



Saturday Academy Registration Form 2010-2011



Saturday Academy Code of Conduct

Saturday Academy program staff assumes that a student who has enrolled in this program has chosen to be there because of an interest in the classes they have registered for. Because all students enrolled in the program have the right to take full advantage of their learning activities, disruptive behavior or inappropriate behavior will not be tolerated. Each participant is expected to demonstrate his/her responsibility, self-discipline, and willingness to work with the staff and all fellow students in a respectful and appropriate manner. Discipline problems will result in a SINGLE WARNING being issued to the student. Continued disruptive behavior will result in the student being expelled from the program, with no refund given.

I have read the above code of conduct and agree to abide by it.

Student signature _____ Date _____

Parent signature _____ Date _____

OSU Saturday Academy Parent/Legal Guardian Acknowledgement and Release Form for Participation

Read this Acknowledgement and Release carefully and in its entirety. It is a binding legal document. After reading the information below, sign your name, acknowledging that you assume all risks associated with your child's participation in this ACTIVITY and that you release the State of Oregon, acting by and through the State Board of Higher Education, on behalf of Oregon State University, its employees, directors, officers, and agents ("OSU") of any and all liability resulting from your child's participation in this ACTIVITY.

By signing below, I acknowledge my child's participation in this ACTIVITY may expose him/her to actions, events, and environments that may be hazardous to their person and property. I fully acknowledge the risks and hazards involved in this ACTIVITY and agree to assume all risk of loss, injury, death or property damage that may occur as a result of their participation in this ACTIVITY. My child has the physical capacity reasonably necessary to engage in this ACTIVITY; however, in case of an emergency, accident or illness, I give permission for them to be treated by medical professionals if necessary and agree to be responsible for any expenses incurred as a result thereof. I release OSU from any and all claims against OSU for any loss, injury, death, or property damage that may result from my child's participation in this ACTIVITY. I agree my child will comply with all the rules and conditions of participating in this ACTIVITY, including OSU Rules and Regulations and applicable laws or rules where the class is occurring. It is also my express intent that this Acknowledgement and Release shall bind my spouse, family members, heirs, guardians, legal representatives, and assigns. I further agree to save, hold harmless and identify OSU from any claim by myself and the aforementioned parties arising out of my child's participation in this ACTIVITY.

By signing below, I hereby acknowledge that I am the Parent or Legal Guardian for the Participant enrolled in Saturday Academy and that I have read this document in its entirety, understand it, and sign it voluntarily.

Signature of Parent or Legal Guardian _____ Date _____

OSU Saturday Academy Photo Release

I authorize Oregon State University, and those acting pursuant to its authority to:

* Record my child's participation and appearance in "ACTIVITY" on videotape or audiotape, in photographs, or in any other recorded medium. I understand that these recordings may be used in any medium, including print, Web, video, _____ or audio.
* Use my child's name, likeness, voice, and biographical material in connection with recordings.

* Exhibit or distribute such recording in whole or part without restrictions or limitation for any educational or promotional purpose, which Oregon State University and those pursuant to its authority, deem appropriate.

I waive any right I might have to inspect and/or approve the finished medium, or the use to which it may be applied. I represent that I am at least 18 years of age and that I have read and fully understood the above paragraph and am knowingly and voluntarily executing this release without compensation to myself.

Signature of Parent or Legal Guardian _____ Date _____

Student Information (one per student applicant)

Student Name _____ Female Male

Mailing Address _____

City, State, Zip _____

Home Phone _____ DOB (mm/dd/yyyy) _____

School _____ Leaving Grade _____

E-mail address _____

How did you find out about Saturday Academy? _____

Parent Information (please provide contact numbers where you be reached during camp hours)

Parent/Guardian #1 _____ Phone _____

Parent/Guardian #2 _____ Phone _____

Emergency Contact _____ Phone _____

Optional

Some of our costs are underwritten by foundations, corporations, and individuals. They ask us to supply statistical information about the students we serve so filling out this information will help us fund our program. Responses are strictly confidential.

Please mark all that apply to student:

- Native American/ Native Alaskan Asian
 Caucasian Hispanic/ Latino/a
 African American Pacific Islander/ Hawaiian
 Middle Eastern Other _____

Are you eligible for the Federal Free or Reduced Price Lunch Program? (circle one)
 YES ELIGIBLE, but do not participate NOT ELIGIBLE

Class Selections: please list the name, date, and time of the classes that you have selected.

Class _____ Date/Time _____

Class _____ Date/Time _____

Class _____ Date/Time _____

Class _____ Date/Time _____

Please send me a tuition assistance form:

****Students attending public schools in Albany or Mill City pay half the tuition fee.****
 (This is an arrangement made through the school districts.)

Payment Information:

Class Tuition Total \$ _____

Tax Deductible contribution \$ _____

Total amount of check or cash enclosed \$ _____

Saturday Academy is an independent, non-profit cooperative hosted by OSU. Your tax-deductible contribution is sincerely appreciated so that we can continue to provide high quality educational experiences for your children.

Emergency Medical Information

I hereby give consent to treat _____ in case of medical emergency. I understand that all efforts will be made to contact me immediately.

Signature of Parent/Guardian _____ Date _____

Chronic illness/ Allergies: _____

Other special conditions/ special learning needs: _____

Registration Process

- Fill out and sign the registration form.
- Make checks out to Saturday Academy or request a tuition assistance form.
- Mail your application and payment.
- You will receive a confirmation email that your application has been processed.
- You will receive details and instructions regarding your enrollment 7-10 business days before the first class meeting by mail. If the class is full, you will be notified and placed on a waitlist.

Send Registration form and Payment to:

Saturday Academy, Oregon State University
 245 Batcheller Hall, Corvallis, OR 97331-2404

REFUND and WITHDRAWAL POLICY

All class withdrawals are subject to a \$10 non-refundable processing fee. NO REFUND WILL BE ISSUED FOR WITHDRAW OCCURING 6 BUSINESS DAYS OR LESS BEFORE THE CLASS FIRST MEETING. If a class does not fill, Saturday Academy will cancel the class and you will be contacted. You will have the option for a refund or class credit for another class. Refund checks may take up to 6-8 weeks to process.