



**PLEASE PRINT THIS DOCUMENT, COMPLETE THE FORMS
AND RETURN TO THE SSS OFFICE BY FRIDAY, JUNE 10, 2011**

SSS Summer FOCUS Registration Form

Chico State ID _____

Name (Please Print) _____
Last, First

Address _____

City, State, Zip _____

Phone number _____

Major _____

_____ I will be attending the SSS Summer FOCUS program on June 26 – 30, 2011. In addition, I accept my admissions to SSS for Fall 2011.

_____ I will NOT be attending the SSS Summer FOCUS program on June 26 – 30, 2011 and I understand that this will invalidate my admissions to SSS and be placed on the waitlist .

_____ I will NOT be attending the SSS Summer FOCUS program and I am no longer interested in SSS.

Reason _____

MAIL TO:
California State University, Chico
Student Support Services
400 West First Street
Chico, CA 95929-0710

OR

FAX TO:
(530) 898-4567

***If the forms are not received by June 10, 2011 SSS will assume that you are no longer interested in SSS and FOCUS and your spot will be given away.**



Release of Liability

In consideration of being allowed to participate in the Student Support Services field trips and activities, I, the undersigned, parent or guardian of the student listed below, hereby release and hold harmless the State of California, the Trustees, the California State University and each and every officer, agent, and employee of each of them from all claims in connection with my participation in all activities sponsored by the SSS Program. I have read this Release and understand the terms used in it. This Release is freely and voluntarily given, allowing my participation in the activity described above.

Parent/Guardian signature only necessary if you are under age 18 as of June 26, 2011

CHICO STATE ID _____

STUDENT'S NAME _____

STUDENT'S SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____



Authorization for Medical Treatment

I, the undersigned, parent or guardian of the student listed below, do hereby authorize the staff of the Student Support Services at California State University, Chico to consent to any x-rays examinations, anesthetic, drugs, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and given to provide authority and power on the part of the staff of the Student Support Services at California State University, Chico to specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization does not, in any way, indicate that the Student Support Services at California State University, Chico, California State University, Chico itself, or any university staff will be held responsible for monetary charges associated with any of the aforementioned treatments.

Parent/Guardian signature only necessary if you are under age 18 as of June 26, 2011

CHICO STATE ID _____

STUDENT'S NAME _____

STUDENT'S SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____



Photo Release Form

Your picture will be taken during the Summer FOCUS Program for your CSU, Chico ID card. This release allows the Student Support Services access to your picture. I hereby authorize California State University, Chico, its nominees, its successors and assignees, and those acting with its authorization and those for whom it is acting to use any photographs or video of me, with or without my name and information about me in any way it may desire for purposes of trade, advertising, publicity or promotion of any kind. I hereby waive any claim against CSU, Chico or any other person, firm or corporation by reason of any such use of my picture, name, or information in any form or medium whether alone or in conjunction with others. I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents thereof.

Parent/Guardian signature only necessary if you are under age 18 as of June 26, 2011

CHICO STATE ID _____

STUDENT'S NAME _____

STUDENT'S SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____



SSS Summer FOCUS Transportation Information

Please submit by June 10, 2010

Name: _____

I will need a ride from:

Chico Greyhound or Amtrak Station on June _____, at _____ am - pm

Chico Airport on June _____ at _____ am - pm

Transportation information for those flying into Sacramento Airport In order to get from Sacramento to Chico and the SSS Summer FOCUS Program, you will need to contact **North Valley Shuttle**. The shuttle service provides transportation, by reservation, from the Sacramento Airport to Chico and back. Reservations must be made a minimum of two days before your flight. It is up to you to make your own arrangements. You can reserve one way or round trip service. The shuttle only runs four times a day; below is the schedule. When you make your reservation let them know you are with SSS so they will drop you off on campus where SSS Staff will meet you. The shuttle will take approximately two hours to get to Chico. If your flight arrives at Terminal A, the shuttle will be waiting at the Ground Transportation Van/Taxi area or if your flight arrives at either terminal B1 or B2, please look for purple shuttles and taxi sign. To make a reservation call: **530-891-1219 or 1-800-832-4223**
Departure Times from Sacramento Airport to Chico- 10:00 am (Mon - Fri Only)- 1:00 pm (Everyday)- 3:30 pm (Everyday)
Departure Times from Chico to Sacramento Airport- 5:30 am (Mon - Fri Only)- 8:00 am (Everyday)- 11:00 am (Everyday)