

Concord University Code of Conduct Form

Participants are expected to demonstrate positive attitudes and behaviors throughout every day. The following code of conduct outlines the desired behaviors to ensure the safest and best learning environment possible. Staff will fairly and reasonably implement this code of conduct.

Code of Conduct

1. Respect the rights and properties of yourself and others – (staff, instructors, and peers)
2. Follow all set rules established by Upward Bound and Concord University
3. Use program equipment, supplies, and facilities properly
4. Stay with my group in the designated areas at all times
5. Communicate in a polite manner demonstrating reverence

The following behaviors will not be tolerated:

- 1 Usage of language that is offensive to any person or groups
2. Any type of aggressive behavior that results in physical and/or emotional harm to another person
3. Vandalizing any property of others, Upward Bound and/or Concord University
4. Reckless behavior that is potentially dangerous to yourself or others
5. Leaving Concord University boundaries without permission from the appropriate staff

Student

By signing below, you acknowledge that you alone are responsible for your own actions. I accept that my parents/guardians will be notified if I do not comply with the code of conduct, and hereby state that I fully understand that repeated irresponsible conduct will result in dismissal from the Upward Bound Summer Program.

Student Name: _____

Student Signature: _____

I understand this is a legal representation of my signature.

Date: _____

Parent

By signing below, you acknowledge the expectations presented before the code of conduct, and agree that the appropriate disciplinary action should be implemented if your child demonstrates irresponsible, dangerous behaviors.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

I understand this is a legal representation of my signature.

Date: _____

**Upward Bound
Transportation/Permission Form
Summer Program**

I, _____ parent/guardian of _____ give permission for my son/daughter to travel to and from Concord University for program activities with the following individuals/students/parents/guardians.

Signature of Parent/Guardian _____
I understand this is a legal representation of my signature.

Date _____

**Concord University Upward Bound
Summer Medical Form**

Student Name: _____

Student Address: _____

Parent Phone #: _____ Parent Mobile #: _____

Person to contact if parent cannot be reached: _____

Phone Number: _____ Relationship: _____

Child's health insurance coverage ~

Policy Type: _____ Insurance Company Name: _____

Policy Number: _____ Expiration Date: _____

Does the child have a physical condition that would limit participation in UB summer activities?

Yes _____ No _____ (If yes, please describe the condition.)

Does the child have any allergies to Foods, Drugs & Substances? Yes _____ No _____ (If yes, please list or describe the allergies.)

What should be done if experiencing a reaction?

Is the child presently under a physician's care? Yes _____ No _____ (If yes, then list the condition)

What medication if any is the child taking for the above condition?

Doctor's name: _____ Doctor's Phone number: _____

Parent/Guardian Signature

Date

I understand this is a legal representation of my signature.
