



Science & Nutrition Summer Program
City of Hope
July 13 - July 31, 2020
Student Application

Student Information

Student's First Name _____ Last Name _____ MI _____

Student's E-mail Address _____

Parent/Guardian Name _____

Parent/Guardian E-mail Address _____

Home Phone Number _____ Alternate Phone Number _____

Student's Home Information

Mailing Address _____ City _____ Zip Code _____

High School Name _____

High School City _____ Expected Graduation Date: _____

Gender _____ Age _____ Date of Birth _____ Grade in 2020-2021: _____

Male ___ Female ___ _____ 11 ___ 12 ___

List all of the science and math courses you have taken in high school.

List all of the science and/or math school activities (tutoring, clubs, competition, etc.) you have participated in.

In the space below, discuss why you would like to participate in the 2020 Science & Nutrition Summer Program (you may also answer this question on a separate document).



Science & Nutrition Summer Program

City of Hope

Rules

1. Regular attendance is expected. Any student with more than **one** absence during the summer can be dismissed from the program. Absences will be discussed with the student, with the final decision about dismissal at the sole discretion of the program director(s).
2. Students are expected to conduct themselves in a professional manner, come to each session prepared and ready to participate in the day's classroom and laboratory activities.
3. Students are expected to adhere to all City of Hope policies, including safety and dress code requirements, and to follow directions imparted by the program director(s).
4. Students are not permitted in the laboratory unless a supervisor or program director is present.
5. Only students enrolled in the Science & Nutrition Summer Program and the program director(s) and instructors are allowed in the laboratory while the program is in session. No friends or family will be admitted unless otherwise approved by the program director(s).

I acknowledge that I have read and fully understand these rules and agree to abide by them at all times. I understand that my participation in the Science & Nutrition Summer Program may be terminated at any time if I fail to follow any of these rules.

Student Signature: _____

Date: _____

Print Name: _____

Parent/Guardian Signature: _____

Date: _____

Print Name: _____



Science & Nutrition Summer Program

City of Hope Parental Waiver Form

Print Student Name: _____

I consent to the participation of my son/daughter named above in the City of Hope – Science & Nutrition Summer Program (the “Program”). I also give the right and permission to City of Hope to use my son’s/daughter’s voice, video, and photographic images through any medium. I waive any right to inspect or approve the finished copy, images, or printed matter that may be created in conjunction with the eventual use for any City of Hope program.

I understand that during the Program, students will be participating in various activities, classes and other projects at City of Hope, including, without limitation scientific experiments and work in laboratory space. I understand that serious injuries, damage to personal property, and other circumstances could occur during my son’s/daughter’s participation in such Program activities. Further, it is my understanding that City of Hope shall not be liable for loss of damage to property or for injury caused by my son/daughter. I agree to be responsible for any such loss or damage to property and/or injury caused by or to my son/daughter.

I have reviewed the Program rules with my son/daughter and we both fully agree to respect the rules and regulations of the Program, as well as all City of Hope policies, procedures and directives while on the City of Hope Campus (collectively, the “Rules”). I understand and agree that if my son/daughter fails to meet one or more of the Program requirements or Rules, my son/daughter may be temporarily or permanently removed from the Program and will not receive any compensation.

I understand that there may be some risks in connection with my son’s/daughter’s participation in the Program, and I hereby waive and release City of Hope and their respective affiliates, directors, officers, employees, agents and contractors from any and all possible claims, liabilities, damages or losses which may arise in connection with my son’s/daughter’s participation in the Program. I agree that neither I nor my son/daughter will now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against City of Hope, its affiliates, and their respective directors, officers, employees, agents and contractors for any damages or injuries that my son/daughter may sustain in the course of the Program.

I acknowledge that I have read and fully understand this Parental Waiver Form. This agreement will be binding on me, my spouse, my children, legal representatives, heirs, successors and assigns.

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____



Science & Nutrition Summer Program
City of Hope
Parental Waiver Form

Student/Parent Agreement of Responsibilities

Please note that by submitting this application for consideration, the student and parent recognize that they are responsible for all travel to and from the Science & Nutrition Summer Program held on the City of Hope campus in Duarte. Sign below if you provide your consent and agree to follow all rules as outlined.

Authorization of Student Participation

Student Name (please print)

Student Signature

Date

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

For more information, please contact:
Cynthia Ulloa (culloa@coh.org)