

**Summer Programs Letter of Understanding 2017**

Dear Summer Programs Students and Parents or Legal Guardians:

In order to afford all University of Southern California (also, “USC” or “University”) Summer Programs (also, “Program”) participants the most beneficial and enjoyable experience, we require that certain minimum standards of conduct be observed. Our experience has shown that a prior understanding of these standards by students and their parent or legal guardian will help contribute to a more effective learning experience.

Attendance at all classes and organized Program activities (including field trips in the Los Angeles metropolitan area) is required. An absence from the campus for periods that include classes or Program activities must be approved in writing by the Director of Summer Programs.

It is the responsibility of the student to uphold the academic integrity of the university. Cheating on examinations, plagiarism, and improper acknowledgement of sources in essays are considered very serious offenses and any student found in violation of this regulation will be required to leave the Program.

The following definitions of students apply to the remainder of this document:

- A residential student is a student who lives in University residential halls during the Program. Students living in the Greater Los Angeles area who choose to live in the residential halls are classified as residential students.
- A commuter student is a student who lives with a parent or legal guardian in Los Angeles or Orange County, California during the Program and does not live in University residential halls.

Residential students must be inside their assigned residential hall by 10:00 P.M. each night, Sunday through Saturday. The Program will observe a “lights out” policy in effect at 11:30 P.M. each night, by which time all residents must be in their assigned room and their ceiling light must be off. Absence from the residential hall during these times is not permitted without written consent from a parent or legal guardian. Any student found in violation of this regulation will be required to leave the Program.

Commuter students must sign out upon departure from campus with their assigned Program representative. Commuter students are expected to depart campus at the conclusion of the class day or, with written consent from a parent or legal guardian, by 9:30 P.M. if they take part in organized evening Program activities. No overnight stays on campus are allowed. Any student found in violation of this regulation will be required to leave the Program.

Residential students are not permitted to have a personal vehicle on campus, and under no circumstances may a residential student operate a motor vehicle. Residential students are permitted to ride in a motor vehicle only under the following conditions: (1) the ride is part of an official, organized Program activity such as a field trip (note that commuter students must travel to and from all academic and recreational field trips using Program transportation), or (2) the student has written permission from a parent or legal guardian approved by the Director of Summer Programs.

Commuter students may operate their own personal vehicle under the following restrictions: (1) commuter students may not transport any other Program student (residential or commuter) on or off campus, (2) commuter students may not have any other Program student (residential or commuter) in or on their vehicle at any time, (3) commuter students may not operate their personal vehicle during the class day or while attending a Program activity, and (4) commuter students may not operate any vehicle that is not their own personal vehicle (a) during the class day or while attending a Program activity or (b) in transport to or from the USC campus. Any violation of these rules will result in immediate dismissal from the Program.

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Alcoholic beverages and narcotics or other controlled substances are not permitted. This includes items found in a student's personal vehicle while it is on University property. Students found to have bought, consumed, used, or possessed such items will be required to leave the Program.

No student may commit sexual harassment, defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. This includes suggestive or obscene communication via letters, notes, text messages, images and any material distributed via social media, or any type of digital communication.

Students shall not engage in or encourage lewd, indecent or obscene behavior in the university community or at program-sponsored activities. Encouraging or permitting others to engage in misconduct is prohibited within the university community. Students should notify an appropriate program administrator of the misconduct, or remove oneself from the situation.

The possession or use of firearms, ammunition, BB guns, air rifles, firecrackers, explosives, slingshots, knives, or other weapons of any description is prohibited. This includes items found in a student's personal vehicle while it is on University property. Students found in violation of this rule will be required to leave the Program.

Students are not allowed to use cellular phones, PDAs, tablets, or pagers during classes, meetings, or academic field trips. Violations of this rule will result in the cellular phone, PDA, or pager being confiscated for the remainder of the Program.

Roller skates, rollerblades, scooters, skateboards and other coasting devices are not vehicles, and are prohibited on roadways dedicated solely to vehicular traffic and in parking structures. Coasting devices are approved for use as transportation on university property, but cannot be used in any manner that places pedestrians at risk; their use for acrobatic, racing or other stunts is strictly prohibited.

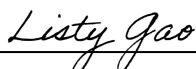
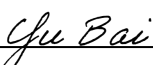
These regulations should not be considered exhaustive and students should conduct themselves in accordance with all federal, state, and local laws. The success of USC Summer Programs requires the cooperation of everyone involved.

Additional rules regarding individual conduct may be given to each student (e.g. classroom behavior, offenses, student handbook, residential hall rules, etc.). No physical or verbal abuse is permitted. Violation of any of these rules or the additional rules will result in disciplinary action up to and including dismissal from the Program.

Students dismissed from the Program at any time and for any reason will be withdrawn from their course and will not receive academic credit. Residential students will be required to vacate the residential hall immediately. No refund of tuition, fees, room and board charges, or any other Program charges will be provided in cases where a student is dismissed.

It is understood and agreed by the undersigned student and parent or legal guardian that any photos and videos taken by USC photographers, staff or other Program students during the Program may be used for promotional purposes.

Please sign below to indicate your understanding and acceptance of these regulations. Return the signed copy of this letter to the USC Summer Programs Office and keep a copy for your reference.

Ge (Listy) Gao		5/9/2017
Print Student Name	Student Signature	Date
Yu Bai		5/9/2017
Print Parent/Legal Guardian Name	Parent/Legal Guardian Signature	Date



## Summer Programs Parental Consent and Release Form 2017

The undersigned parent(s) or legal guardian(s) of Ge (Listy) Gao hereby give permission for their child or children to participate in the USC Summer Programs (the "Program"). The parent(s) or legal guardian(s) of the aforementioned participant(s) understand that there may be some risk of injury to their child or children while participating in and traveling to and from the Program, but still desire that he/she or they participate in the Program.

The parent(s) or legal guardian(s) represent that basic health/medical insurance is maintained on their child or children, and that such insurance is current and in effect, and will remain in effect during the Program. The parent(s) or legal guardian(s) of the aforementioned child or children also give their consent to the University of Southern California and its employees, faculty, and agents to authorize medical treatment for the aforementioned child or children if such treatment should be desirable or necessary during the course of the Program. The parent(s) or legal guardian(s) acknowledge, however, that they, and not the University of Southern California, will be solely responsible for the cost of such treatment, or any other medical treatment for the participant(s).

The parent(s) or legal guardian(s) also acknowledge full responsibility for tuition, health fees, lab fees, purchases, and any interest garnered on delinquent payments resulting from their child or children participating in the Program.

The parent(s) or legal guardian(s) agree that the University of Southern California and its officers, trustees, employees, agents, representatives, and any department, organization or group affiliated therewith (collectively, "USC") assumes no responsibility for any injury or damage arising out of, or in part caused by, participation in the Program, either while in transit to or from or at the activity locations. They further agree that they, their spouses, assignees, heirs, guardians, and legal representatives hereby voluntarily indemnify, release from liability, agree to defend and hold harmless USC for any accident, injury, illness, death, loss, theft, damage to person or property, or other consequences arising or resulting directly or indirectly from participation in the Program, including but not limited to claims arising from or related to USC's negligence.

By signing this agreement, the parent(s) or legal guardian(s) waive their right to bring any legal action now or at any time in the future to recover compensation or obtain any other remedy for any injury to person or property or for death, however caused, arising out of participation in the Program. They further agree that they, their spouses, assignees, heirs, guardians, and legal representatives will not make any claim against, sue or attach the property of USC for any loss or damage resulting from participation in the Program. The parent(s) or legal guardian(s) agree that they are aware of the potential dangers incidental to participation in the Program, that this is a release of liability, a waiver of their legal right to collect damages in the event of injury, death or property damage, and a contract between USC and them, and they sign it of their own free will.

The parent(s) or legal guardian(s) expressly agree that this release is intended to be as broad and inclusive as the State of California will allow and that if any portion is held invalid, they agree that the balance shall, notwithstanding, continue in full legal force and effect.

<u>Yu Bai</u>	<u><i>Yu Bai</i></u>	<u>5/9/2017</u>
Print Parent/Legal Guardian Name	Parent/Legal Guardian Signature	Date
<u>Yu Bai</u>		
Person to contact in an emergency (Print)		
<u>626-272-6620</u>	<u>626-272-6620</u>	<u>626-272-6620</u>
Phone (Day)	Phone (Evening)	Phone (Cell)
<u>Anthem</u>		
Insurance Company		
<u>8 0 9 A 8 0 1 6 7</u>		<u>N/A</u>
Policy Number		Expiration Date

### Summer Programs Permit to Register 2017

My signature below indicates adherence to the following policy statements:

1. The Summer Programs Office is authorized to register me for one previously requested course: *either* one 3-unit credit course (4-Week), or one non-credit course (2-Week or 4-week). As a pre-baccalaureate limited status student, I may not register for more than 16 units of credit.
2. I agree to be aware of and to observe the academic integrity standards at USC. I further agree that, as a member of the university community, I share responsibility for maintaining an environment of integrity and for taking action to sanction appropriately individuals involved in any violation.
3. I understand that acceptance of this registration does not ensure enrollment qualification or admission at the commencement of Summer Programs. As a student, I must obtain or maintain academic eligibility in accordance with the requirements of the university and the school or department in which I am enrolled. Academic disqualification may result in revocation of this registration, even though attendance at classes may have already begun. In the event of such revocation of registration, any tuition paid over and above the original commitment deposit will be refunded. The refund process will be initiated by the Academic Review Department of the Office of the Registrar for 4-Week, credit courses, and by the Summer Programs Office for 2-Week or 4-Week, non-credit courses. It is to be expected that refunds will be made within six to eight weeks of the date of revocation.
4. Request of this registration also constitutes a legal financial obligation to the parent(s) or legal guardian(s) and they acknowledge full responsibility for tuition, health fees, lab fees, purchases, and any interest garnered on delinquent payments resulting from their child or children participating in USC Summer Programs.
5. If permission is granted to cancel enrollment, this does not constitute nor shall it be construed as a waiver by USC of financial obligation. Furthermore, the student must not have any delinquent financial obligations to USC at the time classes begin or this registration may be revoked. In the event of such revocation of registration, 100 percent of any tuition paid for that semester will first be applied to any outstanding indebtedness. Any remaining credit will be refunded. It is expected that refunds will be made within six to eight weeks of the date of revocation.

Ge (Listy) Gao	<i>Listy Gao</i>	5/9/2017
Print Student Name	Student Signature	Date
Yu Bai	<i>Yu Bai</i>	5/9/2017
Print Parent/Legal Guardian Name	Parent/Legal Guardian Signature	Date

**Section 1. Patient/ USC Program Participant Information**

Legal Name for Patient/Participant (Last, First, Middle):		Preferred Name:	If applicable, USC ID # :
Gao, Ge		Listy	
Local Home Address: (Street, City, State, Zip)		<input checked="" type="checkbox"/> Cell <input type="checkbox"/> Home Phone (Include area code):	
725 N. Faring Rd, LA, CA 90077		626-272-6620	
Date of Birth: <u>11</u> / <u>26</u> / <u>2001</u> <small>MM DD YY</small>	Gender: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	USC Program Name: <input checked="" type="checkbox"/> 4-Week <u>USC Summer Programs</u> <input type="checkbox"/> 2-Week From: <u>06</u> / <u>18</u> / <u>2017</u> <small>MM DD YY</small> To: <u>07</u> / <u>15</u> / <u>2017</u> <small>MM DD YY</small>	
Are you a MINOR (under 18 years of age)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>→</b>		California Family Code §6910 expressly provides that a parent or legal guardian may authorize an adult or entity into whose custody a child is entrusted to consent to necessary medical treatment. In the best interest of your child, the Engemann Student Health Center seeks such written authorization.  Print Name of Parent/Legal Custodian: <u>Yu Bai</u> Mother's Maiden Name: <u>Bai</u>	

**Section 2. Consent by adult (over 18) participant or legal custodian**

**1. General Consent for Treatment.** I voluntarily consent to and authorize the USC Engemann Student Health Center (ESHC) to administer medical care and treatment(s), which may include, but is not limited to physical examination, diagnostic tests, medical procedures and medications as deemed necessary or advisable by an ESHC physician. I am aware that the practice of medicine is not an exact science, and I acknowledge that ESHC makes no guarantees to me as to the result of tests, examinations, treatments, procedures or any other services rendered.

**2. Rights and Responsibilities.** I have been made aware of my rights and responsibilities as posted in the ESHC waiting areas and website; including my right to receive an explanation of any service charge incurred and my financial responsibility for any charges not covered by the USC Student Health Fee.

Signature:	Relationship to participant:	Today's Date:
<u>Yu Bai</u>	<input type="checkbox"/> Self <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian	<u>05</u> / <u>09</u> / <u>17</u> <small>MM DD YY</small>
	<input type="checkbox"/> Other: _____	

**Section 3. Emergency Contact (Must be a relative or friend who is over the age of 18 years of age)**

Name (Last, First):	Relationship:	<input checked="" type="checkbox"/> Cell <input type="checkbox"/> Home Phone: (Include area code)
Yu Bai	Mother	626-272-2260
Name (Last, First):	Relationship:	<input type="checkbox"/> Cell <input type="checkbox"/> Home Phone: (Include area code)

**Section 4. Health Insurance Information: (Insurance coverage for patient/ program participant)**

*Please attach a copy (front/back) of the patient/participant insurance card and submit it with this form*

Name of Insurance Carrier	Name of Insured on Card: (May be spouse/parent name)	Policy #:	Policy Telephone #:
Anthem	Yu Bai	809A80167	1-866-249-4844
Name of Personal Physician		<input type="checkbox"/> Office <input type="checkbox"/> Cell Phone: (Include area code)	

**Section 5. Non-USC student ONLY**

If you are a visitor on campus or are a non-USC student, please indicate your ethnic background:

<input checked="" type="checkbox"/> Asian / Pacific Islander	<input type="checkbox"/> Multi-Racial (Reported as Unknown)	<input type="checkbox"/> International Student (Reported as Unknown)
<input type="checkbox"/> Black non-Hispanic	<input type="checkbox"/> Native American	<input type="checkbox"/> Unknown
<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> White non-Hispanic	

Please provide to the best of your knowledge, complete and accurate information about your/participant's health history, medications (including over-the-counter products and supplements), allergies or sensitivities.

**Patient/Participant Information**

<b>Legal Name</b> (Last, First, Middle Initial):	<b>Preferred Name:</b>	<b>Date of Birth</b> (MM/DD/YY):
Gao, Ge	Listy	11/26/2001

**General Medical Information**

1. Have you received a tetanus shot within the last 10 years? ☒ Yes ☐ No ☐ Unsure

**Allergies (Food, Medicine, Insects, Plants...etc)**

Allergy	Type of reaction	Allergy	Type of reaction
1.		4.	
2.		5.	
3.		6.	

**Current Prescribed Medications**

(List all prescribed medications, including topicals, inhalers and contraceptives.)

Medication	Dosage, if known	Medication	Dosage, if known
1.		4.	
2.		5.	
3.		6.	

**Current Herbal/Vitamins or Non-Prescribed Medications**

Medication	Dosage, if known	Medication	Dosage, if known
1.		4.	
2.		5.	
3.		6.	

**Illness / Injuries (Significant medical or chronic conditions)**

1.	3.	5.
2.	4.	6.

**Surgeries/ Hospitalizations**

Year	Reason	Year	Reason
1.		4.	
2.		5.	
3.		6.	