



# California State University Long Beach UPWARD BOUND PROGRAM



Dear Students and Parents/Guardians:

It's time to prepare for the 2025 Summer Program! The purpose of this letter is to provide pertinent information regarding Upward Bound's (Classic and Math & Science) Summer Program.

**This year's Upward Bound Summer Program is scheduled for June 16, 2025 – July 25, 2025 (hybrid structure):**

- **June 16, 2025 – June 18, 2025 (virtual)**
- **June 19, 2025 – (Holiday No – Class)**
- **June 20, 2025 – (in-person educational field trip)**
- **June 23, 2025 – June 26, 2025 (virtual)**
- **June 27, 2025 – (in-person educational field trip)**
- **June 30, 2025 – July 3, 2025 (in-person/commuter @ CSULB)**
- **July 04, 2025 – (Holiday No – Class)**
- **July 07, 2025 – July 11, 2025 (in-person/commuter @ CSULB)**
- **July 13, 2025 – July 18, 2025 (in-person/ residential @ CSULB)**
- **July 20, 2025 – July 26, 2025 (in-person/ residential/ campus tours @ CSULB)**

Our summer program aims to provide a holistic experience to enhance students' academic, social, and personal development. The summer academic curriculum will prepare college students for mathematics and English courses. In addition, the summer program will offer elective courses such as Spanish Language, Family and Consumer Science, Engineering and Architecture, Communications & Etiquette, Golf Fundamentals, and Life Skills. Lastly, UB & UBMS's summer program will provide educational and academic field trips, workshops, and cultural enrichment activities to build students' foundation for success.

**The summer residential component starts July 13, 2025 – July 25, 2025 (students check out on July 19 and July 26).** Students will reside on-campus at California State University, Long Beach State (CSULB), and participate in an engaging residential experience to increase attendees' motivation to enroll in a higher educational program. The residential component is available on a first-come, first-serve basis. Students not participating in the residential component can commute for the remainder of the summer program (**Upward Bound will not provide transportation during the residential component**). Students **MUST** attend the entire UBP Summer Program, **with no more than three absences**, to be eligible to participate in the enrichment activities.

**To participate in the UBP Summer Program, students must submit the below documents on/or before Thursday, May 01, 2025, to their appointed educational coach or the Upward Bound Office.** Below is a comprehensive checklist to ensure all documents are submitted:

- **Applicant Information**
- **Medical Treatment Form (Both sides)**
- **Letter of Intent**
- **California State University, Long Beach Release of Liability Form**
- **California State University, Long Beach Voluntary Medical Disclosure Form**
- **California State University, Long Beach Release Photo Release Form**

**The programs will host a mandatory in-person UBP Summer Program Orientation for students and parents/guardians on Saturday, April 26, 2025.**

If you have any questions, don't hesitate to contact the Upward Bound Office at the following number 562-985-3114 .

Sincerely,

Upward Bound Staff



# California State University Long Beach UPWARD BOUND PROGRAM



## SUMMER 2025 PROGRAM APPLICATION

Upward Bound & Upward Bound Math & Science is federally funded by the U.S. Department of Education.

Complete all sections to determine your eligibility to participate in the six-week summer program. Completed applications should be returned to your Upward Bound educational coach/college aide by **Thursday, May 01, 2025**.

If you have any questions, contact your appointed Upward Bound Coach/College Aide or the Upward Bound Office at 562-985-3114.

### STUDENT SECTION

School:

Grade Level (During Fall 2025)      9      10      11      12

Overall GPA:

### Name

Last:

First:

Middle:

### Address

Street & Apt #:

City:

Zip:

Student's Cellphone:

Student's E-mail Address:

Birth Date:

Gender: Male

Female

Non-Binary

Other

Ed. Coaches' Name:

### Parent / Guardian Information

Parent's / Guardian's Name (PRINT):

Parent's / Guardian's Phone:

Parent's / Guardian E-mail:

Parent's/Guardian's Signature:

Date:

### SUMMER 2025 PLAN

I permit my child to participate in Upward Bound's 2025 Six-Week Upward Bound Summer Program.

**If you have not received an Upward Bound t-shirt, please specify your size: \_\_\_\_\_.**

I certify that the information provided on this Upward Bound Summer Program application is true to the best of my knowledge and that any misrepresentation may be cause for denial or cancellation of participation.

Student's Signature:

Date:

Parent's / Guardian's Signature:

Date:



**California State University Long Beach**  
**UPWARD BOUND PROGRAM**  
**SUMMER 2025 PROGRAM**  
**MEDICAL TREATMENT FORM**



**Emergency Procedures:**

In the event of an injury or accident, students will be taken to the Student Health Center on campus or to the nearest medical facility. The Medical Treatment Form will accompany the student as evidence of parental/guardian authorization to avoid delays in treatment. Parents/Guardians will be contacted as soon as possible about their child's condition.

The Upward Bound Program carries accident insurance for all program participants, but the accident insurance does not cover all medical expenses. Please state on the Medical Treatment Form if you belong to a medical insurance plan or if you have medical insurance. Students should always carry their medical cards and/or insurance information.

**To be completed by parent/guardian:**

**Student's Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security: \_\_\_\_\_

**Address:**

Street & Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

Parent/Guardian to be notified: \_\_\_\_\_

Primary Language spoken by Parent/guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

**IN CASE YOUR CHILD REQUIRES MEDICAL ASSISTANCE:**

Do you have health insurance or medical? Yes  No

Name of insurance carrier: \_\_\_\_\_

Policy number: \_\_\_\_\_

Have you received full COVID-19 vaccinations: Yes  No



California State University Long Beach  
UPWARD BOUND PROGRAM



In Order to increase food security and reduce hunger, the Upward Bound Program will collaborate with the United States Department of Agriculture (USDA) to offer the Summer Food Service Program by providing children with a healthy diet and nutrition education.

Please Complete the income information below:

In Order to increase food security and reduce hunger, the Upward Bound Program will collaborate with the United States Department of Agriculture (USDA) to offer the Summer Food Service Program by providing children with a healthy diet and nutrition education.

Number of people living in your household (including yourself): \_\_

Is your family receiving public assistance:

- Free/Reduced Lunch     TANF     Food Stamps     Medi-Cal     Social Security
- Unemployment     Disability     Cal-Works     Other (specify): \_\_\_\_\_

2023 Taxable income range (See line 43 on Form 1040, line 27 on 1040A, line 6 on 1040EZ):

- \$16,245 or below                       \$16,246-\$21,855                       \$21,856-\$27,465
- \$27,466-\$33,075                       \$33,076-\$38,685                       \$38,686-\$44,295
- \$44,296-\$49,905                       \$49,906-\$55,515                       \$55,516 or greater

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



# California State University Long Beach

## UPWARD BOUND PROGRAM



### SUMMER 2025 PROGRAM

#### Residential Component & San Diego College Tour Intent

The final two weeks of the UBP Summer Program will be a residential stay at CSULB Housing and San Diego California College Tour.

**Residential Stay: Sunday, July 13, 2025 – Saturday, July 26, 2025**

**Sunday, July 13, 2025 – Students check-in @CSULB Dorms**

**Friday, July 18, 2025 – Students soft check-out**

**Sunday, July 20, 2025 – Students back check-in**

**Saturday, July 26, 2025 – Students Check-out**

Students will have the opportunity to stay on CSULB's campus to experience the simulated college experience, academic courses, skills-building workshops, and community-building events.

**College Tours: Monday, July 21, 2025 – Friday, July 26, 2025**, Upward Bound & Upward Bound Math & Science staff and participants will visit various colleges. This trip aims to help students learn about various colleges and their admissions process. Attendees will also have an opportunity to explore the beautiful campuses.

If your child plans to participate in the 2025 Summer Residential or Northern California College Tour, please complete the information below. All students must return this form to an Upward Bound representative or the Upward Bound office by **Thursday, May 1, 2025**.

Student's Name:	Parent's Name:
Signature:	Signature:
E-mail:	E-mail:
High School:	Cell Phone:
Grade:	Home Address:
Date of Birth:	
T-shirt Size:	City/Zip Code:

### Residential Stay and San Diego College Tour

My child will participate in the 4-week Summer Commuter Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>
My child will participate in the 2-week Summer Residential Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>



# California State University Long Beach

## UPWARD BOUND PROGRAMS



### RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

**Participant Name (Print)** \_\_\_\_\_

**Field Trip, Voluntary or Extracurricular Activity:** Upward Bound Classic & Upward Bound Math & Science Summer Programs

**Date(s):** June 16, 2025 – July 26, 2025

**Activity and Location:**

UB & UBMS will host a hybrid Program. June 16 - July 26, 2025, excluding the virtual portion of June 16-27, 2025, students will be at CSULB. Residential: Sunday, July 13, 2025 — Saturday, July 26, 2025 (Friday, July 18, 2025 - Students will check out of housing & return on Sunday, July 20, 2025, final check out Saturday, July 26, 2025.

In consideration for being allowed to participate in this Activity including air and/or ground transportation, on behalf of myself and my next of kin, heirs, and representatives, I release from all liability and promise not to sue the state of California, the Trustees of The California State University, California State University, Long Beach, and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this activity, including travel to, from, and during the activity.

I am voluntarily participating in this activity. I am aware of the risks associated with traveling to/from and participating in this activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this activity, including travel to, from, and during the activity.

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this activity, including travel to, from, and during the activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.



**California State University, Long Beach**  
**1250 Bellflower Boulevard**  
**Long Beach, California 90840**

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this activity, including travel to, from and during the activity. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

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**Participant Signature**

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**Participant Printed Name**

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**Date**

**If Participant is under 18 years of age:**

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this activity, including travel to, from and during the activity. I allow Participant to participate in this activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

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**Signature of Minor Participant's Parent/Legal Guardian**

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**Name of Minor Participant's Parent/Legal Guardian (print)**

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**Date**

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**Minor Participant's Name (print)**

# CSULB RESEARCH FOUNDATION

## Voluntary Medical Disclosure Statement and Assumption of Risk

Youth Activity: \_\_\_\_\_ from \_\_\_\_\_ 20 \_\_\_\_\_ to \_\_\_\_\_ , 20 \_\_\_\_\_

Participant: \_\_\_\_\_ Age: \_\_\_\_\_  
                                    First                                    Last                                    Middle

The following medical information may be necessary in the event of serious illness or accident. Please complete this form accurately and to the best of your ability. The facts you disclose will be kept confidential and will be used only to help the staff respond to an injury or illness. Failure to disclose accurate and complete information could compound the seriousness of an accident or illness, particularly if you are unable to respond clearly to the medical staff's inquiries. Please print your responses to ensure legibility. **Identify person to Contact in the event of an Emergency by completing the Emergency Contact Form.**

DIETARY RESTRICTIONS: Please describe any known dietary restrictions (i.e., lactose intolerant, food allergies) that the Participant may have or has been known to have: \_\_\_\_\_

MEDICATIONS: Please list all medications the Participant are taking or will be taking during this program. All medicines prescribed or over-the-counter, should be transported in their original packaging with a written prescription to administer. This includes written permission to administer over the counter topical creams such as sunscreen.

TREATING PHYSICIAN'S NAME AND PHONE NO. \_\_\_\_\_

Any special needs we should be aware of? \_\_\_\_\_

### **Assumption of Risk**

I have consulted with a medical doctor with regards to my child(ren)'s personal medical needs. I am aware of all applicable personal medical needs for him/her. He or she has no health related reasons or problems that preclude or restrict his/her participation in this program. I assume all risk and responsibility for his/her medical needs. The Research Foundation and/or University may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding his or her health and safety. I agree to pay all expenses relating thereto and release the Research Foundation and/or the University from any liability for their actions.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Name of Minor Participant

\_\_\_\_\_  
Name of Parent/Legal Guardian (Please Print)

\_\_\_\_\_  
Address of Participant



# CSULB RESEARCH FOUNDATION

## Photo/Video Authorization and Release Waiver

Camp Name: CSULB Upward Bound Classic and Math / Science Programs , from

June 16 , 20 25 to July 26 \_\_\_\_\_ , 20 25 I, \_\_\_\_\_

, the parent and/or legal guardian of, \_\_\_\_\_

(my "Child(ren)"), do hereby grant permission to the **California State University, Long Beach Research Foundation** (referred to as "Camp/Research Foundation") to photograph/video and to publish the said photograph(s)/video(s) of me and/or my Child(ren) on the Program/Research Foundation website and in related Program/ Research Foundation promotional brochures, advertisements and videos for the purpose of promoting the Program/Research Foundation's business worldwide. I hereby waive all rights of privacy and/or compensation for me and my Child(ren), which I, or she/he, may have in connection with the use of my, or her/his, photograph, likeness, depiction or story, or any or all of them, in or in connection with said Program/Research Foundation websites, still photography, or video/film and any use to which the same or any material therein may be put, applied or adapted by the Program/Research Foundation in connection with the promotion of the Program/Research Foundation. I hereby grant the Program/Research Foundation permission to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs.

I, for myself and my Child(ren) and our respective heirs, administrators, successors and assigns hereby release the Program, the California State University, Long Beach Research Foundation, the State of California, Trustees of the California State University, California State University, Long Beach, and all officers, employees, volunteers and agents of each of them from and against any and all claims, liabilities, losses, expenses, causes of action, costs of every nature and/or damages of any kind (including, but not limited to, invasion of privacy, defamation, false light or misappropriation of name, likeness or image, unauthorized republication of image) arising out of, or in connection with, the use of my, or my Child(ren)'s, photograph, name or likeness, or any or all of them, by the Program/Research Foundation for its business promotion activities. I further understand that all grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

I acknowledge and represent that I am over the age of eighteen (18), that I have read the entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/ or my minor Child(ren).

Print Child(ren) Name(s): \_\_\_\_\_

Relationship to Child(ren) \_\_\_\_\_

Parent and/or Legal Guardian (Print Name): \_\_\_\_\_

Parent and/or Legal Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION**

**Youth Activity Programs**

**Emergency Contact Information:**

In the event of an emergency, the \_\_\_\_\_ Youth Activity will make every effort to contact the participant's primary contact, who has provided an Affidavit for Medical Care. In the event we are unable to contact this parent(s) or legal guardian(s) first, please provide two other individuals that can be contacted in the event of an emergency. I \_\_\_\_\_ do \_\_\_\_\_ do not want to receive any future surveys and/or follow-up information at the contact information provided for Youth Activity purposes only.

**Primary Contact:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No. 1: \_\_\_\_\_

Phone No. 2: \_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Secondary Contact:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No. 1: \_\_\_\_\_

Phone No. 2: \_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Third Contact:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No. 1: \_\_\_\_\_

Phone No. 2: \_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

