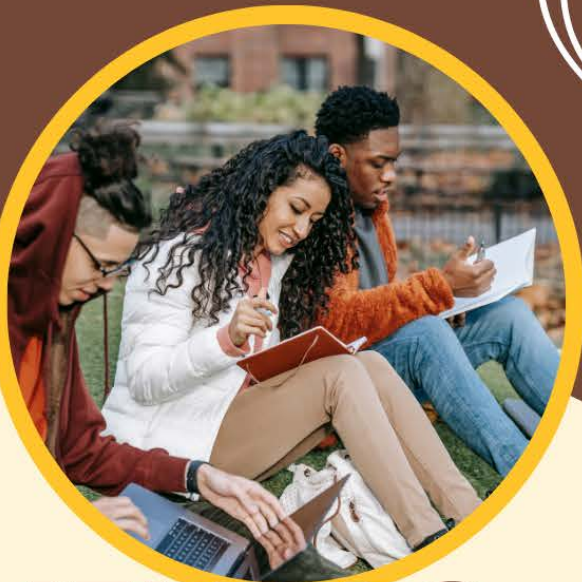


**Woodland Community  
College Upward  
Bound & Talent Search**



# **UC BERKELEY & STANFORD TOURS**

**APRIL 2 - 4, 2024**

**Pick up on 4/2:**

**CCC: 6:20AM**

**WCC: 7:20 AM**

**Drop off on 4/4:**

**CCC: 1:10 PM**

**WCC: 12:00 PM**

**PERMISSION SLIPS DUE 3/8/2024 TO  
UB/ETS SPECIALIST OR YOUR  
COUNSELOR BY END OF SCHOOL DAY**

Priority given to 10th & 11th grade students who are in good standing (attendance, GPA, etc) with their program. Students who have not yet attended a trip will also be given priority.

Educational Talent Search & Upward Bound

# UC BERKELEY & STANFORD TOURS

**UC Berkeley, Stanford, Pier 39, Santa Cruz Boardwalk, Alcatraz Island**

- ★ If you are interested in attending, please return the permission slip to the ETS/UB office or your school counselor by **March 8, 2024 by the end of the school day. NO EXCEPTIONS! SPOTS ARE LIMITED, SO APPLY EARLY!**
- ★ Your parent/guardian will need to help you arrange transportation to and from the pick-up and drop-off locations:  
**Woodland Community College (WCC): 2300 E. Gibson Street, Woodland CA 95776 OR AT (CCC) Colusa County Campus; 99 Ella Street, Williams CA 95987**
- ★ A message will be sent to you to inform you whether or not you have been selected to attend the college visit. Due to limited space, unfortunately, we are not able to accept all students that submit permission slips.

Please discuss the college visit with your parent/guardian and return the enclosed permission slip by:

**March 8, 2024**

Questions?

<b>Woodland Community College</b> <b>2300 E. Gibson Road</b> <b>Woodland, CA 95776</b> <b>Room 850</b> <b>(530) 668-2590</b>	<b>Colusa County Campus</b> <b>99 Ella Street</b> <b>Williams, CA 95987</b> <b>(530) 668-2506</b>
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# EDUCATIONAL TALENT SEARCH

## PERMISSION FORM / EMERGENCY CONTACT INFORMATION



**Name of Activity:** UC Berkeley & Stanford Campus Tours  
**Destination(s):** UC Berkeley, Alcatraz Island, Stanford, Mystery Spot, & Santa Cruz Boardwalk  
**Date(s):** Tuesday, April 2 2024 – Thursday, April 4 2024  
**Method of Travel:** Charter Bus  
**Lodging:** Hyatt House & Fairfield Inn & Suites

Student Name	Student Cell Phone Number	Student Email
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School	Gender	Grade Level	Total GPA	T-Shirt Size (Adult)
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Parent/Guardian Name	Parent/Guardian Phone Number	Parent/Guardian Email
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Allergies (bee stings, food, medication) or Health Issues

**Does student have any dietary restrictions (vegetarian, etc.)?**

*\*If the student has a special diet please anticipate providing enough food for all meals\**

**The student must provide and self-administer any medication they may be taking.**

### Pick up/Drop off Preference

SELECT the appropriate Pick-up/Drop-off location. For the students' safety, we have to pick up/drop-off in the SAME location. *Please **DO NOT** switch locations without speaking to ETS Staff member. This can result in the student not being able to attend event.*

**WCC Colusa County Campus**  
 99 Ella Street, Williams, CA 95987  

<b>Pick-Up:</b>	4/2 6:20 AM
<b>Drop-Off:</b>	4/4 1:10 PM

**OR**

**Woodland Community College**  
 2300 E. Gibson Road, Woodland, CA 95776  

<b>Pick-Up:</b>	4/2 7:20 AM
<b>Drop-Off:</b>	4/4 12:00 PM



# EDUCATIONAL TALENT SEARCH

## BEHAVIOR CONTRACT



### Behavior Contract

Educational Talent Search (ETS) trips are not an automatic benefit of participating in the program; in fact, they are an earned privilege. Any time that ETS students are together, they are representatives of ETS, Woodland Community College, their families, schools, and themselves.

I understand and agree to the following rules of conduct, which are in force from the time I arrive at the pick-up location until the time I return to the drop off location:

- Zero tolerance for alcohol, tobacco, and drug policy will be strictly enforced!
- I will wear the appropriate clothing and comfortable walking shoes (be prepared for warm and cold weather).
- I will follow the schedule and be where I am supposed to be at the appointed times.
- I will not steal, borrow (without permission), deface, damage, or destroy public or private property.
- On guided tours, lectures, presentations, or wherever a person is speaking to me in an official capacity, I will:
  - Silence my cell phone and not call/text
  - Not bring any form of music or games
  - Be respectful, attentive and courteous.
- On overnight trips, I will not switch from my assigned hotel room, nor will I enter the room of anyone of the opposite sex, without a staff member being present.
- I will not do anything that will bring discredit to Educational Talent Search or my fellow participants.

**If any part of this contract is broken, my parent/guardian will be called to come pick me up immediately, regardless of our location, and I will be dismissed from the program.**

\_\_\_\_\_  
*Student Name (printed)*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Name (printed)*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*





# YUBA COMMUNITY COLLEGE DISTRICT

## FIELD TRIP/EXCURSION WAIVER STATEMENT AND MEDICAL AUTHORIZATION--MINOR

\_\_\_\_\_ has my permission to participate in the voluntary activity specified below,  
Name (Print) and, as such, is not required by the District.

Field Trip/Excursion (Including Destination): \_\_\_\_\_

Departure Date & Time: \_\_\_\_\_ Return Date & Time: \_\_\_\_\_

Pursuant to the California Code of Regulations, Subchapter 5, Section 55220, I understand that I hold the Yuba Community College District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. It is understood that the resulting expenses will be the responsibility of the parent or guardian.

Medical Insurance Carrier	Policy No.	Address
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A special note to Parent/Guardian: (1) All medications must be registered on his form; (2) All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) [\_\_\_\_] Check here if there are no special problems that the staff should be aware of and no medication is required on the trip; (4) If any medication is to be taken by student, list them below.  
(Name of drug and reason) \_\_\_\_\_

If your child has a special medical condition, please attach a description of the problem to this sheet.

I fully understand that participants must abide by the Student Code of Conduct or Community Education Guidelines, whichever applies. Any violation of the rules and regulations specified in these documents may result in that individual being sent home at the expense of his/her parent/guardian.

I understand and acknowledge that if the District is not providing the transportation that it is my responsibility to arrange for my child's transportation to and from the activity.

If the District is not providing transportation I further understand:

- The driver of the vehicle in which the student is riding, either as driver or passenger, is not driving on behalf of or as an agent of the college, and the college has not verified the driving record of the driver, the liability insurance of the vehicle, or the condition of the vehicle.
- The District is in no way responsible, nor does the District assume liability, for any injury or loss that may result from the student's transportation.

Parent Name (Print)	Phone
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Parent Signature	Date
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Student Signature	Date
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**MAXWELL UNIFIED SCHOOL DISTRICT**  
**STUDENT/PARENT PERMISSION FOR SCHOOL-SPONSORED ACTIVITY**

Please complete all areas and sign and date bottom of form.

School: \_\_\_\_\_ Name of Student: \_\_\_\_\_

has the opportunity to participate in a school activity away from school premises.

Nature of Activity: \_\_\_\_\_

Destination: \_\_\_\_\_ Trip Supervisor \_\_\_\_\_

Trip Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Date/Time of Return: \_\_\_\_\_

I hereby give my permission for my son/daughter to participate in the above-mentioned activity. I further agree, that in the event of accident, illness or any other circumstances requiring medical treatment, such treatment may be procured for my son/daughter without financial obligation to the district.

Means of Transportation: \_\_\_\_\_ District-owned bus \_\_\_\_\_ Commercial Co. Name \_\_\_\_\_

1. I understand this field trip is considered a school function so all school rules apply.
2. I am representing the school so I will be on my best behavior.
3. All bus rules are in effect. See your handbook for specific rules.
4. I understand I am not to leave the designated areas without permission of the advisor(s).
5. I should always be in a group of two or more.
6. I am to ride on arranged transportation. After the activity, I can be released to parents. If I am released to anyone else, a written note from a parent must be given to the advisor(s) before the trip commences.
7. I cannot be released to my boyfriend or girlfriend.
8. If I miss the bus and decide to drive my own car or ride with someone else, I will not be included as part of the Maxwell group and will not participate in the scheduled activities. I will receive a cut and will have to make up time missed from school.
9. If I am not obeying school rules and/or field trip rules, my parents will be called to come and pick me up. If parents refuse or cannot be reached, school personnel will be called to come get me or the local police department will be contracted to come and get me.
10. Additionally: \_\_\_\_\_  
\_\_\_\_\_

I have read and understand the above rules. I do agree to follow all of the above rules. I understand that if I do not follow the above rule, #9 above will be put into effect.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed



RETURN TO YOUR ADVISOR BY DEADLINE OF: \_\_\_\_\_

## MAXWELL HIGH SCHOOL SCHOOL ACTIVITY TEACHER RELEASE FORM

Student Name \_\_\_\_\_ Date(s) of Activity \_\_\_\_\_

Organization/Class \_\_\_\_\_ Advisor \_\_\_\_\_

Nature of the Activity \_\_\_\_\_

PERIOD	CLASS	CURRENT STUDENT PROGRESS	ASSIGNMENT(S) DUE/DATE	TEACHER SIGNATURE
1				
2				
3				
4				
5				
6				
7				
Sports or misc.				

\*\*\*\*\*

Principal/Counselor/Advisor

Approved

Denied