CHECKLIST

Return the following forms and payments to the Summer Term office:

- Letter of Intent
- Registration Form
- Directory Information Restriction Form (optional)
- Payment: See section on Tuition, Fees, & Additional Expenses
- Parental Acknowledgement, Consent, & Release
- Media Release
- Laboratory Student Consent Form
- Medical Forms
  - Immunization and Physical Form
  - Immunization Record Form
  - Meningococcal Waiver and Tuberculosis Record
  - Health History Form
  - Medical Insurance Information
    Please send a photocopy of the front/back of your medical insurance card.
- Waiver of Liability for BU Fitness and Recreation Center
- Music Practice Room Request Form (optional)
- Commuter Permission Form (commuter students only)

Email (rise@bu.edu) is the preferred method to receive these forms. You can also fax or mail them:

Fax: 617-358-0646
Mailing Address:
Boston University Summer Term
Research in Science and Engineering Program
755 Commonwealth Avenue, Room B05
Boston, MA 02215

The “Residence License Agreement” is an online housing contract that must be signed by all residential students. Information on how to access this document will be emailed to you at a later date.

If you have any questions, please contact our office by phone at 617-353-1378 or via email at rise@bu.edu.

We look forward to meeting you and sharing in your Boston University summer experience.
LETTER OF INTENT

Please indicate whether or not you plan to attend the 2016 RISE program. Once you have completely filled in the appropriate fields, return this form to our office via email (rise@bu.edu), fax (617-358-0646), or mail (755 Commonwealth Avenue Room, B05, Boston, MA 02215).

YES, I plan to attend the 2016 RISE program.

☐ Living On-Campus ☐ Commuting

1. Dormitory curfew is 11:00pm Sunday-Thursday and 12:00am Friday-Saturday. All students must be in their dormitories by curfew.
2. Students may not enter the dormitory floor and rooms of students of the opposite sex.
3. All planned activities are mandatory unless otherwise noted.
4. To leave campus during their free time, students must be accompanied by another program participant and must inform their Program Assistant.
5. In order for a student to leave with family or friends who are NOT in the Program during free time, the student’s parent or legal guardian must provide written permission to the Program office (via email: summerhs@bu.edu) at least 48 hours in advance. A student is only authorized to leave once the Program office gives permission and sends the student’s parent or guardian a confirmation email.
6. Any student found in possession of, under the influence of, in the presence of, and/or suspected of having consumed illicit drugs or alcohol at any time during the Program will be removed from the Program immediately and may face other University and Program sanctions. The student will have 24 hours to make arrangements to leave the dormitory and return home. The student’s parent or guardian will be notified and is responsible for bringing their child home within the 24 hour time period.
7. Students are expected to act respectfully toward program staff and other participants.
8. Any student who vandalizes or steals Boston University property will be removed from the Program and will be required to reimburse the university for the cost of repairing or replacing the property.
9. Any form of discrimination, harassment, or pranking constitutes unacceptable behavior and may result in removal from the program.
10. No refund of fees or tuition will be given for any student who is removed from the Program for violation of the rules. The student will be sent home at the parents’ expense

I have read and fully understand the rules and regulations listed above and in the Program Guidelines packet.

Student Name_________________________       Student Signature _____________________________

Parent/Guardian Signature_______________________________             Date_____________________

Roommate Request (optional) ___________________________________________________________

Last Name     First Name

Roommate requests must be mutual, listed on each student’s Letter of Intent, and received by Summer Term no later than Wednesday, June 22, 2016 to be considered.

NO, I have made other plans and will not be attending the 2016 RISE program.

Reason not attending ________________________________
**Summer II 2016**

REGISTRATION FORM

Use this form for Summer Session II Courses.

**Boston University**

Summer Term
755 Commonwealth Avenue
Boston, MA 02215
Phone: 617-353-5124
Fax: 617-353-5532
Email: summer@bu.edu

---

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>SEX</th>
<th>M = MALE</th>
<th>F = FEMALE</th>
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</thead>
<tbody>
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<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>DATE OF BIRTH</th>
<th>EMAIL ADDRESS</th>
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MO.   DAY   YR.

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Students are reminded that in accordance with the Code of Student Responsibilities (Appendix 15), current addresses must be on file with the University.

---

**HOME ADDRESS**

STREET & CITY

---

**LOCAL ADDRESS**

**Local Address same as Home Address**

STREET & CITY

---

**ETHNICITY**

(Required for government reports)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White (including Middle Eastern)

---

**PERSON TO NOTIFY IN A PERSONAL EMERGENCY**

RELATION

- M - Mother
- F - Father
- O - Other

PHONE

---

**BU EMERGENCY ALERT CONTACT PHONE**

(Student cell)

(BU requires an Emergency Alert Phone Number for notification of a University-wide emergency. The number should be for the enrolled student and can be updated after enrollment.)

---

**COLLEGE**

<table>
<thead>
<tr>
<th>EXAMPLE</th>
<th>COLLEGE</th>
<th>COURSE NUMBER</th>
<th>SECTION</th>
<th>CREDIT HRS</th>
<th>DAYS</th>
<th>TIMES</th>
<th>AUDIT</th>
<th>COURSE TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CAS</td>
<td>CS 101</td>
<td>S</td>
<td>B1</td>
<td>4</td>
<td>MW</td>
<td>9 - 11</td>
<td>RISE Program</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>5</td>
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</tbody>
</table>

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- 1974 Privacy Act Restrict Box.
  See reverse side to restrict specific data.

Visit the Summer Term home page at www.bu.edu/summer to view an updated version of the Class Schedule.

View your academic record, register, add and drop classes, change your address or confirm your registration on the Student Link at www.bu.edu/studentlink.
Directory Information Restriction

Use this form to manage public access to your data at Boston University

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of your education records and restricts disclosure of personal information from your education records, except as authorized by law. For information on Boston University’s FERPA policy, please refer to the Registrar’s Office website at www.bu.edu/reg/ferpa/ferpa-policy.

The University has designated certain types of personally identifiable information as “Directory Information.” A list of this information is below. Unless restricted, Boston University may disclose any of the items of Directory Information without your consent.

Boston University will not release grades or GPA information without your prior consent. In addition, Boston University does not provide student lists outside the University for purposes of marketing.

Any and all data that you restrict below will not be released outside the University.

If you wish to restrict the release of your Directory Information, you may do so by using the Student Link, by completing the information below, or by visiting the Office of the University Registrar.

Name: ___________________________________  BUID or SS Number: ____________

Check to restrict:

____ Local Address and BU Directory Phone Number: If restricted, this information will not be listed in the BU online directory nor printed in the BU phone book.

____ Email Directory Lookup: If restricted, your email address will not be listed in the BU on-line directory.

____ School or College: If restricted, this information will not be released to anyone outside BU.

____ Academic Program (Degree, Major, Minor): If restricted, this information will not be released to anyone outside BU.

____ Dates of Attendance, Full/Part-time Status: If restricted, this information will not be released to anyone outside BU, including insurance providers and employers.

____ Degrees, Honors, and Awards Received: If restricted, this information will not be released to anyone outside BU, including insurance providers and employers.

____ Commencement Program: If restricted, your name, college, degree and honors will not appear in the Commencement Program when you graduate.

____ Bostonia Yearbook: If restricted, your name will not appear in the BU Yearbook when you graduate.

Please return to:
Boston University Office of the University Registrar
881 Commonwealth Avenue, 2nd floor
Boston, MA 02215
Phone: 617-353-3612
Fax: 617-358-1689

Signature: ________________________________  Date: __________________________
RESEARCH IN SCIENCE AND ENGINEERING
TUITION, FEES & ADDITIONAL EXPENSES

Your total cost will depend on which meal plan you choose (14- or 19-meals per week) and whether or not you are receiving financial aid.

<table>
<thead>
<tr>
<th>14-meals per week:</th>
<th>19-meals per week:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>Tuition</td>
</tr>
<tr>
<td>$4,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Service Fees</td>
<td>Service Fees</td>
</tr>
<tr>
<td>470</td>
<td>470</td>
</tr>
<tr>
<td>Room and Board</td>
<td>Room and Board</td>
</tr>
<tr>
<td>$2,430.88</td>
<td>$2,641.88</td>
</tr>
<tr>
<td>Total Cost</td>
<td>Total Cost</td>
</tr>
<tr>
<td>$6,900.88</td>
<td>$7,111.88</td>
</tr>
</tbody>
</table>

Commuting Students:

<table>
<thead>
<tr>
<th>Tuition</th>
<th>$4,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Fees</td>
<td>470</td>
</tr>
<tr>
<td>Total Cost</td>
<td>$4,470</td>
</tr>
</tbody>
</table>

Some internships are not held on Boston University’s Charles River Campus (at the BU Medical Center, MIT, or Harvard Medical School) and students may choose not to go to the dining hall for lunch. One alternative is to request a box lunch (Rhetty-to-go meal) which would count as one meal. Please consider this option when choosing a meal plan. More information about Rhetty-to-go meals can be found in the Program Guidelines.

The Program Fee includes all planned social activities.

Methods of Payment:
If you are receiving financial aid from Boston University Summer Term High School Programs, subtract that amount from the total. The $500 deposit is applied towards the total cost.

- If you choose to pay using a credit card, please use the following link www.bu.edu/payment. You will need your Boston University ID number, which you will receive by email within three weeks of receipt of your Letter of Intent, Registration Form, and $500 deposit.

- If you choose to pay by check, please make the check payable to Boston University. Please write the student’s name, BU ID number, and ‘RISE’ on the memo line. Checks can be mailed to our office.

- If wiring money from a foreign bank, please visit our website to find more information on the two approved vendors: peerTransfer/Flywire and Western Union Business Solutions. http://www.bu.edu/summer/high-school-programs/research/how-to-pay.shtml

NOTE: No refund or reduction in Service Fees will be made for a student who arrives to the program late, leaves the program early, or is dismissed from the program due to violation of the program guidelines. The tuition refund deadline is July 11.

Payment is due by May 30, 2016
BOSTON UNIVERSITY
PARENTAL ACKNOWLEDGMENT, CONSENT AND RELEASE FROM LIABILITY

For Participation in the Research in Science & Engineering (RISE) Program

Name of Student: _________________________________

1. I hereby consent to the participation of the child named above in all activities of the Research in Science & Engineering Program ("the Program") being sponsored by the Summer Term office of Boston University.

2. I understand, recognize, and acknowledge that this Program involves activities such as performing research in a laboratory and participating in recreational events and field trips that may involve the risk of accident, death, illness, physical or mental injuries, and property damage. It is my responsibility to ask questions about any aspect of the Program activities that has not been explained to my satisfaction. I hereby voluntarily assume any and all risks, including injury to person and property, related to my child’s participation in or travel to and from the Program.

3. In consideration of the University allowing my child to participate in the Program, I, on behalf of myself, my child, and anyone claiming on behalf of me or my child hereby FOREVER RELEASE Trustees of Boston University (the “University”) and its departments, officers, directors, board members, representatives, agents, and employees from any and all claims, demands, causes of action, judgment, damages, expenses and costs (including attorneys’ fees), including but not limited to claims of negligence, on account of personal injury, bodily injury, property damage, death or accident of any kind sustained by my child that arises out of or is related in any way to his/her participation in the Program which I may now or hereafter have and which the above-named minor has or hereafter may acquire, either before or after reaching majority.

4. In signing this Parental Consent and Release from Liability, I hereby acknowledge that I have read this entire document, that I understand its terms, that I have signed it knowingly and voluntarily, and that I intend it to bind me, my minor child, and anyone claiming on behalf of me or my child.

5. I further acknowledge that I am the parent or legal guardian of the minor identified above, with legal authority to sign this document.

PARENT OR GUARDIAN:

________________________________________________________
Signature
________________________________________________________
Name (Printed) & Relationship to Student

________________________________________________________
Street Address

________________________________________________________
City/State

________________________________________________________
Telephone

Dated: _________________________________
MEDIA RELEASE

I hereby give my permission to Boston University to photograph, film, videotape and/or make sound recordings of my child, to quote or publish statements of my child and to use such photographs, films, videotapes, sound recordings and/or other statements in Boston University educational and promotional/advertising materials and for other purposes specified below. I understand that my child may be identified in any photographs, news stories or publications that Boston University considers appropriate for release to magazines, newspapers, Boston University’s World Wide Web site, and/or other publications. I further understand that any such photographs, films, videotapes, sound recordings and/or written works are the property of Boston University and that neither my child nor I am entitled to any compensation for or rights in these materials.

I release Boston University from all liability with respect to the matters covered by this release.

_________________________  __________________________
Date                                           Signature of Parent or Guardian
Laboratory Student Consent Form

The undersigned student agrees to observe the following safety procedures while participating in any laboratory work through the Boston University Research Internship in Science and Engineering (RISE) Program and Academic Immersion (AIM) Program at Boston University, Boston University Medical Center, Harvard Institute of Medicine, or the Massachusetts Institute of Technology:

1. Wear appropriate clothing to the lab, including closed-toe shoes (sneakers or boots), long pants/skirt, and long sleeved shirt.
2. If vision correction is necessary, wear glasses instead of contact lenses.
3. Tie back long hair and remove all dangling jewelry.
4. Do not bring food or drink into the laboratory.
5. Do not apply cosmetics in the laboratory.
6. Wear safety equipment, lab coat, gloves, and safety glasses when instructed by the laboratory staff. (Note: Notify staff if you have an allergy to latex gloves.)
7. Behave in an orderly, safe, and professional manner.
8. Use all equipment and reagents only as directed.
9. Use the appropriate trash for designated waste.
10. Report all injuries, spills, or breakage to the laboratory staff.
11. Use eyewash/shower in case of emergencies only.
12. In the event of a fire alarm, exit the lab immediately in an orderly fashion.
13. Do not work alone in the laboratory; an instructor must be present at all times.
14. Work only in designated areas of the building. Enter only offices, laboratories, or other rooms that have been designated by your supervisor.
15. Wash your hands before leaving the laboratory.

I agree to behave in a responsible and safe manner during my participation in all laboratory activities. I understand that any behavior judged by the laboratory staff to be inappropriate or dangerous cannot be tolerated and will prohibit my further participation in the laboratory and may result in my removal from the program.

Student Signature: ______________________________________________________

Parent/Guardian Signature: ______________________________________________

Emergency Contact #: ___________________________ Date: ____________
IMMUNIZATION AND PHYSICAL FORM 2016

Student Information

Student Name ____________________________
Last        First       Middle

Date of Birth ____________________________ Boston University ID Number ____________________________
Month     Day     Year

Summer Program ____________________________ Active Email Address ____________________________

Emergency Contact

Name and relationship of contact __________________________________________________________________________

Street Address ________________________________________________________________________________________
City   State  Zip

Contact Phone Number __________________________________________________________________________________

Alternate Emergency Contact

Name and relationship of contact __________________________________________________________________________

Street Address ________________________________________________________________________________________
City   State  Zip

Contact Phone Number __________________________________________________________________________________

For comprehensive information about Student Health Services including hours and directions, please visit our website at: www.bu.edu/shs

Consents and acknowledgements

I hereby authorize the clinical staff at Boston University Student Health Services to examine and treat me during my enrollment at Boston University. Initial

I consent to authorize emergency and non-emergency medical care to be provided to my child in the event of a health problem, emergency or injury occurring during my child’s attendance at, or participation in, the Summer Program. I give my consent and authorization to the Program Director or his/her designee to use his/her judgment in seeking medical care for my child. I understand that an attempt will be made to contact me in the event that emergency medical care is needed. Initial

I understand that there is a copay to see a provider at Boston University Student Health Services for each appointment. I understand that I am responsible for miscellaneous charges including, but not limited to, lab tests, allergy injections, immunizations, and some supplies. I understand that I am responsible for all health care charges outside of Student Health Services except that which is covered by my health insurance. Initial

I understand that some costs outside of Student Health Services may not be covered by my medical insurance. Initial

I understand that Student Health Services is a unit inclusive of medical, mental health, nutrition, sports medicine, and alcohol and other drug services. I understand that the providers within this organization may discuss my care within the unit to allow for effective care delivery and care management. Initial

I understand that some services provided are limited by staff and space availability. While we may endeavor to serve all students eligible for care, there may be circumstances when referral to outside providers in the community is necessary. Initial

The information on this form is for the use of Student Health Services and will not be released to a third party without your consent, except as necessary to fulfill the responsibilities of Student Health Services or as required by law. Initial

Student Signature ____________________________ Date ____________________________

Parent/guardian signature ____________________________ Parent/guardian name (please print) ____________________________ Date ____________________________ Relationship to Student ____________________________

(Must be signed by a parent or guardian if student is under 18 years of age)
# Required Immunization Record

**Must be signed by MD/NP/PA**

**Must be completed PRIOR to arrival at Boston University**

**Must include Month/Day/Year**

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Dates Given</th>
<th>Massachusetts State Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MMR</strong></td>
<td></td>
<td>• 2 doses of MMR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Minimum of 4 weeks between doses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 1st dose given after 1st birthday</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measles</strong></td>
<td></td>
<td>• 2 doses of each individual component (2 measles, 2 mumps, and 2 rubella)</td>
</tr>
<tr>
<td><strong>Mumps</strong></td>
<td></td>
<td>• Minimum of 4 weeks between doses</td>
</tr>
<tr>
<td><strong>Rubella</strong></td>
<td></td>
<td>• 1st dose given after 1st birthday</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Individual Vaccines: Measles Mumps Rubella</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Positive Titers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles Titer Date: / / /</td>
<td></td>
<td>Positive Titers</td>
</tr>
<tr>
<td>Mumps Titer Date: / / /</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella Titer Date: / / /</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tdap</strong></td>
<td></td>
<td><strong>Tdap (Tetanus, Diphtheria &amp; Pertussis) is the only acceptable form of Tetanus shot</strong> (Must be within last 10 years)</td>
</tr>
<tr>
<td><strong>Meningitis</strong></td>
<td></td>
<td>One dose for incoming students living on campus within 5 years or completed waiver (page 6)</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td></td>
<td>Completed 3 part series</td>
</tr>
<tr>
<td><strong>Positive Titer</strong></td>
<td></td>
<td>Positive titer</td>
</tr>
<tr>
<td><strong>Varicella</strong></td>
<td></td>
<td>2 doses of varicella vaccine</td>
</tr>
<tr>
<td><strong>Titer</strong></td>
<td></td>
<td>Positive titer</td>
</tr>
<tr>
<td><strong>Disease</strong></td>
<td></td>
<td>History of disease must be verified by a medical provider</td>
</tr>
</tbody>
</table>

**Clinician name MD/NP/PA (please print)**

**Signature**

**Date**
HEALTH HISTORY
Must be signed by MD/NP/PA

1. List any significant past medical, surgical or mental health conditions including hospitalizations. Use additional pages if necessary.
   [ ] None

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

____________________________________________

2. List all ongoing medications or treatments with dosages/directions and briefly describe what each medication is treating
   [ ] None

<table>
<thead>
<tr>
<th>Medication, dose, directions</th>
<th>Condition addressed by this medication</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>


3. List all environmental or medical allergies.  [ ] None

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

_________________________________

4. Note any pertinent family history.  [ ] None

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

5. List all pertinent physical exam findings.  [ ] PE within normal limits  [ ] Abnormal
   Findings as follows

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Date of most recent physical exam (requested from students, but not mandatory): _____/_____/_____

This student has been evaluated to be in good health and able to participate in highly competitive athletics, if they choose to do so:  [ ] Yes  [ ] No. Please explain below:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Clinician name MD/NP/PA (please print)  Signature  Date
Tuberculosis Record

1. Have you had a positive TB skin test in the past?  
   Yes    No

2. To the best of your knowledge, have you had close contact with anyone who was sick with tuberculosis?  
   Yes    No

3. Were you born in a high risk country? (see CDC website for guidelines)  
   Yes    No

4. Have you travelled or lived for more than one month in any of the high risk countries?  
   Yes    No

5. Have you completed 6-9 months of medication (i.e. isoniazid) to prevent active tuberculosis (tuberculosis prophylaxis)?  
   Yes    No

If you have a history of a positive tuberculosis skin test and have never taken medication to prevent active tuberculosis, please report to Student Health Services on arrival to campus to discuss this treatment.

If you answered YES to number 2, 3, or 4, you need to provide documentation of a recent tuberculosis skin test (TST) administered within the past year.

Tuberculosis skin test date __________ Result _______mm       Interpretation (check one) Pos ☐ Neg ☐

If you previously received BCG vaccine, a blood test such as Quantiferon Gold or T-Spot is the preferred test to indicate absence of TB.  Date__________ Result (check one) Pos ☐ Neg ☐

If a current or past tuberculosis skin test is/was positive, you will need to complete the following evaluation/treatment.

Ches t x-ray date __________ Result (check one) Pos ☐ Neg ☐

Treatment:
☐ Yes
   ________________________________  (Drug, Dose, Frequency, and Dates)

☐ No
   ________________________________  (Please document reason prophylaxis treatment not done)

Medical Provider’s Signature __________________________ State License Number __________________________ Date __________________________

Waiver for Meningococcal Vaccination Requirement

Meningococcal Waiver is ONLY if you plan on waiving the requirement for the Meningococcal Vaccine. If you have received the vaccine, please ignore the waiver.

I have received and reviewed the Meningococcal Information Form provided on the risks of meningococcal disease and the risks and benefits of meningococcal vaccine (available at www.bu.edu/shs/forms). I understand that Massachusetts’ law requires newly enrolled full-time students at secondary schools, colleges and universities who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school or postsecondary institution to receive meningococcal vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

Please check the appropriate box below.

☐ After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.

-OR-

☐ Due to the shortage of meningococcal vaccine, I was unable to be vaccinated, but wish to receive vaccine.

Student Name: ___________________________ Date of Birth: ___________________________

Signature: ___________________________ Date: ___________________________
Release, Acknowledgment of Risk, and Waiver of Liability
for use of the Boston University Fitness and Recreation Center

MUST BE COMPLETED BY ALL PARTICIPANTS
(Or by parent/guardian if participant is under 18 years of age)

In consideration of the opportunity to participate in classes, activities and programs conducted by the Department of Physical Education, Recreation and Dance (PERD) in the Boston University Fitness and Recreation Center and other University athletic facilities, and to use equipment located therein, I, on behalf of myself and my minor children, do hereby release, hold harmless and forever discharge and agree not to sue Trustees of Boston University and its trustees, officers, agents, and employees (together, the "University") from any and all claims, responsibilities or liabilities for injury or damages resulting from or arising out of my or my family’s use of, presence in, or participation in activities conducted at the Fitness and Recreation Center and other University athletic facilities, whether or not caused by the ordinary negligence of the University.

I understand, recognize and acknowledge that certain activities conducted or taking place in the Fitness and Recreation Center and other University athletic facilities are potentially hazardous. I also acknowledge that it is my responsibility to follow instructions for any activity or use of equipment, and to seek help from the staff if I have any questions. I further understand that, notwithstanding precautions taken by the University, sports and fitness activities involve a risk of injury and/or death. I/we are voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks associated with my participation in activities at the Fitness and Recreation Center and other University athletic facilities.

I have read the foregoing and hereby agree to be bound by same.

I agree to abide by and follow all rules and policies outlined in the Membership Handbook.

Print Legal Name: ______________________________________________________________

Signature: ________________________________________ Date:___________________

Boston University Affiliate Membership Type: _______________________________________
(ex. Full-time Student, Part-time Student, Staff/Faculty, Alumni, Conference Service Guest)

Boston University Affiliate Name: ________________________________________________

Boston University Affiliate ID Number: ___ ___ ___ ___ ___ ___ ___ ___

Relationship to Boston University Affiliate: ________________________________________
(ex. Spouse, Friend, Guest)

* (If participant is under 18 years of age) Date:___________________

Print Child’s Legal Name: _______________________________________________________

Print Parent’s/Legal Guardian’s Name: ____________________________________________

Signature of Parent/Legal Guardian: ________________________________________________

Boston University | Fitness and Recreation Center
Department of Physical Education, Recreation and Dance
915 Commonwealth Avenue Boston, MA 02215 | tel 617 353 2748 | fax 617 353 5147 | fitrec@bu.edu | www.bu.edu/fitrec
Boston University Summer Term
High School Programs
Music Practice Room Request Form

Name of Student ____________________________________________________________

Boston University ID # _____________________________________________________

Email address ______________________________________________________________

Phone Number ______________________________________________________________

High School Program Attending (Please circle)
- High School Honors
- Research in Science and Engineering (RISE)
- Summer Challenge
  - Session 1
  - Session 2
  - Session 3
- Academic Immersion (AIM)
Boston University Summer Term
High School Programs
Commuter Permission Form

Policy: High School Honors, Research in Science and Engineering, and Summer Preview students are allowed to commute to campus, pending approval from the Summer Term Office. Commuters are expected to attend all mandatory activities.

Name of Student ________________________________________

Name of Guardian Living with Student during the Summer
Guardian’s Relationship to Student ___________________________

Address of Summer Residence ____________________________________________

Summer Residence Emergency Phone Number ________________________________

High School Program Attending (Please circle)
• High School Honors
• Research in Science and Engineering (RISE)
• Summer Preview
  o Session 1
  o Session 2

PARENT/LEGAL GUARDIAN APPROVAL:

Parent or Legal Guardian authorizing permission: ________________________________

Signature of Parent or Legal Guardian: __________________________ Date:____________

SUMMER GUARDIAN APPROVAL (if different from Parent/Legal Guardian):

I, __________________________, acknowledge that I will be at the listed address during the entire duration of the Boston University Summer High School Program. I accept responsibility for the student during this time.

Signature of Summer Guardian: __________________________ Date:____________
DIRECTIONS TO BOSTON UNIVERSITY

From the West

- Take the Massachusetts Turnpike (I-90) East to Exit 18, Brighton/Cambridge.
- Follow signs to Cambridge to the second set of lights.
- Turn right at the lights onto Storrow Drive.
- Exit Storrow Drive at the Kenmore exit.
- Follow directions from Kenmore Square.

From the South

- Take I-95 or Rt. 3 North to I-93 North.
- Take Exit 26 onto Storrow Drive.
- Continue on Storrow Drive to the Kenmore Square exit.
- Follow directions from Kenmore Square.

From the North

- Take I-93 South to Boston.
- Exit onto Storrow Drive.
- Continue on Storrow Drive to the Kenmore Square exit.
- Follow directions from Kenmore Square.

From Logan Airport

- Take Route 1-A through the Sumner Tunnel.
- Follow signs onto the Expressway North.
- Take the Back Bay/Storrow Drive exit, and follow signs onto Storrow Drive.
- Continue on Storrow Drive to the Kenmore exit.
- Follow directions from Kenmore Square.

From the Kenmore Square exit on Storrow Drive

- At the first set of traffic lights, turn right onto Beacon Street.
- At this point, the road forks. The left fork takes you into Kenmore Square (the large building on the right is the Myles Standish Residence Hall).
- Bear right at the far end of Kenmore Square onto Commonwealth Avenue (the Citizen’s Bank should be on your left).
- The Warren Towers Residence Hall is at 700 Commonwealth Avenue (on the left).
- Go just past Warren Towers and get into the leftmost lane for the next traffic light (you will be right in front of a courtyard and a large chapel-- this is Marsh Chapel). If you pass a bridge/overpass, you went too far. Turn around.
- At the light, make a U-turn to go the opposite way on Commonwealth Avenue and park in front of Warren Towers (or as close as possible).