tr>
<tr>
<td>6</td>
<td>Parental/Guardian Consent</td>
<td>Only if student is under 18</td>
<td>No</td>
<td>Scan and email to your Resource Counselor by 7/18</td>
</tr>
<tr>
<td>7</td>
<td>Summer Bridge Student Conduct Code</td>
<td>Yes</td>
<td>Yes</td>
<td>Scan and email to your Resource Counselor by 7/18</td>
</tr>
<tr>
<td>8</td>
<td>Last Day of Summer Bridge Contract</td>
<td>Yes</td>
<td>Yes</td>
<td>Scan and email to your Resource Counselor by 7/18</td>
</tr>
<tr>
<td>9</td>
<td>OASIS SB 2018-19 Student Contract</td>
<td>N/A</td>
<td>Yes</td>
<td>Scan and email to your Resource Counselor by 7/18</td>
</tr>
<tr>
<td>10</td>
<td>Release of Information</td>
<td>Yes</td>
<td>Yes</td>
<td>Scan and email to your Resource Counselor by 7/18</td>
</tr>
<tr>
<td>11</td>
<td>OASIS SB Parent and Family Support System (Optional form to turn in)</td>
<td>No</td>
<td>No</td>
<td>Scan and email to your Resource Counselor by 7/18</td>
</tr>
<tr>
<td>12</td>
<td>Waiver of Liability Form</td>
<td>Only if student is under 18</td>
<td>Yes</td>
<td>Scan and email to your Resource Counselor by 7/18</td>
</tr>
</tbody>
</table>

*Note: You will be contacted by your Summer Bridge Resource Counselor either by or before June 22nd, 2018.*
PHOTO RELEASE FORM

OASIS Summer Bridge Program

Permission to Photograph: The person signing below gives permission to the University of California, San Diego (UC San Diego) and the OASIS Summer Bridge Program to photograph them. UC San Diego and OASIS may use the photographs as deemed appropriate to promote the mentioned programs and related objectives, including using such material on UC San Diego websites. I understand that I will not be compensated for this use.

Print Legal Name of Participant: __________________________________________________________

Print Preferred Name of Participant: ______________________________________________________

Signature of Participant:__________________________________ Date________________________

If participant is under 18 years old:

Print Legal Name of Parent/Guardian: _____________________________________________________

Signature of Parent/Guardian:__________________________________ Date_______________________

Please adhere a recent 3x5 or 4x6 color photo headshot of yourself in this area (taken within the last year)

(Nothing fancy, 😊 just a picture to keep in our files to quickly identify who you are and for emergency purposes only.)
**MEDICAL EMERGENCY FORM**

Legal Student Name

Preferred Name

Birthday: ___________________________ Gender: ___________________________

**Parent/Guardian: (Emergency Contact)**

Name

Address

City, State, Zip

(   ) ______________________________ (   ) ______________________________

Daytime Phone # Evening Phone #

Email: ____________________________________________

**Secondary Emergency Contact:**

Name

(   ) ______________________________

Daytime Phone #

(   ) ______________________________

Evening Phone #

Email: ____________________________________________

**Medical Insurance Information** *(must provide a copy of both sides of insurance card)*

<table>
<thead>
<tr>
<th>Medical Insurance:</th>
<th>I have medical insurance</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes:</td>
<td>Company:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Policy #</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The undersigned parent or guardian of the student named herein agrees that in the event of emergency illness or any accident, permission is hereby granted for treatment by any physician or hospital to which the student is referred for diagnosis and/or treatment. The UC San Diego Summer Bridge Program will not assume financial responsibility for any medical costs accrued during the program. It is highly recommended that each Summer Bridge Student have valid medical insurance prior to the beginning of the program (all UC San Diego students are required to have valid medical insurance during the academic year).

Signature of Parent/Guardian  Relationship  Date
1. Medical Consent: I am voluntarily seeking health care and hereby consent to medical treatment, procedures, x-ray, laboratory tests and other health care services from Student Health and/or other contracted providers. I have the right to refuse specific treatments or procedures. I am at least 18 years of age, an emancipated minor, or the parent/legal guardian of a student under 18 years of age. (NOTE: Pursuant to Civil Codes 34.5–34.10, minors may consent to treatment for certain medical conditions.)

2. For students with UCSHIP insurance: I authorize UCSD Student Health Services to bill my Insurance Plan on my behalf for any outside laboratory or other expenses incurred. I accept responsibility for payment for all services not covered by UCSHIP, including any visit fees and pharmacy co pays. These charges may be paid by credit card on the day of service or charged to my university student account.

3. For students who do not have UCSHIP insurance: I accept responsibility for payment of all expenses incurred from services provided at UCSD Student Health Services. These charges may be paid by credit card on the day of service, or charged to my university student account. Charges include, but are not limited to, visit fees, medications, laboratory testing, x-rays, and supplies.

4. This agreement of “Consent for Medical Treatment” can be revoked by me at any time by written notification and is valid until revoked.

If Consent for a minor under 18 years of age:

Print Student Name ___________________________ PID # ___________________________ Print Parent/Guardian Name ___________________________

Signature of Student ___________________________ Date ___________________________ Signature of Parent/Guardian ___________________________ Date ___________________________

HED:pg Consent for medical treatment Nov 2016
Confidential Health History Form (1 of 2)

Legal Student Name

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
</table>

Legal Parent/Guardian Name who holds insurance coverage for student:

- Private Medical Insurance
- Kaiser
- Medi-Cal
- None
- Other

☐ PLEASE provide a copy of the front and back of the insurance and/or prescription card that covers the student

GENERAL HEALTH

My general health is: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Height: _________ Weight: _________ lbs.  Eye Color: _____________  Hair Color: _____________

List any recent or continuing health problems:

List any physical or learning disabilities:

Are you currently under the care of a doctor or other healthcare professional?  ☐ Yes  ☐ No

If yes, please specify for what condition(s):

MEDICAL HISTORY

Please circle the appropriate answer for each of the following questions as it pertains to the OASIS Summer Bridge student:

<table>
<thead>
<tr>
<th>OVER-THE-COUNTER MEDICATIONS:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Okay to dispense at student’s request? (i.e. Tylenol, Advil, Motrin, Pepto Bismol, etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restrictions:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FOOD (please mark all that apply):</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Vegetarian ☐ Vegan ☐ Allergies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Specify allergies: ____________________________

Dietary Restrictions: __________________________

<table>
<thead>
<tr>
<th>ALLERGIES</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergic to any medications?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, medications and symptoms:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIABETES</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, do you use insulin? How often?:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIABETES</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, do you use insulin? How often?:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>KNEE, HIP, ANKLE, SHOULDER, ARM OR BACK</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>injuries/operations? If yes, list date and type of injury:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>KNEE, HIP, ANKLE, SHOULDER, ARM OR BACK</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>injuries/operations? If yes, list date and type of injury:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROSTHETIC JOINTS OR DEVICES</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, list:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (e.g. crutches):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROSTATE</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you carry an epinephrine pen?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bee Sting Kit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergic to insect bites?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESPIRATORY PROBLEMS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory problems? Asthma?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you carry an inhaler?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SURGERY/HOSPITALIZATION</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery/Hospitalization? List type and year:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RELIGIOUS/RECREATIONAL</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural/Religious Restrictions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food?:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other?:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTACT LENSES OR EYEGLASSES</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact lenses or eyeglasses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEARING AIDS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Aids:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Both ☐ Right ☐ Left</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CONFIDENTIAL HEALTH HISTORY FORM (2 of 2)

MEDICATIONS – Student is required to store prescription and over-the-counter medications in original containers with written instructions and is responsible to administer dosage according to instructions.

ARE YOU TAKING ANY MEDICATIONS? ☐ YES ☐ NO If yes, please specify below:

AUTHORIZATION FOR TREATMENT

Instructions: In the event of an emergency, staff of the OASIS Summer Bridge Program will make every effort to reach the parent(s)/guardian(s) before using the authorization below. However, in the case of an emergency, your authorization may assist in obtaining immediate and necessary medical care for your child or dependent.

Statement: By signing this authorization, I hereby authorize the University of California's employees, faculty, agents or other designated official to act on my behalf and authorize such emergency treatment for my child/dependent to secure whatever treatment is deemed necessary.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and/or surgeon. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist.

I understand that I am responsible for any and all charges incurred including transportation by ambulance. If I am unable to pick up my child/dependent in the event of an emergency, my child/dependent may be released to the emergency contact listed below. This authorization is valid until September 7, 2018.

Parent’s Name: __________________________ Relationship to you: __________________________

Parent’s Day phone: __________________________ Parent’s Evening phone: __________________________

Parent’s Name: __________________________ Relationship to you: __________________________

Parent’s Day phone: __________________________ Parent’s Evening phone: __________________________

Emergency Contact (other than parent/guardian): __________________________ Day phone: __________________________ Evening phone: __________________________

AUTHORIZATION FOR USE OR DISCLOSURE OF MEDICAL INFORMATION

I hereby authorize OASIS Summer Bridge to release the information included on this form, including all pages of this Confidential Health History form, and any additional medical information submitted to OASIS Summer Bridge (including verbal, electronic, and supplemental pages) or to the University of California's employees, faculty, agents or other designated official to medical and/or psychological professionals, agents or other designated personnel. I understand that this information will be used for the purpose of protecting my child/dependent’s health during the period of his/her participation in the program identified on the form, including, but not limited to providing information for the purpose of medical treatment in the case of medical urgency while participating in OASIS Summer Bridge.

☐ I HAVE ENCLOSED A COPY OF BOTH SIDES OF MY MEDICAL INSURANCE CARD and understand that this information will be used for the purpose of protecting my child/dependent’s health during the period of his/her participation in the program identified on the form, including, but not limited to providing information for the purpose of medical treatment in the case of medical urgency while participating in OASIS Summer Bridge. This authorization is valid until September 8, 2018.

Legal Student Name (Please Print) __________________________ Student Signature __________________________ Date __________________________

Legal Parent/Guardian Name (Please Print) __________________________ Parent/Guardian Signature __________________________ Date __________________________
Summertime Bridge Request for Holiday Time-Off Form

Please note that completion of this form does not automatically guarantee approval of your request. Requests are approved on a case-by-case basis.

This year the Summer Bridge Program runs from Sunday, August 5, 2018 through Friday, September 7, 2018. The Labor Day Holiday falls on Monday, September 3rd. Due to this holiday, students will have the option to leave campus on **Sunday, September 2nd beginning at 7 AM and must return to campus no later than Monday, September 3rd by 5 PM**.

Students who plan to leave campus for the Labor Day Holiday will need to request leave by completing this form and submitting it to the Summer Bridge office (located in Marshall College Residence Halls), no later than **Sunday, August 26th by noon**. Please note that students who are still minors will need to have this form signed by a parent.

We encourage students to complete this form prior to the start of Summer Bridge as it will require a parent’s signature for any student that is still a minor. ATC information and room number can be added once Summer Bridge starts.

<table>
<thead>
<tr>
<th>Legal Name: __________________________</th>
<th>Preferred Name: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of ATC: __________________________</td>
<td>Room #: __________________________</td>
</tr>
<tr>
<td>Today’s Date: __________________________</td>
<td>ATC Signature: __________________________</td>
</tr>
</tbody>
</table>

Date and time you’d like to leave: __________________________

Date and time you’d like to return: __________________________

Signature __________________________ Date __________________________

For SB Office Use Only:

<table>
<thead>
<tr>
<th>Received:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved: Yes[ ] No[ ]</td>
<td></td>
</tr>
<tr>
<td>Parent Approval (if necessary): Yes[ ] No[ ]</td>
<td></td>
</tr>
</tbody>
</table>

Form 5
PARENTAL/GUARDIAN CONSENT FORM

(To be signed by a parent/guardian of a student under the age of 18)

I, ________________________________, understand that UC San Diego takes reasonable responsibility for the welfare of my child, ________________________________, as long as my child is on the UC San Diego campus. I give my permission for my child to attend field trips sponsored and/or approved by the OASIS Summer Bridge Program with the understanding that the OASIS Summer Bridge Program is not liable for my child's welfare on these outings. I also authorize the Summer Bridge staff to exercise their authority to impose a curfew, limit visitors, and enforce disciplinary rules to ensure that my child attends academic classes and program activities. In the event of an illness or accident, I authorize Summer Bridge staff to take steps to provide first aid and medical treatment to my child.

________________________________________
Legal Name of Parent or Guardian

________________________________________
Signature of Parent or Guardian
Summer Bridge is a pre-college program that will provide a once-in-a-lifetime opportunity of strong peer networks as well as the support of professional staff and faculty. The program will also mentally prepare you for the transition you will face as you make your way from high school to college. Summer Bridge will provide you with many benefits and is also designed to be challenging and rigorous. Therefore we expect a high level of engagement, responsibility, and attention from every participant. The following conduct code outlines specific expectations required for full participation in Summer Bridge. Please review the contract, initial each line, and sign below.

---

**My attendance at all classes is mandatory.** If I become ill, or for any reason cannot attend class, I must inform my Academic Transition Counselor prior to the beginning of class. In any case, I must make up all of my course work and submit it on time. Two (2) absences from any class will result in the forfeiture of my course credit for the entire academic component of Summer Bridge.

---

My attendance at all suite meetings is mandatory. Failure to attend evening sessions will result in a referral to the administrative staff.

---

It is required that all students sign in/out with an ATC upon leaving and returning to campus.

---

No cell phone usage is permitted within any academic setting.

---

Smoking will not be permitted. UCSD is a smoke-free and tobacco-free campus.

---

For my protection and safety, the use of alcohol and drugs, on and off campus, is strictly prohibited. As per UC’s Policy on Student Conduct and Discipline, [https://students.ucsd.edu/sponsor/student-conduct/regulations/22.00.html](https://students.ucsd.edu/sponsor/student-conduct/regulations/22.00.html), Section VII-Conduct in Violation of Community Standards, Subsection R. Students in possession of and/or using alcohol or drugs will be dismissed from the OASIS Summer Bridge Program.

---

Absolutely **NO** overnight visitors are allowed. Visitors are **NOT** allowed in the residence halls during suite meetings and quiet hours. Visitors are also **NOT** allowed during class times.

---

Disruptive behavior that might endanger any student or damage university property will **NOT** be tolerated. This includes but is not limited to: - Water fights - Hanging out of windows - Food fights - Throwing of objects - Leaning or climbing on railings - Running in hallways

---

**HARASSMENT:** Physical abuse, threats of violence, or conduct (including verbal harassment) that threaten the safety or well-being of any person are prohibited. Such conduct may lead to removal from residence halls, dismissal from the Summer Bridge program, and, where appropriate, to campus disciplinary action or legal prosecution. While the term "physical assault" is commonly understood, the term harassment is not. Harassment is also a form of violence; it consists of written or verbal invasion or violation of an individual's rights. It may be racial, sexual or personal in nature and may be conveyed through graffiti, verbal statements on the telephone, internet, social media or other means. The influence of drugs or alcohol shall not in any way mitigate the consequences of this type of behavior or limit the responsibility of the individual(s) involved.

---

I will monitor and maintain all social media in a professional matter. I assume that any information I publish online is visible and accessible to everyone. I am responsible for my words and actions in all social media and/or internet activity. Behavior and activity inconsistent with the mission and integrity of the Summer Bridge Program will be subject to disciplinary action and possible dismissal from the program.

---

Quiet hours will be enforced from 10:30PM to 7:00AM Sunday through Saturday.

---

No visits outside of the U.S. are permitted without parents’ or guardians’ **written** permission.

***Students displaying disruptive behavior as a result of not fulfilling the expectations of this conduct code will be referred to a staff review committee for determination of continuing status in the Summer Bridge Program.***

---

**Print Legal AND Preferred Name**

---

**Print Legal Parent/Guardian Name**

---

**Student Signature**  **Date**

---

**Parent/Guardian Signature**  **Date**
All Summer Bridge students will have to be moved out of the residence halls by:

**Friday September 7th by 9:00pm**

To help facilitate communication between students and families, please have a discussion about your student’s plans to depart from the program on Friday, September 7, 2018 by 9 PM and fill out this form prior to coming to Summer Bridge on August 5th. If the student will be flying or catching a train or bus, *arrangements should be made to depart* to allow adequate time to travel to the airport, train or bus station.

- **If the student is enrolled in Chemistry 6A - No earlier than 8 PM**

Any student that is still in the residence hall on their respective move out time will be responsible for moving their belongings out and will have to wait outside of the Residence Halls after 9 PM on Friday September 7, 2018. The OASIS Summer Bridge Program will *not* be responsible for students, although reasonable measures will be taken to ensure students’ safety and well-being.

Arrangements for travel plans (airplane, train, bus, personal automobile, or other mode…please describe in detail, including time of pick up, time of flight [bus, train, or airplane], and any other pertinent information):

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Print Legal Name of Parent/Guardian                                                                 Print Legal Name of Student

Print Preferred Name of Parent/Guardian                                                              Print Preferred Name of Student

Signature of Parent/Guardian and Date                                                               Signature of Student and Date
The OASIS Summer Bridge Program begins with an intensive 5-week residential & academic component in August and continues throughout the academic year, ending in June. Summer Bridge is committed to the overall success of students during their time at UC San Diego. The first academic year is very challenging and can set the tone for an academic career. In order for SB students to get the most out of their first year at UC San Diego, participants are expected to follow through with all academic year services, as outlined below. To be an OASIS SB participant is a privilege (e.g., early registration for Fall, Winter, Spring, plus Fall of sophomore year & priority in OASIS workshops) that can be revoked if provisions are not met. In addition, students should be prepared to include the OASIS Living/Learning Communities into their schedules each quarter of their freshman year.

The Summer Bridge Program contract outlines specific requirements that participants must fulfill to remain in good standing and to continue to receive services. Please review the contract, initial each line, and sign below.

*I agree to regularly attend and participate, each quarter, in OASIS workshops/tutoring sessions in any and all specified areas. The following are OASIS services offered, but are not limited to:

- ELWR workshops through the OASIS Language Arts Tutorial Program (LATS) if I have not fulfilled the UC Entry Level Writing Requirement
- Writing workshops for my college writing courses (if available) and at least 1 individual tutoring session per quarter through the OASIS Language Arts Tutorial Program
- OASIS Math & Science Tutorial Program (MSTP) workshops for any math, chemistry, or physics class I attend my first year

*I understand that I can be excused from this requirement if OASIS does not offer services for subjects that I am taking. If my schedule prohibits me from participating in MSTP workshops, then I understand that I will need to utilize other academic support offered on campus by the Commons, Math, Chemistry, and Physics Departments, respectively, Jacobs School of Engineering, and/or your course teaching assistants. I understand that participation in these resources will be verified. If I need to be excused or accommodations need to be made, I understand that I must contact the Summer Bridge Coordinator to get this excusal or accommodation approved.

I agree to attend and participate in one-to-one sessions with my Academic Transition Counselor (ATC) as scheduled per quarter (usually 3 sessions/quarter).

I agree to regularly attend and participate in the year-long OASIS Learning Community (OLC) Seminars.

I agree to attend and participate in other services as referred by my Academic Transition Counselor, other Summer Bridge Program staff, and other OASIS units.

I am responsible for filling out all pertinent paperwork, evaluations, follow-up surveys, and will notify the SB professional staff of any changes in my telephone, e-mail, or current/permanent address.

During my transition to UC San Diego, I agree to engage in campus activities that will complement my academics, and avoid activities that may negatively impact my academic success.

I understand that Summer Bridge is a year-long process and that fulfilling these requirements is critical to my academic success at UC San Diego.

By initialing above and signing below, I commit to complete the entire year-long Summer Bridge Program. I understand that by meeting the conditions of this contract I will be granted early enrollment in classes, as well as priority enrollment in OASIS tutoring and workshops throughout my entire first year. If I fail to meet these conditions, these privileges will be revoked.

Print Legal Name
__________________________
Gender Pronoun (e.g she/her/hers; he/him/his; they/them/theirs; etc.)

Print Preferred Name
__________________________
Signature
__________________________
Date
AUTHORIZATION TO RELEASE OR EXCHANGE CONFIDENTIAL INFORMATION

Note: Student Health will not accept or send medical records via e-mail, fax or mail out of the U.S.

I, ________________________________  Student ID: ________________
(Student’s Name)                  Birth Date: ________________

Hereby authorize UCSD Student Health Service to:
☐ Release information to:

Name: OASIS SUMMER BRIDGE PROGRAM – UC San Diego OASIS
Address: 9500 Gilman Dr, La Jolla, California 92093-0045
Telephone: 858 534-2282          Fax: 858 534-0679

Specific information to be released: (please initial each category that applies)

_____ Only Immunization UC Requirements
_____ Only Tuberculosis UC Requirements
_____ Other as specified: ______________________________________________________________

NOTICE: UCSD Student Health Services, and other health care providers and organizations such as physicians, hospitals and health plans, are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

I understand that I can obtain a copy of this authorization. A copy of this form is as valid as the original. I understand that I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released.) This revocation must be delivered in writing to each of the treatment providers listed above.

THIS CONSENT WILL AUTOMATICALLY EXPIRE ONE YEAR FROM DATE OF YOUR SIGNATURE

Print Legal Name ________________________________    Print Legal Parent/Guardian Name ________________________________

Preferred Name ________________________________    Preferred Parent/Guardian Name ________________________________

Student Signature ________________________________    Parent/Guardian Signature ________________________________

Date ________________    Date ________________
OASIS Summer Bridge
Parent & Family Support System

Would you like to join a free parent support network?

As your student celebrates another milestone and transitions into UCSD, wouldn’t it be nice for you, as a parent/family member, to have a support group to do the same? Join the OASIS Parent & Family Support System to connect with others who also have a student attending the 2018 Summer Bridge Program. You can help create a community of parents/families who can provide advice, understanding, and camaraderie, as you all learn to navigate your new life as a member of the UCSD community.

Will you be attending the Summer Bridge Parent & Family Orientation on Sunday, August 5, 2017 at 9am?

☐ Yes! I will be there.
☐ No. I cannot attend.

Are you interested in joining the OASIS Summer Bridge Parent and Family Support System?

☐ YES! Sign me up! I would like to connect with other parents/families. (Please fill out the form below.)
☐ No. I am not interested in joining. (Stop here. You do not need to fill out the form below)

Personal Information

Parent/Family Member Name: __________________________  Student’s Name: __________________________
Relationship to the Student: __________________________

Contact Information

Telephone Number: __________________________  E-mail: __________________________
Preferred Form of Communication:  ☐ Telephone  ☐ E-mail  ☐ No Preference

With whom would you like to be connected? Please rank your preferences (1-3).

☐ Proximity/Location: __________________________
   City, Neighborhood
☐ Ethnicity: __________________________
   Which ethnicity?

☐ Language(s): __________________________
☐ Single Parent: __________________________
☐ Other: __________________________

Please submit this form by the deadline – Wednesday, July 18, 2018.
OASIS Summer Bridge
Red de Apoyo Para Padres y Familias

¿Le gustaría pertenecer a un grupo de apoyo para padres de familia?

¿Ahora que su estudiante celebra otro triunfo y entra a UCSD, no sería agradable para Ud., como padre/miembro de familia, tener un grupo que hiciera lo mismo? Sea miembro del Red de Apoyo Para Padres y Familia que ofrece OASIS para estar en contacto con otras personas que también tienen a un estudiante asistiendo al Programa de Summer Bridge 2018. Usted podría ayudar a crear una comunidad de padres/de familias que pueden proporcionar consejos, comprensión y camaradería, en un momento en cual todos están aprendiendo a navegar una nueva vida como miembros de la comunidad de UCSD.

¿Va usted a asistir a la Orientación de Padres y Familia el día Domingo 5 de agosto del 2018, a las 9 de la mañana?

☐ ¡Sí! Allí estaré.
☐ No. No puedo asistir.

¿Tiene usted interés en ser miembro de la Red de Apoyo Para Padres y Familias del programa de OASIS Summer Bridge?

☐ ¡Sí! Inscribame. Me gustaría estar en contacto con otros padres/familia. (Por favor llene el formulario.)
☐ No. No tengo interés en pertenecer en el grupo de padres/familia. (No necesita llenar el formulario.)

Información Personal
Nombre del Padre/Miembro de Familia: __________________________ Nombre del Estudiante: ________________
Relación con el Estudiante: __________________________

Información de Contacto:
Numero de Teléfono:_____________________________ E-mail: __________________________
Forma de Comunicación Preferida: ☐ Teléfono ☐ E-mail ☐ No Hay Preferencia

¿En qué grupo le gustaría estar? Por favor marque sus preferencias (1-3).

☐ Ubicación: __________________________
   Ciudad, Vecindario
☐ Etnicidad: __________________________
   ¿Qué grupo étnico?

☐ Lenguas que Habla: __________________________
☐ Padre/Madre Solter@: __________________________
☐ Otro: __________________________

Por favor devuelva este formulario en fecha indicada: miercoles 18 de julio del 2018
OASIS Summer Bridge
Parent & Family Support System

Gusto niyo ba sumali sa grupo ng magulang?

Papasok ang inyong anak sa UCSD at makakasali sila sa maraming grupo na nagbibigay ng suporta sa kanila. Ang taan ng OASIS Parent & Family Support System naman ay ang pagbibigyan ng suporta sa mga magulang. Makakatulong kayo magtatag ng comunidad ng pamilya na bumibigyan ng pagkataon makilala ng ibang magulang bilang miyembro ng comunidad ng UCSD.

Pupunta po ba kayo sa Summer Bridge Parent & Family Orientation sa Linggo, Agosto 5, 2018 ng 9am?

☐ Oo! Pupunta kami.
☐ Hindi kami makapunta.

Interesado ba kayo sumali sa OASIS Summer Bridge Parent and Family Support System?

☐ Oo! Gusto ko mangonekta sa ibang pamilya/magulang. (Punuan ang porma sa baba.)
☐ Hindi kami interesado. (Huminto kayo dito. Hindi kayo kailangang punuan ang porma sa baba)

Personal Impormasyon

Pangalan ng miyembro ng pamilya: _____________________ Pangalan ng mag-aaral: _____________________
Relasyon sa mag-aaral: _____________________

Impormasyon pangcontact

Telepono: _____________________ E-mail: _____________________

Ilan dito ang gusto niyo naming gamitin?: ☐ Telepono ☐ E-mail ☐ Kahit ano

Kanino ang gusto niyong mangonekta? Sulatan ang preferences niyo (1-3).

☐ Lokasyon: _____________________ ☐ Lahi: _____________________
   Lungsod, Neighborhood   Aling lahi?

☐ Hirang wika: _____________________ ☐ Mag-isang magulang
   _____________________ ☐ Iba: _____________________

Isauli niyo po ang itong porma bagong Hulyo 18, 2018.
Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Summer Bridge Program (August 5, 2018-September 7, 2018) hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Assumption 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 is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California 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.

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 California 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 all liability to the greatest extent allowed by law.