



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LET'S EXPLORE A COLLEGE!

University of the Pacific Tour YMCA-PG&E TEEN CENTER



The University of the Pacific is one of the oldest universities in California that offers over 80 undergraduate majors including Biochemistry, Computer Engineering, Computer Science, Dental Hygiene, Electrical Engineering, Graphic Design, International Relations, Music Therapy, Sport Management, and Speech-Language Pathology. They have unique majors like Actuarial Science in which students learn to “assemble and analyze data to estimate the probability and likely cost of an event such as death, sickness, injury, disability or loss of property.” According to the university, “It is consistently one of the most secure and highest-paying professions available, even during tough economic times.”

Come to the tour and learn more about their majors, campus, and its 4-year graduation guarantee promise.

This tour is open and **free** to all students in the East Bay communities. Students must have all of their 1st through 7th period teachers sign the attached form to attend. **For students who are not part of any YMCA Teen Center programs, please fill out a YMCA Membership Form – it's free!**

**Space is limited. Submit your permission slip by Friday, November 16.
(Incomplete or late slips will not be accepted.)**

Additional Info:

We will be meeting at the YMCA – PG&E Teen Center.

Please bring your lunch or money to purchase food.
Dress comfortably as the entire tour will require walking and take place rain or shine.

For more information, call José Herrera Cruz at 510 542 2130 or email at jcruz@ymca-cba.org.

**Wednesday, November 28, 2018
8:30am – 4:30pm**

**YMCA-PG&E Teen Center
2111 Martin Luther King Jr. Way
Berkeley, CA 94704**

University of the Pacific

Undergraduate Majors

Actuarial Science
Applied Mathematics
Art
Asian Language & Studies - Chinese
Asian Language & Studies - Japanese
Biochemistry
Bioengineering
Biological Sciences
Business Administration - Accounting
Business Administration - Arts & Entertainment Management
Business Administration - Business Law
Business Administration - Economics
Business Administration - Entrepreneurship
Business Administration - Finance
Business Administration - International Business
Business Administration - Management & Human Resources
Business Administration - Management Information Systems
Business Administration - Marketing
Chemistry
Civil Engineering
Communication
Computer Engineering
Computer Science
Dental Hygiene
Economics
EdPro2 (Transfer Only)
Education (Diversified)
Electrical Engineering
Engineering Management
Engineering Physics
English
Environmental Studies
French
Geological & Environmental Sciences
Global Studies
Graphic Design
Health, Exercise, & Sport Science
Health, Exercise, & Sport Science - Health Exercise Science
Health, Exercise, & Sport Science - Sport Management
Health, Exercise, & Sport Science - Sport Pedagogy
History
International Affairs & Commerce
International Relations
Jazz Studies

Mathematics
Mechanical Engineering
Media X
Music
Music Composition
Music Education
Music History
Music Industry Studies (Non-Audition)
Music Management
Music Performance
Music Therapy
Organizational Behavior (Transfer Only)
Philosophy
Physics
Political Science
Pre-Dentistry +
Pre-Pharmacy +
Psychology
Religious Studies
Social Sciences
Sociology
Spanish
Speech-Language Pathology
Studio Art

Honors Programs

Freshman Honors
Humanities Scholars
Legal Scholars
Powell Scholars

Pre-Professional Programs

Pre-Athletic Training
Pre-Law* +
Pre-Medical
Pre-Physical Therapy*
Secondary Education

Exploratory (Undecided)

Exploratory
Exploratory Natural Science
Exploratory International Studies
Exploratory Business
Exploratory Engineering

Medical Information and Release – University of the Pacific College Tour

Full Name of Participant: _____ **School ID Number** _____

Address: _____ City _____ Zip _____

Student Cell Phone (_____) _____ Home Phone (_____) _____

Date of Birth _____ Sex _____ Age _____ Grade _____

Medical Insurance Carrier _____ Policy Number _____

Dental Insurance _____ Policy Number _____

Medicines Currently Taking _____

Known Allergies _____

Parent or Guardian's Name _____

Cell Phone (_____) _____ Work Phone (_____) _____

Alternate Parent or Guardian Name _____

Cell Phone (_____) _____ Work Phone (_____) _____

Secondary Emergency Contact's Name _____

Home Phone (_____) _____ Work Phone (_____) _____

Multijurisdictional authorization and release for medical and dental treatment: the undersigned, as the authorized parent or parents or legal guardian of the above named person, _____ hereby authorizes the YMCA and its authorized director and/or leaders (collectively the YMCA) to act as guardian for the above named individual. This guardianship grants them authority to consent to any medical, dental, surgical or mental health diagnosis or treatments, and hospital care to be rendered to the individual under general or special supervision and upon advice of a health care provider licensed under the laws of the state or any other jurisdiction in which medical care is sought. For the purpose of medical care or dental care obtained in the State of California, this authorization is given pursuant to the provisions of section 25.8 of the California Family Code, as amended.

It is understood that if time and circumstances reasonably permit, the YMCA will endeavor, but is not required, to communicate with the undersigned prior to the rendering of medical care or dental care for which consent is given pursuant to this authorization. The undersigned understands and agrees that the YMCA shall not be legally or financially liable for any claim arising from the medical or the dental care provided pursuant to this authorization. The undersigned hereby agrees to indemnify and to hold the YMCA harmless from any claim made by or on behalf of said individual arising out of any medical care or dental care provided pursuant to this authorization.

This authorization is given to the YMCA for use in conjunction with any event operated by the YMCA including transportation to/from the event and shall be valid until revoked in writing by the undersigned. I hereby indicate by the signature below that I am the authorized parent or legal guardian for the above minor.

Parent or Guardian's signature _____ Date: _____

Dear High School Teachers,

The Y-Scholars Program, a college preparatory program at the YMCA-PG&E Teen Center, will be hosting a tour of **University of the Pacific**, on **Wednesday, November 28**. The Y-Scholars will leave Berkeley at 8:45am and return by 4:30pm.

Please sign below to grant (Student's Name) _____ permission to miss your class and attend the college tour. Students, not the Y-Scholars staff, will be responsible for inquiring about make-up assignments. Please address all questions and concerns to me at the information below.

Thank you,

Jose Herrera Cruz

Associate Academic Manager

YMCA-PG&E Teen Center

510-542-2130

jcruz@ymca-cba.org

Teacher's Name and Signature

PERIOD	Print Name	Signature
0	_____	_____
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____

Membership Application

YMCA-PG&E TEEN CENTER



To obtain a free membership card and access the Teen Center, you must submit a completed application and attend a Teen Center orientation. You can sign up for an orientation when you turn in your application, or you can call 510 542 2120.

FOR TEEN CENTER ADMINISTRATION ONLY:

Date Received: _____ Date Entered in DAXKO: _____ Entered by: _____

Applicant Information

First Name _____ M.I. _____ Last Name _____

Street Address _____ City _____ Zip _____

Primary Phone: _____ - _____ - _____ Secondary Phone: _____ - _____ - _____

Email Address: _____ Gender: ___ Male ___ Female ___ Neutral

Birth date (mm/dd/yyyy): ____/____/____ Grade: ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ 11 ___ 12

School: _____ Expected Year of High School Graduation: _____

How did you hear about us:

___ Direct Mail ___ Email ___ Member ___ Friend/Family
___ Newspaper ___ Magazine ___ Radio/TV ___ Drive/Walk by
___ Place of Employment ___ Medical Referral ___ Website ___ Other _____

Ethnicity (Check all that apply. Please specify, if desired):

___ African American/Black _____ ___ East Asian _____
___ Middle Eastern _____ ___ South/SE Asian _____
___ Hispanic/Latino _____ ___ Pacific Islander _____
___ Indigenous Group _____ ___ Multi-racial _____
___ White/Caucasian _____ ___ Other _____

Program(s) You are Interested In (Check all that apply):

___ Interact Club ___ Teen Task Force ___ Y-Scholars Program ___ Youth Institute
Youth & Government: ___ Model Legislature & Court (Grades 9-12) ___ Model United Nations (Grades 6-8)

Parent/Guardian Information

Parent/Guardian (Primary) – Main adult contact person for the applicant

First Name _____ M.I. _____ Last Name _____
Relationship to Participant: _____ Email Address: _____
Gender: ___Male ___Female ___Neutral Birth date (mm/dd/yyyy): ___/___/___
Primary Phone: _____ - _____ - _____ Secondary Phone: _____ - _____ - _____
Is address same as participant? ___Yes ___No
If no, Address/City/Zip: _____
Is this an emergency contact person? ___Yes ___No Occupation: _____
Highest Level of Education Completed:
___Never Attended School ___Primary/Elementary School ___Jr. High/Middle School
___Some High School ___High School Graduate ___Some College/University
___2-Year College Graduate ___4-Year College Graduate ___Postgraduate Studies
College/University attended, if applicable: _____

Parent/Guardian (Secondary) – Alternative adult contact person for the applicant

First Name _____ M.I. _____ Last Name _____
Relationship to Participant: _____ Email Address: _____
Gender: ___Male ___Female ___Neutral Birth date (mm/dd/yyyy): ___/___/___
Primary Phone: _____ - _____ - _____ Secondary Phone: _____ - _____ - _____
Is address same as participant? ___Yes ___No
If no, Address/City/Zip: _____
Is this an emergency contact person? ___Yes ___No Occupation: _____
Highest Level of Education Completed:
___Never Attended School ___Primary/Elementary School ___Jr. High/Middle School
___Some High School ___High School Graduate ___Some College/University
___2-Year College Graduate ___4-Year College Graduate ___Postgraduate Studies
College/University attended, if applicable: _____

Family Information

Main Language Spoken at Home: _____ Main Language Spoken by Parents: _____

Family Income: ___Under \$20,000 ___\$50,001 to \$60,000
 ___\$20,000 to \$30,000 ___\$60,001 to \$70,000
 ___\$30,001 to \$40,000 ___\$70,001 to \$80,000
 ___\$40,001 to \$50,000 ___Over \$80,000

Total Number of People in Household: _____

Family information collected here is used by the YMCA strictly for data collection to be used for reporting and funding purposes only.

YMCA of the Central Bay Area
RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Parent/Guardian Name (Print): _____

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

Applicant Name (Print): _____

Applicant Signature: _____ **Date:** ____/____/____

YMCA-PG&E Teen Center Code of Conduct

The YMCA-PG&E Teen Center is committed to providing a safe and welcoming environment for all members and guests. To promote the safety and comfort for all, we ask you to act appropriately at all times when you are in the facility or participating in YMCA programs by following our Code of Conduct:

- 1) I understand I must scan my assigned YMCA ID card to enter the premise.
- 2) My parents/guardians and I understand that we are expected to behave in a mature and responsible way and to respect the rights and dignity of others.
- 3) My parents/guardians and I understand prohibited actions at the YMCA-PG&E Teen Center include:
 - A. Using language or performing actions that can hurt, frighten, or disrespect another person or that falls below a generally accepted standard of social conduct. This includes harassment, threats, or bullying by word(s), gesture(s), body language, attire, or any menacing behavior.
 - B. Using, possessing, and/or consuming alcoholic beverages, tobacco products, or illegal drugs
 - C. Demonstrating any sexual activity or making sexual contact with another person
 - D. Carrying or concealing any weapons, devices, or objects that may be used as weapons;
 - E. Stealing or carrying out any behavior that results in the loss or destruction of YMCA, member, or guest property
- 4) My parents/guardians and I are responsible for the entire cost of any repairs or replacements due to any damages, vandalism, or loss caused by me.
- 5) My parents/guardians and I understand that terminations from the YMCA-PG&E Teen Center are not eligible for any refunds or credits for programs, activities, and events.
- 6) In order to carry out these policies, all members and guests are required to identify themselves to staff when asked.

The Executive Director of the Teen Center will investigate all reported incidents. Suspension or termination of YMCA membership privileges may result from a determination by the Teen Center Executive Director if in his/her sole discretion a violation of the YMCA-PG&E Teen Center Code of Conduct has occurred.

My parents/guardians and I have read and understand this Code of Conduct. We understand that these are primarily the basic rules of participation. There are other rules that may apply. We will abide by all of the above regulations or may risk termination from the YMCA-PG&E Teen Center.

YMCA-PG&E Teen Center Academic Record and Media Release

Academic Record Release

I, as the parent/guardian, hereby understand and acknowledge that, in the course of performing services on behalf of my child, YMCA staff and volunteers may meet with him/her in one-on-one and group settings at the YMCA-PG&E Teen Center and other locations. Staff may also have access to and make and receive copies of my child's school records, including grades, attendance, discipline, standardized test scores, and college application materials through the completion of 12th grade if required for program activities. I understand that these records will be used to monitor my child's academic progress and determine what academic support services are needed for him/her. These records will be kept in strict confidence, and will be distributed to program staff and volunteers only.

Media Release

I hereby understand and agree that permission is granted for photograph, video, audio recording, or any other media form of my child that are taken during his/her participation in program, activities, or events at the YMCA-PG&E Teen Center, in any format including electronic media, to be used by the YMCA-PG&E Teen Center and the YMCA of the Central Bay Area for any purpose, including publicity. The participant and his/her parents hereby waive and forever relinquish any rights to such images, waive the right to prior notice of such use, and acknowledge the right for the YMCA-PG&E Teen Center and the YMCA of the Central Bay Area to use such images without compensation.

Signature of Agreeance

I, the undersigned, have read, understand, and agree to all statements written on this page.

Parent Guardian Name: _____
Parent/Guardian Signature: _____
Date: _____

Applicant Name: _____
Applicant Signature: _____
Date: _____