PRE-COLLEGE PROGRAMS
LIFT

College Tour Fall 2014

RETURN TO:
Pre-College Programs- LIFT Program
0105 Cole Field House
College Park, MD 20742
Fax: 301-314-9155 Phone: 301-405-0895
lift@umd.edu

Students may apply for the program by completing and submitting this application to the above address or fax number. For best consideration, please submit application before Saturday, October 18, 2014. Registration is on a first-come, first-served basis.

STUDENT INFORMATION

Name: First ________________ MI ___ Last ____________________________ Sex: _______

Mailing Address ____________________________________________________________

City: __________________________ State/Province: ______________ Zip/Postal Code: _______

Telephone Number: __________________________ Email Address: __________________________

Name of School: __________________________ City, State: __________________________

Current Grade: ___________

PARENT/GUARDIAN INFORMATION

Name: __________________________

Address (if different from student): __________________________________________

City: __________________________ State/Province: ______________ Zip/Postal Code: _______

Work Phone: __________________________ Home Phone: __________________________

Cell Phone: __________________________ Email Address: __________________________

How did you hear about the program?: ______________________________________________

The University of Maryland’s Pre-College Programs adheres to the policy of equal educational opportunity and will not discriminate against any applicant because of race, color, national origin, sex, handicap or age.
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MEDICAL/INSURANCE INFORMATION

All students participating on the college tour are required to have health insurance. While on the tour, we want to ensure that we have sufficient information to adequately provide for a student's health and safety. The information provided will remain confidential and will only be shared with program staff, or where necessary, the appropriate health professional(s).

Do you have any current medical condition that requires on-going treatment or medical advice? If yes, please provide details below about the medical services you require and list any medications you are prescribed.

Do you have a current mental health condition(s) that requires on-going treatment or medical-psychological advice? If yes, please provide details below about the mental health services you require and list of any medications you are prescribed.

Do you have any allergies? If yes, please explain.

Primary Health Insurance

Name of Provider: ________________  Telephone Number: ________________ __________

Policy Number: ______________________________________________

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I certify that the information on this application is complete and correct. If it is not, I understand that cancellation of registration may result. I agree to abide by the rules, policies and regulations (please see below) of the University of Maryland and the program. I understand that Pre-College Programs may dismiss any student who is seen as disruptive. I understand that if my child is dismissed from the trip, I will be responsible for the expense of sending him/her home immediately.

I,______________________________ understand the following rules and regulations governing the college tour from November 10-12, 2013:

• There will be no alcohol in my room or in my possession.
• There will be no illegal or unauthorized legal drugs in my room or in my possession.
• There will be no member of the opposite sex in my room, nor will I enter the room of a member of the opposite sex.
• Appropriate attire will be worn at all times.
• There will be an announced curfew, and from that time until the announced departure time the next morning, I will stay in my assigned room.
• I am responsible for my own transportation to Cole Field House on November 10, 2013, and from Cole Field House on November 12, 2013; program staff will not be available upon return from the trip.

Signature of Student: ___________________________ Date: ___________________________

Signature of Parent/Guardian: ___________________________ Date: ___________________________

LIABILITY RELEASE

During the time your child is participating in any LIFT Program activity, he or she will be expected to fully participate. We will take all of the necessary precautions to ensure the safety of your child at all times. The University of Maryland, College Park, however, requests your endorsement of the statement below.

I, the undersigned, in full recognition of the possible dangers and hazards inherent in any student activity normally conducted by the LIFT Program, do hereby agree to assume all the risks and responsibilities surrounding my participation. Furthermore, I hereby defend, hold harmless, indemnify, release, and forever discharge the University, and all its officers, agents, and employees from and against any and all claims, demands and actions, or cause of action, on account of which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of the University, its officers, agents, or employees, during the period of my participation as aforesaid.

Signature of Student: ___________________________ Date: ___________________________

Signature of Parent/Guardian: ___________________________ Date: ___________________________

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