



Cal-SOAP College Prep Summer Camp Application



STUDENT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	E-Mail	Date of Birth

SCHOOL INFORMATION

<input type="text"/>	<input type="text"/>
School Name	Grade Level for Fall 2011

CAMP LOCATION AND DATE PREFERENCE

All efforts will be made to allow you to attend camp at your first choice location. If your first choice is full, you may be offered a spot at another location. Please rank your preference from 1 to 3:

Camp Dates: July 11 – July 15

____ California High School

____ La Serna High School

____ Jordan High School

____ Wilson High School

____ Poly High School

Camp Dates: July 18 – July 22

____ Lakewood High School

____ Pioneer High School

____ Santa Fe High School

____ Whittier High School

STUDENT COLLEGE INTEREST

I am interested in learning how to apply to the following colleges (check all that apply):

____ California Community College

____ California State University System

____ University of California System

____ California Private Colleges and Universities

____ Out of State Colleges

What are your top three college choices at this time?

<input type="text"/>
<input type="text"/>
<input type="text"/>

PARENT CONSENT

I give permission for my son/daughter to attend the Cal SOAP College Prep Summer Camp at the location and on the dates listed above. I understand that this College Prep Summer Camp is not related to a school event and my child will be under the general supervision of Long Beach Cal SOAP staff. I hereby take action for my child by assuming all risks of participation in this event that may arise from negligence or carelessness on the part of my child. I hereby hold harmless and promise not to sue Long Beach Cal SOAP or its staff or affiliates from any and all liabilities or claims made as a result of participation in this event.

MEDICAL LIABILITY WAIVER: Please be aware that Cal SOAP does not carry medical insurance for students. Should any student be injured while participating in a Cal SOAP activity the student's own health insurance should respond to the claim.

Parent Signature

Date

Return this application to Long Beach Cal SOAP by June 17, 2011

Email: njackso3@csulb.edu

Fax: 562-985-1433

Mail or Bring to Office: 6300 State University Drive, Suite 255, Long Beach, CA 90815