

2025 Summer Academy Application & Checklist

Please complete the following information:

Name of Student: _____ Current Grade Level: _____

Name of School: _____

Include the E-Mail You Check Daily (**not a school email**): _____

Cell Phone Number: _____ Home Phone: _____

Check the Academy(s) you wish to attend:

	Engineering, Construction & Manufacturing Location to be determined. June 9-13, 8:00 a.m. – 4:00 p.m. Registration Fee: \$450
	Discover Engineering! (By designated teacher invitation only) CSU East Bay, Hayward June 22-27 (5 nights/6 days) Registration Fee: Sponsor covers all fees.
	Automation & Robotics Location to be determined. July 21-August 1 (two-week Academy), 8:00 a.m. – 4:00 p.m. Registration Fee: \$750
	Manufacturing: Alternative Energy & Robotics Las Positas College, Livermore July 7-18 (two-week Academy), 8:00 a.m. – 4:00 p.m. Registration Fee: No fees for Livermore, Dublin, Pleasanton public school students; \$750 for all others.

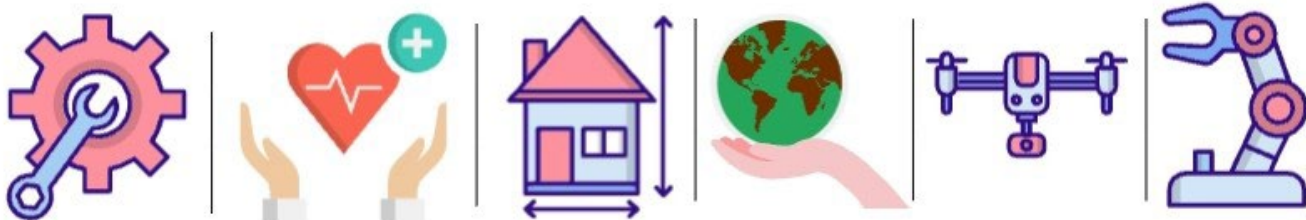
	Girls Who Design+Construct with Solar Power & Renewable Resources Las Positas College, Livermore June 16-22, 8:00 a.m. – 4:00 p.m. Registration Fee: No fees for Livermore, Dublin, Pleasanton public school students; \$350 for all others.
	Green Energy: Drone Flight & Coding Las Positas College, Livermore July 21-25, 8:00 a.m. – 4:00 p.m. Registration Fee: No fees for Livermore, Dublin, Pleasanton public school students; \$350 for all others.
	Health/Biotechnology Location to be determined. July 7-11, 8:00 a.m. – 4:00 p.m. Registration Fee: \$500
	Environmental Engineering (1 unit of Location to be determined. July 28-August 1, 8:00 a.m. – 4:00 p.m. Registration Fee: \$500

Mail completed application to:

April Treece, CEO
Bay Area LEEDS
5510 Southbrook Drive
Clayton, CA 94517

For office use only	
Date application received:	_____
Confirmed attendance:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Payment of Registration:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

DO NOT USE CERTIFIED MAIL! This will delay/prevent delivery of your application packet.



CHECK LIST & FEE WAIVER INFORMATION

General Application Packet

Please check when completed

- | | | |
|--|--------------------------|-----|
| ○ Field Trip Permission Slip | <input type="checkbox"/> | Yes |
| ○ Student Permission & Hold Harmless | <input type="checkbox"/> | Yes |
| ○ Bay Area LEEDS Photo/Video/Website Release Form | <input type="checkbox"/> | Yes |
| ○ CSU-East Bay Release, Hold Harmless Agreement (non-Tri-Valley) | <input type="checkbox"/> | Yes |
| ○ Bio-Rad Laboratories Photo/Video/Website Release
(for Biotechnology Academy only) | <input type="checkbox"/> | Yes |

There are no fees for Livermore, Dublin, and Pleasanton public school students attending academies at Las Positas College. If space is available, non-Tri-Valley students may be invited to attend the academies at Las Positas College. If so, there is a \$500.00 fee for all non-Tri-Valley students attending a one-week academy; and a fee \$750 for a two-week academy.

Upon acceptance to participate, applicants will be instructed to proceed to PayPal for payment of the registration fee. Do **not** submit a check with this General Application Packet.

- | | | |
|--|--------------------------|-----|
| ○ If the student requires a fee waiver, please check here:
(No further action is required to receive the fee waiver.) | <input type="checkbox"/> | Yes |
|--|--------------------------|-----|

Please note that non-Tri-Valley students wishing to attend the academies held at Las Positas College will be on a space-available basis.

East Bay Summer Academies Field Trip Permission Slip

I grant permission for my child/ward: _____
(Student Name—Please Print)

to participate in the East Bay Summer Academy(ies) being from approximately 8:00 a.m. until 4:00 p.m. daily at the designated location. I understand that in addition to the classroom activities, my child/ward will also be participating in field trips during the week using bus transportation to and from the academy location which will be provided by the Summer Academy(ies). Please initial that you have given permission for your child/ward to participate in the field trips.

(Your initials here)

Method of Transportation: Please indicate how your child/ward will be arriving to and departing from the Academy during the week:

- ☐ My child/ward will be using a car to transport themselves to and from the Summer Academy and has my permission to do so. I understand there is a daily parking fee and if my child does not purchase a parking permit, that s/he may be cited at an additional cost for which I agree to bear the expense.
- ☐ My child/ward will be riding with another family to and from the Summer Academy and has my permission to do so.
- ☐ I will be driving my child/ward to and from the Summer Academy.

Student Specific Medical Needs: (PLEASE LIST, if any)

Name of Medical Provider:

Emergency notification number for parent/guardian:

Alternative emergency name & telephone number:

AUTHORIZATION TO TREAT MINOR: In the event that I cannot be reached in an emergency, I hereby give my permission to call 911 and/or to contact a medical facility or physician selected by the Summer Academy staff to secure proper treatment for my child/ward and that I will be responsible for said expense.

Prescription or over-the-counter medication: Please state all medications that your child/ward must take during the Summer Academy:

The Summer Academy is a welcoming environment. If your child/ward is disabled or has special needs, please let us know. We will gladly accommodate his/her needs. Please list your child/ward special needs or accommodations that are required below or on a separate page:

No dietary restrictions can be accommodated. If your child/ward has diet restrictions, it is recommended that you provide meals for your child each day.

I HAVE READ AND HEREBY CERTIFY THAT THE ABOVE-LISTED INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO THE TERMS AND CONDITIONS LISTED ON THE REVERSE SIDE OF THIS PERMISSION SLIP.

Parent/Guardian Signature _____

Parent/Guardian Name (please print) _____

East Bay Summer Academies Hold Harmless Waiver

(Continued from previous page)

- I understand that my child/ward has received approval from me to participate in the Summer Academy(ies). This enrichment opportunity is under the direct supervision of at least one teacher and all precautions are taken to ensure each student's welfare.
- I understand that my student must arrive at the Summer Academy(ies) on time. The field trips incorporated into the Summer Academy experience are an important part of the curricula. Although teachers will, of course, make every effort to assist students who are absent, they cannot deliver individual lectures or demonstrations, instruction or labs to accommodate absenteeism.
- I understand that all students going to the Summer Academy(ies) and on the field trips will be responsible to the teacher, bus driver, chaperones and, if applicable, adult sponsors, at all times. I understand that ALL CHAPERONES WILL BE 21 YEARS OF AGE OR OLDER.
- I understand that students are required to go and return from the field trips on the transportation provided. No special requests for adjustments to this policy are allowed.
- I understand that all field trips will begin and end at Academy location. I understand that I must inform the Summer Academy personnel of any optional arrangements in writing on or before the first day of the Summer Academy.
- I hereby acknowledge that I have been advised the activities in this Summer Academy, which includes field trips, are considered to be of "high risk" to participants.
- The Summer Academy does not provide students with field trip or Academy accident insurance. Parents/guardians who do not have medical insurance that covers their children are strongly advised to consider alternative student accident insurance that is available. The Summer Academy does not sell private vendor insurance.
- It is understood and agreed that this Summer Academy(ies) and field trips shall constitute an event for the purposes of the waiver provided below.

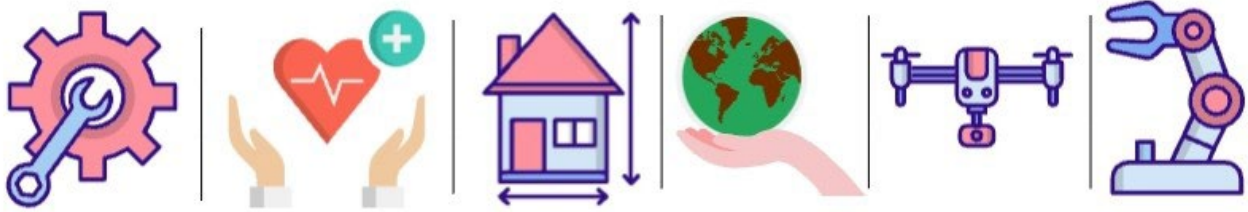
WAIVER OF CLAIM

I understand that all persons participating in the summer academy(ies) which may include field trips shall be deemed to have waived all claims against Bay Area LEEDS and/or Summer Academy staff for injury, illness or death occurring during or by reason of the Summer Academy or field trips. I, the undersigned, the parent or legal guardian of the above named participant, acknowledge that as a condition of my son/daughter/ward participating in said activity, agree to indemnify and hold harmless the Bay Area LEEDS and Summer Academy staff, CSU-East Bay, Las Positas College, Livermore campus, academy teachers and volunteers, and all other agents from any liability, lawsuit, cost, expense or claim of any type whatsoever (including attorney fees) for any harm, injury or death arising out of all Summer Academies and field trips.

Signature _____

Parent/Guardian

Please Print Full Name _____



Student Permission and Hold Harmless Agreement

I _____, as the parent/guardian of _____, approve my child's participation in the Bay Area LEEDS's STEM Summer Academies. I understand that the STEM Summer Academies are held on college campuses and have field trips to businesses that have rules that apply fully to the STEM Summer Academy's participants. My child and I are fully responsible for reading, understanding and adhering to the dress code, code of conduct and safety rules required on field trip permission forms and on the STEM Summer Academy's website. Failure to comply may prevent my child from participation in certain scheduled activities and/or result in removal from the Academy.

I give permission to Bay Area LEEDS's STEM Summer Academy's Organizing Committee and any news media in attendance at the STEM Summer Academies to photograph, videotape, and interview my child during the Academy(s) and agree that recordings may be used, reproduced, and distributed without restriction by the STEM Summer Academy's Organizing Committee, participating East Bay school districts and colleges, industry partners and news media in news stories, publications, and promotional activities.

I agree to hold harmless Bay Area LEEDS, the STEM Summer Academy staff and their employees, agents and contractors against any liability and any claims resulting from my child's participation in the STEM Summer Academies.

Date

Parent/Guardian Signature

Note: Submission of this permission and hold harmless form, along with the required application package, does not connote acceptance of your child for the Bay Area LEEDS STEM Summer Academies. Your child will be officially notified by the STEM Summer Academy's staff regarding his/her acceptance of the child's application package and entrance into the Academy.



Bay Area LEEDS Photo/Video/Website Release Form

Dear Parent/Guardian:

On occasion, representatives from the media or the Bay Area LEEDS STEM Summer Academies Organizing Committee may wish to photograph, videotape, and/or interview students in connection with the STEM Summer Academy events. Educating the public is one of our objectives. The entire community benefits from knowing about the needs and abilities of our students and about the program we offer to children and families.

In order to release student photos, video footage, comments and/or post on the Bay Area LEEDS STEM Summer Academies website or in materials about the STEM Summer STEM Series, we need written permission. To give your consent, please complete the form below and mail it with the registration packet.

I, _____, parent/guardian of _____
give permission for my child to be photographed, videotaped, and/or interviewed by representatives from the media or the Bay Area LEEDS STEM Summer Academies Organizing Committee for the purpose of publicizing the STEM Summer Series. I authorize the use and reproduction by the STEM Summer Academies Organizing Committee or anyone authorized by the Bay Area LEEDS STEM Summer Academies Organizing Committee of any and all photographs and/or videotapes taken of my child, without compensation to me/my child. All of these photographs/video recordings shall be the property, solely and completely, of the Bay Area LEEDS STEM Summer Academies Organizing Committee. I waive any right to inspect or approve the finished photographs/videotapes, and the soundtrack, script or printed matter that may be used in conjunction with them.

Signature of parent/guardian _____ Date _____

Address _____

OR

I am 18 years of age or older and I give my consent without reservations to the foregoing on my own behalf.

Signature _____ Date _____

Please print name: _____ Cell # _____

Address _____

City _____ State _____ E-mail _____



RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE

I, _____ as the parent/guardian/responsible party for _____, (a minor) acknowledge that I assume all liability for any injuries or damages accruing to his/her participation in the following Academy(s) if held at California State University East Bay:

- ☐ Engineering, Construction, Manufacturing,
- ☐ Discover Engineering!
- ☐ Robotics and Automation
- ☐ Biotechnology Summer Academy
- ☐ Environmental Engineering

In consideration for this minor being permitted to participate in the event, I also 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, East Bay and their employees, officers, volunteers and agents (collectively "University") from any and all claims, including illness, injuries, death or economic loss that may be suffered due to his/her involvement in this event, including any travel to and from the event. I will hold the University harmless from any and all claims, loss or damage to personal property, liabilities and costs, including attorney's fees, as a result of his/her involvement in this event. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. This waiver and release applies to myself and or/designees who may accompany said minor to event.

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.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN ON MY OWN FREE WILL.

DATE: _____ Signature _____

Participant's Name _____



Photography & Video Release/Waiver Form

In valuable and good consideration for my engagement as an attendee and/or participant of the event/activity _____ on (date): _____ I irrevocably consent to the unrestricted use, publication, reproduction and distribution by Bio-Rad Laboratories, Inc., ("Bio-Rad") and those acting with the permission and authority of my name and any and all photographs or images and videos, without restriction as to changes or alterations, which the photographer and/or Bio-Rad has taken of me or which I may be included, for all purposes, in any and all format and media, including, but not limited to, advertising, solicitation, or trade in print, digital or online, or electronic format.

I hereby waive any right to inspect or approve the finished photographs or videos, advertising copy, or printed matter that may be used in conjunction therewith or to the eventual use that it may be applied. I hereby waive any and all claim of right arising out of such use, publication, reproduction and distribution, including any right of privacy and liability relating to any changes or alterations, including, but not limited to, blurring, distortion, or alteration, whether intentional or otherwise, that may occur or be produced in the taking of the photographs, or in any processing or publication of the photographs.

This agreement constitutes the sole, complete, and exclusive agreement between the photographer, Bio-Rad, and me and I am not relying on any other representation whether oral or written.

Date: _____

Signature: _____

(Print name)

(Street address)

(City, State, Zip)

(Modeling agency, if any)

IF AN ATTENDEE OR PARTICIPANT IS A MINOR, PARENT OR GUARDIAN MUST SIGN BELOW:

I, the undersigned, being parent or guardian of the minor whose name appears above, hereby consent to the foregoing conditions and warrant that I have the authority to give such consent.

Date: _____

Signature: _____

(Print name)

(Street address)

(City, State, Zip)

(Modeling agency, if any)