The following document must be read and signed by each Upward Bound student and his or her parent/guardian prior to participation in the Summer Academy program.

As a program participant in the Upward Bound Summer Academy Program, I understand the following policies and rules governing participation with the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno Upward Bound Programs. All students participating in Summer Academy must adhere to the following guidelines for conduct and safety at all times:

- Students and parents/guardians are responsible for reading and understanding the Summer Academy Handbook in its entirety. Students are responsible for following all policies, procedures, rules, guidelines and expectations included in the Handbook. Failure to do so may result in a loss of privileges, dismissal from Summer Academy, and/or dismissal from the Upward Bound Programs.

- Students will be issued a key to their assigned residence hall room and a blue security PASS Card at check-in each week. Students are responsible for maintaining possession of the key and PASS Card at all times. If a student loses or damages a key or PASS card, a Loss/Damage form will be completed by the Residence Hall staff and the student will be escorted to the Residence Life, Housing and Food Services to arrange for billing and payment. **Students will be charged $55 for each lost or damaged key and $20 for each lost or damaged PASS card. Upward Bound will NOT pay for keys lost or damaged by program participants.** Students and parents/guardians are responsible for paying any lost key or PASS Card charges that the student incurs.

- If a student vandalizes or damages Residence Hall property of any kind, the student will be charged in full for replacement. In addition, students will be subject to the consequences outlined in the Summer Academy Progressive Discipline Plan and possible dismissal from Summer Academy and the Upward Bound Programs. Students and parents/guardians are responsible for paying fees associated with any damages that a student is found to be responsible for.

- Students are required to participate full-time in the Summer Academy program for the entire five weeks. If a student misses more than two days or twelve hours of instruction during the summer term, then the student may not receive high school credit for SA participation. This includes excused absences for which the student is responsible for making up all missed work.

- Students are required to abide by the Upward Bound Personal Electronic Equipment Policy.

- Students will be participating in field trips and travel during the Summer Academy program. Students are required to abide by the Upward Bound Travel Policies and Contract.

PAGE 1 OF 2. PLEASE COMPLETE THE BACK SIDE.
# 2017 Summer Academy Policies & Student Contract

## Student

I have read and understand the terms of this contract, and I agree to adhere to these terms at all times. I understand that failure to follow all Upward Bound policies, contracts and rules may result in being sent home at my parent(s)/guardian(s)’ expense and/or dismissal from the Upward Bound Programs.

**STUDENT PRINTED NAME:** _______________________________ **DATE:** ________

**STUDENT SIGNATURE:** ___________________________________________ **DATE:** ________

## Parent

I give permission for **(print student’s name)** to participate in the Upward Bound Summer Academy program. I have read and understand the terms of this contract. I understand that if my student fails to adhere to the Upward Bound policies, contract and rules, that he/she may be sent home and I will be responsible for any incurred expenses.

**PARENT/GUARDIAN PRINTED NAME:** _______________________________ **DATE:** ________

**PARENT/GUARDIAN SIGNATURE:** __________________________________________ **DATE:** ________

## Insurance Information

- [ ] SAME AS ACADEMIC YEAR
- [ ] New insurance information (complete ALL of the fields below, if not applicable, please enter N/A)

I have insurance (Circle) **Health:** YES  NO  **Accident:** YES  NO

**Insurance Company:** _______________________________  **Insurance Policy #:** _______________________________

**Address of Company:** _______________________________  **Company Phone:** _______________________________

If you have any disability for which you request an accommodation, please indicate below:

___________________________________________________________________________________________

___________________________________________________________________________________________

If female, are you pregnant? (Circle)  **YES**  **NO**

Please list all medications (prescribed or otherwise, e.g. cold medicine) you are taking and what conditions they treat:

___________________________________________________________________________________________

___________________________________________________________________________________________

Please identify any allergies, reactions to medications, or any other medical conditions below:

___________________________________________________________________________________________

___________________________________________________________________________________________