



# COYOTES RISING PROGRAM APPLICATION

Part I: Personal Data					
Full Name:		DOB:	Age:	Gender:	
Home Address			Home Phone:		
Student E-Mail			Student Cell:		
High School Name:					
Parent/Guardian Full Name:					
Parent/Guardian E-Mail:			Parent/Guardian Cell:		
Student Grade Level:			Student GPA ( <i>Unweighted</i> ):		
What is your T-shirt size? ( <i>please check one</i> ):					
Small	Medium	Large	XL	2XL	3XL

Part II: Activities		
<i>Tell us about class offices, clubs, organizations, organized sports, or hobbies in which you have been active. You may also include work experience if any.</i>		
Name of Club/Activity/Organization	Years Involved	Grade Level

PARENT/GUARDIAN CONSENT	
<i>My signature below indicates my consent for my daughter/son to apply for the Coyotes Rising program. I also consent to the release of the information contained in this application to the Office of Admissions and Student Recruitment at California State University, San Bernardino.</i>	
Student Typed Signature:	Parent/Guardian Typed Signature:



# COYOTES RISING PROGRAM APPLICATION

## Part III: Application Questions & Personal Statement

Please answer the questions asked below, in addition to typing your essay.

**Why would you like to attend college? Are there any particular circumstances, school experiences, or persons that influenced your preparation or motivation to attend college (e.g., cultural/financial background, family, teachers, schools you attended)? Please explain. (300 words maximum)**

**Do your grades in high school and/or college reflect your academic ability or potential? Please explain. (300 words maximum)**



# COYOTES RISING ESSAY PROMPT

## Part III: Application Questions & Personal Statement

*Please answer the questions asked below, in addition to typing your essay.*

### **Essay prompt: (300 words minimum, 1000 words maximum)**

**Please tell us more about yourself. Discuss your future college and career plans. Explain how this program would help you in the pursuit of your plans. Is there any additional information you would like for us to consider in determining your admission to the program?**



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## Part IV: Additional Materials

**Please fill out and sign all the following attached forms, along with your parent(s)/guardian(s) signature of consent.**

Medical History Form & Agreement

Medical Release Form

Photo & Video Liability Form

Code of Conduct Form

# COYOTES RISING APPLICATION: MEDICAL HISTORY

## Medical History

*If you are to attend and participate in the Coyotes Rising program, you and your parent (or guardian) must complete this medical history form. You cannot participate in the program if this information is not completed. Kindly supply all requested information.*

Full Name of person to notify in case of emergency:

Relationship:

Address:

City:	State:	Zip:	Phone:
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Family Doctor:

Doctor's Address:

City:	State:	Zip:	Phone:
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## Medical Insurance Information

Policy Holder:

Health Plan/Insurance Company:

Policy Number:	Expiration Date:
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## Additional Information

If your child does not have medical insurance, how do you get medical services?

Does your child have any medical history we should be aware of?

Please list any other ongoing medical problems:



# COYOTES RISING APPLICATION: MEDICAL HISTORY

Additional Information		
Does your child have any allergies? <i>(Medications, foods, bee stings, plants, Insect bites, etc.)</i>	YES	NO
<i>If Yes, to what? Describe their reaction (In your description, indicate if it is mild, moderate, or severe.), and how you treat it.</i>		
Does your child carry an EpiPen®?	YES	NO
Is your child taking any medications prescribed by a doctor?	YES	NO
Does your child have limitations to physical exercise? Please explain.		
Please describe any special dietary needs.		

PARENT/GUARDIAN CONSENT	
<i>My signature below indicates my consent for my daughter/son to apply for the Coyotes Rising program. I also consent to the release of the information contained in this application to the Office of Admissions and Student Recruitment at California State University, San Bernardino.</i>	
Student Typed Signature:	Parent/Guardian Typed Signature:

# COYOTES RISING APPLICATION: MEDICAL RELEASE FORM

I am the parent and/or legal guardian of *(please type student's name here)*: \_\_\_\_\_

Who will be participating in activities sponsored by the Coyotes Rising overnight summer program. In completing the required medical form, I have provided accurate and complete information about my child's medical record.

I hereby authorize the Coyotes Rising overnight summer program, its personnel and representatives, to act for me on *(please type student's name here)*: \_\_\_\_\_'s behalf in taking such action and securing and authorizing such treatment as they, or any of them, may deem appropriate with respect to any emergency, accident, illness, or similar circumstance arising in connection with the sponsored activity. I agree that Coyotes Rising overnight summer program, its personnel and representatives shall not have any liability for taking or authorizing any such action or treatment.

I agree to be responsible for, and to pay promptly, any bills for medical, optical, dental or related services, or treatment authorized by California State University's, Coyotes Rising overnight summer program, whether or not such services are covered by insurance.

I agree to release and discharge Coyotes Rising overnight summer program, its personnel and representatives from any liability or demands that might arise in connection with 1) any accident, illness, or injury, or other consequence or event arising from in connection with my son/daughter's participation in the leadership development, or 2) any cause beyond the control of Coyotes Rising overnight summer program, including but not limited to, natural disasters or civil disturbances.

I understand that at times our child will engage in some strenuous physical activity.

In completing the required medical form, I have provided accurate and complete information about my child's medical record.

## PARENT/GUARDIAN CONSENT

*My signature below indicates my consent for my daughter/son to apply for the Coyotes Rising program. I also consent to the release of the information contained in this application to the Office of Admissions and Student Recruitment at California State University, San Bernardino.*

Parent/Guardian Typed Signature of Consent:

Date:

# COYOTES RISING APPLICATION: PHOTO/VIDEO RELEASE

I hereby grant California State University, San Bernardino, Office of Admissions and Student Recruitment the irrevocable right and permission to use photographs and/or video recordings of me on University and other websites and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me.

I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, shall remain the property of the University.

I hereby release, acquit and forever discharge California State University, San Bernardino its current and former trustees, agents, officers and employees of the above-named entities from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

## SIGNATURE

*I hereby warrant that I am less than eighteen years old, or my parent/guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.*

Typed Signature of Student who may be Photographed/Recorded:

Date:

## If individual photographed/recorded is under eighteen (18) years old, the following section must be completed:

*I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.*

Typed Signature of Parent/Guardian of Student Photographed/Recorded:

Date:



# COYOTES RISING CODE OF CONDUCT

Be proud! You have been invited to become part of the Coyotes Rising program!

Coyotes Rising program, cohort of students display the highest standards of behavior at all times. Your parents, your fellow Coyote Rising peers, presenters, mentors, staff, and the good people who support this program have a right to expect honesty, integrity, and good moral judgment from you. In addition, teamwork and mutual support is very important. We encourage positivity and respect among everyone.

Participants who do not abide by the Coyotes Rising Code of Conduct will be sent home. Parents of involved participants will be contacted and asked to take code violators home.

The **HONOR** of all Coyote Rising participants and the continued **EXCELLENCE** of the program is the responsibility of each participant.

## RULES TO REMEMBER FOR SAFETY AND SUCCESS

1. No smoking, use of alcohol or drugs, or immoral conduct.
2. Stay in university boundaries at all times.
3. Remain with assigned groups during all program activities.
4. Attend all planned program activities. The program is extensive. You benefit only when you participate.
5. The leader of your group is your Facilitator. The Facilitator is your parent in absentia. You must follow the Facilitators' instructions and show respect at all times. If you have any problems, speak to your assigned Counselor or Facilitator.
6. Respect the rights and property of others. Losses sustained because of theft or vandalism will be paid for by those responsible.
7. All participants **MUST** be in assigned areas during all hours **BEFORE BREAKFAST** and **AFTER CURFEW**.
8. Footwear appropriate to the activity must be worn at all times.

**I agree to abide by the rules stated above.**

Participant's Name:

Date: