



University of Florida  
*Summer Residency Student Application*

NAME: \_\_\_\_\_  
LAST FIRST MI

EMAIL: \_\_\_\_\_ ALT EMAIL: \_\_\_\_\_

LOCAL ADDRESS:

\_\_\_\_\_  
STREET CITY ST ZIP

Local Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX: \_\_\_\_ M \_\_\_\_ F  
MM DD YY

RACIAL/ ETHNIC GROUP:

\_\_\_\_ AFRICAN AMERICAN \_\_\_\_ HISPANIC \_\_\_\_ WHITE/CAUCASIAN  
\_\_\_\_ ASIAN AMERICAN/PACIFIC ISLANDER \_\_\_\_ AMERICAN INDIAN/ALASKAN  
NATIVE

GRADE LEVEL: \_\_\_\_\_ NAME OF SCHOOL: \_\_\_\_\_

DO YOU PLAN TO SEEK A DEGREE OR VOCATIONAL TRAINING: \_\_\_\_ YES \_\_\_\_ NO

IF YES, WHAT KIND: \_\_\_\_\_

PLEASE LIST TALENTS, HOBBIES, OR SPECIAL INTERESTS:

PLEASE WRITE A SHORT PARAGRAPH EXPLAINING WHAT YOU EXPECT TO GAIN FROM ATTENDING THE COLLEGE REACH-OUT PROGRAM'S SUMMER RESIDENCY PROGRAM:

I, \_\_\_\_\_, DO UNDERSTAND THAT THIS IS A VOLUNTARY EVENT DESIGNED FOR MY BENEFIT. I AGREE TO FOLLOW THE RULES AND REGULATIONS GOVERNING THE "COLLEGE REACH-OUT PROGRAM".

\_\_\_\_\_  
STUDENT SIGNATURE \_\_\_\_\_  
DATE

DOES THE CHILD SUFFER FROM ANY OF THE FOLLOWING:

- |                        |                    |                               |
|------------------------|--------------------|-------------------------------|
| _____ HEADACHES        | _____ STOMACHACHES | _____ EPILEPSY                |
| _____ EARACHES         | _____ TOOTHACHES   | _____ CONVULSIONS             |
| _____ MUSCLE SPASMS    | _____ CRAMPS       | _____ NOSEBLEED               |
| _____ NAUSEA/VOMITTING | _____ ASTHMA       | _____ DIZZINSS/FAINTING SPELS |
| _____ OTHER _____      |                    |                               |

### PERMISSION OF PARTICIPATION

I, \_\_\_\_\_, being the parent and/or legal guardian of \_\_\_\_\_, give permission for my child to participate in the University of Florida's Summer Residential Program. I further certify that my child is in good health and has no physical or other impediment that would endanger him or her while participating in the program. I understand the dangers incidental to participating in the activity and the need for safety precautions, and I have discussed these dangers and the need for safety precautions with my child. In the event of an accident or injury, I hereby waive liability to the University of Florida, the College Reach-Out Program and their employees, and will hold harmless. **I agree and understand that it will be my responsibility to assume all transportation costs or come and pick up my child should it be necessary for my child to return home due to medical reasons, disciplinary actions or otherwise.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE \_\_\_\_\_  
Date