

SUMMER PROGRAM APPLICATION 2019

Summer Academy to Inspire Learning (SAIL) Program

04 Prince Lucien Campbell Hall
1285 University of Oregon, Eugene, OR 97403
sailstaff@uoregon.edu 541-346-4668
website: sail.uoregon.edu

STUDENT NAME: _____ DOB: _____ AGE: _____

HOW DID YOU HEAR ABOUT SAIL? _____

MIDDLE SCHOOL: _____

HIGH SCHOOL: _____ CUMULATIVE GPA: _____

GRADE ENTERING (*circle*): FRESHMAN SOPHOMORE JUNIOR SENIOR

ARE YOU APPLYING FOR(*circle*):

DAY PROGRAM (Grades 8-12)
(8:30am – 5:00pm)

RESIDENTIAL PROGRAM (Grades 11-12)
(overnight – stay in dorms)

Requirements for residential program:

- *Completed application*
- *Completed short essay***
- *Preference given to juniors/seniors*
- *Dorm check-in the Sunday before assigned program week from 3:00 – 5:00pm*

****Residential Program: Short Essay Question**

Why are you interested in pursuing higher education? Include examples of how you have demonstrated your interest in pursuing higher education. (400-500 words; attach separate sheet of paper)

T-Shirt Size: Small Medium Large X-Large XX-Large

MAILING ADDRESS LINE 1: _____ LINE 2: _____

CITY: _____ STATE: _____ ZIP: _____

STUDENT EMAIL: _____

STUDENT PHONE: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN EMAIL: _____

PARENT/GUARDIAN HOME/CELL PHONE: _____

EMERGENCY CONTACT NAME : _____

EMERGENCY CONTACT PHONE: _____

RETURNING SAIL STUDENT (*circle*): YES NO

ARE YOU UNACCOMPANIED YOUTH? (*circle*)
(*in state custody, foster care, homeless, or not living with family*): YES NO

ARE YOU A SIBLING OF A PAST OR CURRENT SAIL STUDENT? (*circle*): YES NO

GENDER OR SEX IDENTITY:

Although the categories listed below may not represent your full identity or use the language you prefer, for purposes of this application, please indicate which choices below most accurately describes your gender/gender identity. For information on why we are requesting this information, please see <http://hr.uoregon.edu/hr-operations/records-data-management/legal-sex-gender-and-sexual-orientation-data-collection> .

Circle:

AGENDER GENDERQUEER MAN

NON-BINARY/FLUID/NONCONFORMING WOMAN TRANS, MAN

TRANS, WOMAN TRANSGENDER QUESTIONING OR UNSURE

IDENTITY NOT LISTED _____ PREFER NOT TO ANSWER

WHAT IS YOUR FAMILY'S YEARLY INCOME (*estimated*):

less than \$15,000 \$15,000-30,000 \$30,000-50,000 \$50,000-70,000 \$70,000-100,000
more than \$100,000 Unknown

NUMBER OF PEOPLE LIVING IN HOUSEHOLD: _____

DOES YOUR HOUSEHOLD RECIEVE(*circle*):

SNAP TANF FDPIR OTHER: _____ UNKNOWN

ETHNIC BACKGROUND (*circle*): ALASKA INDIAN/ALASKAN ASIAN AMERICAN

BLACK/AFRICAN AMERICAN, OR AFRICAN HISPANIC/LATINO(A)/CHICANO(A)

WHITE/CAUCASIAN MIDDLE EASTERN OR ARABIC MULTI-RACIAL

NATIVE PACIFIC/PACIFIC ISLANDER OTHER: _____

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

OTHER/TRADE: _____

WILL YOU BE THE FIRST IN YOUR FAMILY TO ATTEND COLLEGE? (*circle*): YES NO

WHAT IS YOUR PRIMARY LANGUAGE? _____

TRANSPORTATION METHOD: BIKE WALK PARENT BUS OTHER: _____

WILL YOU NEED AN LTD BUS PASS(*circle*)? YES NO

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

HISTORY OF EATING DISORDER(*circle*)? YES NO

DIETARY RESTRICTIONS: _____

ALLERGIES? _____

ANY SPECIAL CONSIDERATIONS OR ACCOMMODATIONS NEEDED?

SELECT PROGRAM CHOICE

Instructions:

You **MUST** choose more than one. Please circle **AND** number your choices by preference order. If more than one choice is not selected and your first choice is not available you will be placed into another program during the same week.

Rising Freshmen/Sophomores:

July 15th – 19th

World Languages

Economics

Chemistry

Global Cultures

Performing Arts

July 22nd – 26th

Environmental Studies

Speech & Persuasion

Psychology

Product Design

August 5th – 9th

Orchestra

Rising Juniors/Seniors:

July 15th – 19th

Business

English/Journalism (Seniors only)

Architecture & Environment

Performing Arts

Product Design

July 22nd – 26th

Biology

Physics/Physiology

Education

Speech & Persuasion

Geography

August 5th – 9th

Orchestra

STUDENT CODE OF CONDUCT AT THE SAIL PROGRAM

(student signature required at bottom)

The Summer Academy to Inspire Learning is committed to ensure that YOU, the student, feel safe during your experience at SAIL. The program has developed some behavior expectations that will be enforced throughout the camp, which will allow SAIL to provide you with the best experience possible.

As a University sponsored program, we (staff) and you (parents and participants) are bound by the University CODE OF CONDUCT. Under this code, the University of Oregon may initiate disciplinary action and sanctions imposed against any student found guilty of committing, attempting to commit, or intentionally assisting in the commission of any of the following prohibited forms of conduct:

1. Damage, destruction, theft, or unauthorized use of personal property located on the University campus or property owned or controlled by the University.
2. Illegal use, possession, or furnishing of dangerous or narcotic drugs on University owned or controlled property or at University sponsored or supervised activities.
3. Possession or consumption of alcoholic beverages by anyone less than 21 years of age or furnishing of alcoholic beverages to persons less than 21 years, on University owned or controlled property or at University sponsored or supervised activities.
4. Tampering with fire-fighting equipment, turning on a false alarm, or engaging in behavior that constitutes a significant fire hazard.
5. Hanging or climbing on or through windows, roofs and ledges.

The Oregon Tort Claims Act (ORS 30.260 to 30.300) permits the University of Oregon to accept responsibility only for the acts of its officers, employees, and/or agents. The University of Oregon is prohibited from accepting any liability for the acts, omissions and conduct of persons participating in activities.

SAIL participants shall indemnify, defend and hold harmless the State, University of Oregon, its officers, agents and employees from all claims, suits, or actions of any nature arising out of my student's participation in the activity other than negligent acts of University of Oregon, its officers, employees, and/or agents.

SAIL Program Code of Conduct:

1. Give your full attention to the instructor(s) who volunteer their time
2. Stay with your group at all times
3. Be on time!
4. Report any conflict or issues to SAIL staff or instructors

Behaviors NOT Tolerated at SAIL

1. Swearing and other foul language
2. Bullying (physical, verbal, etc.)
3. Intentional damage of University of Oregon or SAIL property
4. Possession of weapons, drugs, or alcohol
5. Use of electronics (except during breaks)
6. Aggressive behavior of any kind
7. Racial or gender discrimination

Dismissal Policy (Three Warnings, then Dismissal)

1. If an instructor feels that a student has broken a rule, our staff will discuss this behavior with the student and give him/her an opportunity to reflect and change.
2. If a second warning is given, the warning will be documented and the Director will be notified.
3. If a third warning is given, the Director and instructor(s) will speak with the student, the student's parents will be notified, a formal "incident report" will be documented and disciplinary action will be taken.

If a student's behavior is extreme, creates a safety issue, or continues to be inappropriate, the camp Director reserves the right to terminate the student's involvement at any time.

If a student damages property, they will be responsible for repair and/or replacement costs.

The SAIL program has a NO TOLERANCE policy on violence and bullying. Threats against instructors, staff or other students will be taken seriously and may result in dismissal from SAIL.

I _____ (name) agree to and will follow the above Student Code of Conduct while participating in the SAIL summer program(s). I also understand that to participate in future SAIL I will need to keep my GPA strong, attend mentoring sessions during the school year (if offered), and attend SAIL activities throughout the year (if offered).

PARTICIPANT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN WAIVER:

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 15 – 19, July 22 – 26, 2019; August 5th-9th, 2019

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

DEPARTMENT: Division of Undergraduate Education and Student Success – 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.

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: _____

Model Release

I, the undersigned, irrevocably grant the University of Oregon permission to publish, republish, adapt, exhibit, reproduce, modify, make derivative works, distribute, or display my name, image, voice, written testimony, and biographical information in connection with any university product or service. This permission applies to all markets and in any media or technology now known or hereafter developed. The university may exercise any of these rights itself or through any commercial or nonprofit successors, transferees, or licensees.

I waive any right to inspect or approve any work that bears my name, image, voice, written testimony, and biographical information.

Please indicate agreement by signing below. Any releasee under age eighteen must have parent or guardian cosignature.

Name (please print) _____

Phone _____

Email address _____

Signature _____

Parent or guardian cosignature (if releasee is under age eighteen)

_____ Please initial/date **if you do NOT wish to release** your child's image, voice or likeness for educational and promotional purposes.

Mentoring Permission Form

Student Name: _____ **DOB:** _____

High School: _____ **Grade Level:** ____ **Graduation Year:** ____

Student Contact Information:

Home/Cell Phone: _____ Email: _____

How do you prefer to receive messages? (check one) Cell phone Email

The University of Oregon's **Summer Academy to Inspire Learning (SAIL)** Program believes students with year round support and mentoring will increase student success in high school and beyond. The SAIL Mentoring program partners with the ASPIRE and/or AVID mentoring programs, within schools, to provide trained mentors to assist students with career and school research, applications, college admissions processes, and provide information on financial aid. Mentors must pass a criminal record check before meeting with students. Meetings take place at school, with staff present, throughout the school year. Participation does not guarantee that students will receive scholarships.

Participation in the SAIL Mentoring program is voluntary and confidential. You are free to withdraw your consent and discontinue participation at any time. PLEASE know that SAIL Mentoring program will not share student information with any person or agency outside of the SAIL program and current school staff.

For students under the age of 18, participation in SAIL Mentoring program requires a parent or guardian signature below.

I give permission for my student to participate in the UO SAIL program.

Parent/Guardian Name (printed): _____ **Date:** _____

Parent/Guardian (signature): _____ **Date:** _____

Parent/Guardian Contact Information:

Home/Cell Phone: _____ Email: _____