



EOP SUMMER BRIDGE ACADEMY



Dear EOP Scholar,

Congratulations on gaining admission to the Educational Opportunity Program (EOP)! Our goal is to help you make the transition from high school less complicated. Also, provide you with course work and experiences that promote your graduation, and assist you throughout your enrollment at Sacramento State.

SUMMER BRIDGE ACADEMY ADMISSIONS PACKET

Complete and mail the “Summer Bridge Academy Admissions Packet,” attached to this letter by **Thursday, May 11, 2017**. If the packet is not submitted or postmarked by this date, you will **NOT** be eligible to participate in EOP or Summer Bridge. As part of the EOP application process, you have to submit the [EOP Enrollment Verification Form](#) online.

ENGLISH PLACEMENT TEST (EPT) and ENTRY LEVEL MATHEMATICS (ELM)

If you are not exempt from the EPT and ELM, you must take the placement test(s). Register online at: <http://www.ets.org/csu>.

NEW STUDENT ORIENTATION

Summer Bridge begins with a **two-day orientation** session, scheduled for Tuesday, **June 27th** from 8:00 am to 4:30 pm and Wednesday, **June 28**. This orientation session is exclusively for EOP students and is at a reduced cost. **F.R.O.S.H Night** is an optional overnight stay for an additional cost. Sign-up for the New Student Orientation through My Sac State portal on **April 1 - May 11**. Visit the [EOP New Student Orientation](#) for more information.

SUMMER BRIDGE ACADEMY SCHEDULE (subject to change)

Most participants will be taking two courses: English/Math and Leadership (ALS 79A) from 8:30 am–12:00 pm SBA is a six-week program and classes are held Monday through Friday. Course placement is based on your EPT, ELM, and SAT/ACT scores. If you are exempt from EPT/ELM, you will be placed in college-level courses. Classes begin on **June 29** and end on **August 3**. SBA participation is **MANDATORY** for all EOP freshmen students.

LEADERSHIP INITIATIVE (LI) by SO&L

During SBA, you will be earning you GREEN Certificate. Your freshmen year, you will continue working the other levels of the LI. Participation in this program is **MANDATORY**. To learn more about the LI, please visit the [website](#).

HOUSING

Summer Bridge does **NOT** provide housing. Participants are responsible for locating, securing, inspecting and paying for their own living accommodations and transportation during the six-week program, **including orientation days**.

TRANSPORTATION

As a Sacramento State student and Summer Bridge participant, you will be able to utilize [Sacramento Regional Transit buses](#), Light Rail, and [e-tran](#) (buses in Elk Grove) anywhere within the region, at no cost with your One Card!

For more information or questions contact us at eop-sb1@csus.edu

Welcome to the EOP Family and the Summer Bridge Academy!

Sincerely,

Berenice Espitia
EOP/Summer Bridge & Leadership Development Coordinator



EOP SUMMER BRIDGE ACADEMY



ADMISSIONS PACKET

Participation in the Summer Bridge Academy is an admission condition for all admitted EOP freshmen.

Sac State ID #:

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Full Name

@csus.edu

Birth Date

Phone Number

Sac State Email

PACKET CHECKLIST

Place this checklist in front as your cover page. Before submitting your Summer Bridge Academy Packet, put the documents in the following order and make sure everything is complete.

- EOP Enrollment Verification Form** (submit online)
- Signature Form** (FORM 1)
- Release of Liability, Waiver of Right to Sue, Assumption of Risk and Agreement to Pay Claim** (FORM 2)
- Minor Consent for Medical and Counseling Services** (FORM 3)

*** All documents must be submitted or postmarked by Thursday, May 11, 2017**

EOP Summer Bridge Academy
Sacramento State
Lassen Hall 2205
6000 J Street
Sacramento, CA 95819-6068
 or email it as one PDF file to eop-sb1@csus.edu

For further questions or concerns, please email us at eop-sb1@csus.edu.

*** Completion of this packet is REQUIRED for all admitted EOP freshmen. If you have not been admitted to EOP, by completing this packet does NOT guarantee admission to EOP or Summer Bridge Academy.**

- Your student ID and all of your academic related records are be found on My Sac State portal at www.my.csus.edu
- For more information about Summer Bridge, check our website: <http://www.csus.edu/eop>
- Keep a copy of this packet for your records

Office Use ONLY Received: _____ Initials: _____

Completed: _____ Initials: _____

Sac State ID #:

SIGNATURE FORM

Be sure you read and understand the forms before you and your parent/guardian sign.

Click on the **green** titles to view the forms.

**For students under 18 parent/guardian must also sign and agree to the terms and conditions of these contracts.*

EOP Student Services Agreement

By signing below, I agree to participate in the Educational Opportunity Program and adhere to all the requirements outlined in the [EOP Student Services Agreement](#).

Student Signature _____ Date _____

Parent/Guardian Signature* _____ Date _____

EOP SBA Student Success Contract

By signing below, I agree to participate in the 2016 Summer Bridge Academy and adhere to all the requirements outlined in the [SBA Student Success Contract](#).

Student Signature _____ Date _____

Parent/Guardian Signature* _____ Date _____

Visual/Audio Image Release Form

I hereby grant permission to California State University, Sacramento, to take and use visual/audio images of me. I understand such photos may be used for publicity purposes and/or as illustrations in University informational publications and multimedia presentations.

I hereby release California State University, Sacramento, from any and all claims by me, my heirs and assigns, with respect to any such use, including but not limited to any claims for defamation or invasion of privacy.

- Summer 2017, Fall 2017, Spring 2018
- Including the following events: SBA group photo, SBA Crossing, ALS 79A, Learning Community events (e.g. World Sports Day, Student Mixer, etc.)

Student Signature _____ Date _____

Parent/Guardian Signature* _____ Date _____

Sac State ID #:

RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: Summer Bridge Academy 2017

Activity Date(s) and Time(s): June 27-August 4, 2017; 8:00 a.m.-4:00 p.m.

Activity Location/Facility: Sacramento State Campus

Hazards to be aware of: Part of the events maybe outside and will also offer students the opportunity to participate in indoor and outdoor activities.

Hazard mitigation (how to prepare for the activity): wear appropriate footwear and clothing, no drugs or alcohol.

In consideration for being allowed to participate in the **Summer Bridge Academy**, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Sacramento and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this activity, including travel to and from the activity.**

I agree to **hold the University harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Participant Name _____

Date: _____

Participant's Signature: _____

(If the participant is under 18 year of age, parent or guardian must sign)

I am the parent or legal guardian of the participant. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) release of University from all liability on my and the participant's behalf, (b) waiver of my and the participants' right to sue, (c) and assumption of all risks of the participant's participation in this Activity, including travel to and from the Activity.** I allow participant to participate in this Activity. I understand that I am responsible for the obligations and acts of participant as described in this document. I agree to be bound by the terms of this document.

Signature of Parent/Guardian

Date

Minor Participant's Name



Sac State ID #:

The Sacramento State Student Health Center will only be able to provide first-aid to Summer Bridge Students.

MINOR CONSENT FOR MEDICAL AND COUNSELING SERVICES
(For use with Students 17 years of age and younger, as applicable)

I hereby authorize Sacramento State Student Health & Counseling Services to provide, at the request of my Minor son/daughter _____ Medical and/or counseling services, as needed. I further authorize any necessary emergency care in the event that I cannot be reached to give direct permission.

Parent/Guardian Signature _____
Date

**** PLEASE PRINT ****

Minor's Name: _____
Date of Birth: _____ Student ID #: _____
Parent/Guardian: _____
Address/State/Zip: _____
Phone Number: _____
Emergency Contact: _____
Phone Number: _____ Relationship: _____
List of Medical Conditions: _____
Allergies: _____

FOR OFFICE USE ONLY

Telephone Consent

Parent/Guardian consent given: Yes No Date/Time of Consent: _____

Method of Verification of Identity: (Check all that apply)

Call at workplace Parent/Guardian CDL: _____

Gave student's date of birth as: _____

Non-Parental Consent for Minor:

This minor qualifies to consent for treatment for Counseling Services provided This minor qualifies for consent for Reproductive Health Services

Staff Signature/Title _____
Date/Time