



2021-22 Academic Forms Contact Information

Student Name: _____

Student Phone Cell: _____ **House:** _____

Student Email: _____

Address: _____

School: _____

Grade: _____

Describe yourself in 3 sentences _____

Parent Name: _____ **Cell #:** _____

Parent Email: _____

Number of persons in house: _____

Baldwin Wallace University TRiO Upward Bound
275 Eastland Road, Berea, OH 44017
Telephone: 440-826-2208
Fax: 440-826-3494

**Baldwin Wallace University
TRiO Upward Bound Program
2021-2022 Student Medical Information**

Student Name: _____ Birthdate: _____

School Attending: _____ Grade: _____

Student Email: _____ Cell Phone: _____

Parent/Guardian Name: _____

Parent Email: _____ Cell Phone: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

Do you have any medical condition, which would interfere with your schoolwork, physical or recreational activities, or class attendance? Explain

Do you have any allergies to food, medications, etc.

Explain: _____

Are you taking any medication or do you require a special diet? Explain:

Insurance Information

Insurance Company: _____

Policy in name of: _____

Policy or group number: _____

Doctor or Clinic Preferred: _____

Medical Release

I, the undersigned, am the parent/guardian of the above named minor. I hereby consent to his/her participation in the Baldwin Wallace Upward Bound Program and the activities planned in conjunction with this program. I understand that such activities may include social and recreational activities and the transportation of the above named minor to and from such activities. I am aware of the special needs and risks for these activities, which may include physical fitness of the participant.

I hereby recognize that there are personal injury risks involved with respect to the activities contemplated in the program, including risks inherent to the supervision of a group of young persons. I hereby assume such risks and release Baldwin Wallace University, its agents, employees, and students from any liability arising out of injury or accident which may be sustained by the above named minor.

I understand that in the event of a medical emergency, attempts will be made to contact me and if said attempts are not immediately successful that the supervisors of the Upward Bound Program may refer the above named minor to a licensed medical practitioner and/or the University Health Center, or hospital and hereby consent that such physician, Health Center, or hospital may treat the said minor in response to the medical emergency.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

**Baldwin Wallace University TRiO Upward Bound Program
Parental Media Release and Consent Form
2021-2022**

We may take photographs of the children during the process of their participation in the Baldwin Wallace University Upward Bound Program.

The media may visit our program. The media may take photographs, film footage, conduct interviews, or use children’s quotes. Children who participate in the Baldwin Wallace University Upward Bound may appear in these images or productions. These products and or public releases may appear on television locally or nationwide.

Conditions of use

1. We will not use the personal details or full names of any child in a photographic image on video, on our website, in our printed publications, or in media releases and productions.
2. We will not include personal email, postal addresses, or telephone numbers on videos or on our website.
3. If we name a child in the text, we will not use a photograph of that child in the accompanying article.
4. We may use group or class photographs, footage, or recordings with very general labels.
5. We will only use images of children who are suitably dressed, to reduce the risk of such images being used inappropriately.

I have read and understand the condition of use as listed above. I understand that websites are able to be viewed worldwide. I grant to the Baldwin Wallace University Upward Bound the right to edit, use and reuse the above mentioned images and images of student work or products for non-profit purposes. I also hereby release the Baldwin Wallace University Upward Bound and its agent and employees from all claims, demands, and liabilities in connection with the above.

I, _____ (Signature) of Parent or Guardian

_____ (Printed Name) of Parent or Guardian

Of _____ (Printed) Student Name

Consent to and give my permission to the Baldwin Wallace University Upward Bound to use the image, school-related and other products, quotes and interviews of my child for Upward Bound Program promotions or educational purposes including reproduction in the Program’s printed publications, or media, public internet, or releases to newspaper or media, both print and electronic.

Date: _____

**Baldwin Wallace University TRiO Upward Bound Program
Release of Information 2021-2022**

Name: _____

Address: _____

Birthdate: _____

Social Security Number: _____

I, the undersigned, attest that I am the parent/guardian of the above named minor. I do hereby give my permission for the above high school, educational institution or program to release grades, transcripts, test scores, individual education plans, and other relevant information to Baldwin Wallace University Upward Bound Program, upon request of the program or its representative. It is understood that the information is requested to assist staff of my child. I understand that the Upward Bound Program will hold this information confidential.

I fully understand that my records are protected under federal and state confidentiality regulations and cannot be released or disclosed without my written consent. I understand the reason(s) the information indicated above is being requested. Finally, I understand that I may revoke this consent at anytime. However, any information shared prior to revocation of consent falls within the bound of this release.

This information has been disclosed to you from records whose confidentiality is protected by the Federal law. Federal regulations prohibit any further disclosure of it without the specific written consent of the parent or legal guardian to whom it pertains, or as otherwise permitted by such regulations.

Signature: _____

Parent or Legal Guardian

Participant/Student (if over the age of 18)

Upward Bound Representative

PARENT'S/GUARDIAN'S COMMITMENT TO TRIO UPWARD BOUND

2021-2022

In order for my son/daughter to continue developing academically, he/she needs my support. As a parent/legal guardian, I know that my child is participating in the Baldwin Wallace University TRIO Upward Bound Program with my understanding that I am committed to the following:

- I ensure that my son/daughter will attend his/her scheduled high school classes each day
- I ensure that my son/daughter will attend the required tutorials, Academic Advising Sessions and I shall provide information such as grades, schedules and release forms to Upward Bound upon request
- I ensure my son/daughter will meet with Upward Bound teachers/tutors to strengthen his/her skills in areas where tests and grades have revealed a weakness.
- I ensure that my son/daughter will abide by the program rules and regulations set forth in the student/parent handbook.
- I ensure that my son/daughter will attend the six-week summer residential session without interruption for non-academic activities
- **A family representative or I will attend the three parental workshops per academic year.**
- **A family representative or I will volunteer a minimum of two hours per year during Upward Bound sponsored activities or events.**

As the parent/legal guardian of an Upward Bound participant, I give my support and cooperation concerning the matters listed above.

Parent Signature

Date

Parent Printed Name

Student Name

As part of the consideration for participating in Upward Bound at Baldwin Wallace University to the limited extent, I, the adult legally responsible for my child/ward, expressly agree to pay for damages to person or property, without limit, caused by him/her and that if my child/ward breaks any rules and/or laws, he/she will be immediately sent home at my expense. In addition, I understand that there may be certain risks and hazards associated with participation in the Upward Bound Program. I hereby assume all risks arising from such participation and release, indemnify, and hold harmless BWU, BWU employees, and the faculty members who are independent contractors, from any claim brought against any one or more of them by me, my child/ward, or any party on behalf of my child/ward.