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.

# 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 <u>March 8, 2024 by the end of the school day.</u> 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?

Woodland Community College 2300 E. Gibson Road Woodland, CA 95776 Room 850 (530) 668-2590

Colusa County Campus 99 Ella Street Williams, CA 95987 (530) 668-2506



# **EDUCATIONAL TALENT SEARCH**



### PERMISSION FORM / EMERGENCY CONTACT INFORMATION

Name of Activity: Destination(s): Date(s): Method of Travel: Lodging:	UC Berkeley & Stanford Ca UC Berkeley, Alcatraz Islan Tuesday, April 2 2024 – To Charter Bus Hyatt House & Fairfield In	nd, Stan hursday,	ford, Mystery Spot, 8 April 4 2024	k Santa Cruz Boardwalk
Student Name	Student Cell P	hone N	umber	Student Email
School	Gender Grad	le Leve	Total GPA	T-Shirt Size (Adult)
Parent/Guard Name	dian Parent/C Phone I			Parent/Guardian Email
*If the student	Allergies (bee stings, foon we any dietary restriction has a special diet please of the nust provide and self-administrations.)	<mark>ons (veg</mark> anticipa	etarian, etc.)? te providing enough	h food for all meals*
up/drop-off in the $\underline{S}$	ff Preference  priate Pick-up/Drop-off los  SAME location. Please December can result in the student	<u>O NOT</u>	switch locations wit	thout speaking to ETS
WCC Colusa Co	ounty Campus Villiams, CA 95987		Woodland Comi	munity College Road, Woodland, CA 95776
Pick-Up: Drop-Off:	4/2 6:20 AM 4/4 1:10 PM	OR	Pick-Up: Drop-Off:	4/2 7:20 AM 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:
  - o Silence my cell phone and not call/text
  - Not bring any form of music or games
  - o 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



# EDUCATIONAL TALENT SEARCH



### PERSONAL STATEMENT

We will be on the road for a long time, walk for a lengthy period, and will be outside for an
extensive part of the day. Please be prepared for this commitment and make the most out of it.
Unfortunately, we cannot take all of our students on this opportunity to visit college campuses
in southern California. Therefore, we are asking those who really want to visit these campuses,
to answer the following prompt as to why you should be selected to attend and your overall
weighted/unweighted GPA will be taken into consideration. Requirements are listed below.
— Maximum total of 250 words

answer the following prompt as to why you should be selected to attend and your overall
eighted/unweighted GPA will be taken into consideration. Requirements are listed below.
— Maximum total of 250 words
— If typed
o Double Spaced
o Times New Roman
o 12 Point Font
— Or you may fill in the lines below
— Answer all of the questions in the following prompt:
o How have you benefitted from the ETS program? What do you wish to gain from
this campus tour? Why do you believe you should attend this campus tour?



#### YUBA COMMUNITY COLLEGE DISTRICT

2088 North Beale Road, Marysville, CA 95901

Woodland, Yuba, Clearlake, Colusa & Sutter County, Beale AFB

# Voluntary Activities Waiver of Liability, Assumption of Risk & Indemnity Agreement

	Indemnity Agreemer	<u> </u>	
Waiver: In consideration of being	permitted to participate in any way ir	١	
Event name:		Date:	
waive, discharge, and covenant agents from liability from any and District, its officers, employees	or myself, my heirs, personal represe not to sue the Yuba Community Co all claims including the negligen s and agents, resulting in personal i n, but not limited to, participation in	Ilege District, its officers, em ce of the Yuba Communit njury, accidents, or illnesses	ployees, and ty College
eliminated regardless of the care tal the risks range from 1) minor injurie	on in The Activity carries with it certain sen to avoid injuries. The specific risk as such as scratches, bruises, and spr as, heart attacks, and concussions; 3)	s vary from one activity to a rains; 2) major injuries such	nother, but as eye injury
	paragraphs and I know, underst The Activity. I hereby assert that m Ks.		
District HARMELSS from any and all	less: I also agree to INDEMNIFY AN claims, actions, suits, procedures, co a result of my involvement in The Ac	sts, expenses, damages and	liabilities,
agreement is intended to be as broa	ther expressly agrees that the forego d and inclusive as is permitted by the is agreed that the balance shall, not	e law of the State of Californ	ia and that if
and interest in any and all photograp	by grant and convey unto the Yuba (ohic images and video or audio recortion in The Activity, including, but not otographs of recordings.	dings made by the Yuba Cor	nmunity
agreement, fully understand its term my right to sue. I acknowledge th	ling: I have read this wavier of liabins, and understand that I am givinat I am signing the agreement freely unconditional release of all liabil	ng up substantial rights, and voluntarily, and intend	including by my
Signature of Participant	Print Name of Participant	Date	Age (if Minor

Print Name of Parent/Guardian of Participant if Minor

Signature of Parent/Guardian of Participant if Minor

Date

### YUBA COMMUNITY COLLEGE DISTRICT

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

Name (Dring)	has my permission to participate in the voluntary activity specified belo	ow,
Name (Print)	and, as such, is not required by the District.	
Field Trip/Excursion (Including I	Destination):	
Departure Date & Time:	Return Date & Time:	
the Yuba Community College Di	ode of Regulations, Subchapter 5, Section 55220, I understand that strict, its officers, agents and employees harmless from any and arise out of or in connection with my child's participation in this activity.	I hold
dental diagnosis or treatment a physician, surgeon, or dentist ar	I hereby consent to whatever x-ray, examination, anesthetic, medical, surged hospital care are considered necessary in the best judgment of the at ad performed by or under the supervision of a member of the medical staff edical or dental services. It is understood that the resulting expenses will ardian.	tending of the
Medical Insurance Carrier	Policy No. Address	
which must be kept on the stude Check here if there are <u>no</u> specia (4) If any medication is to be take	n: (1) All medications must be registered on his form; (2) All drugs, excepting the extra person for emergency use, must be kept and distributed by the staff; (3) all problems that the staff should be aware of and no medication is required on the extra by student, list them below.	[]
If your child has a special medica	l condition, please attach a description of the problem to this sheet.	
Guidelines, whichever applies.	Dants must abide by the Student Code of Conduct or Community Edu Any violation of the rules and regulations specified in these documen the the expense of his/her parent/guardian.	
I understand and acknowledge th arrange for my child's transporta	at if the District is not providing the transportation that it is my responsibility to ion to and from the activity.	)
If the District is not providing tra	nsportation I further understand:	
or as an agent of the coinsurance of the vehicle,	in which the student is riding, either as driver or passenger, is not driving on be lege, and the college has not verified the driving record of the driver, the leger the condition of the vehicle.  Ye responsible, nor does the District assume liability, for any injury or loss the transportation.	iability
Parent Name (Print)	Phone	
Parent Signature	Date	
Student Signature	Date	

12/17/2007

## Pierce Joint Unified School District FIELD TRIP PERMISSION SLIP \*Date of Activity: / / Name of Student: has the opportunity to take part in a series of school activities away from school. Participation in these events is purely voluntary and requires your written permission. If you approve the following arrangement, please sign at the bottom and return the form to the trip supervisor or coach. Nature of Activity: \_\_\_\_\_\_\*Place: \_\_\_\_\_ Materials Required: \_\_\_\_\_ Departure Time: \_\_\_\_\_\_ Place: \_\_\_\_\_ Return Time: PARENT PERMISSION AND EMERGENCY MEDICAL RELEASE Transportation: I understand that students must use the means of transportation checked below both to and from the event, unless written permission by parent/guardian is presented to school officials prior to departure. I further understand that every reasonable caution will be maintained on the trip. ☐ District-owned Bus ☐ District-owned vehicle ☐ Private Vehicle ☐ Walking Trip Supervisor: \_\_\_\_ I am aware of my child's grades and allow him/her to attend this field trip. I understand that all students going on this trip will be responsible in conduct to the bus driver and to teachers or adult supervisors. It is further understood that should my child misbehave, I may be required to come and pick him/her up. I am aware that California Education Code 35330 provides in part that: All persons making the field trip or excursion shall be deemed to have waived all claims against the district, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. I further agree in the case of medical emergency, illness, or injury that the supervisor has my express permission to take the above-named student to a doctor or medical facility to receive emergency treatment. \_\_\_\_\_\_Date: \_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_ Emergency/Work Phone: \_\_\_\_\_\_ Parent/Guardian Signature IMPORTANT MEDICAL INFORMATION THE SUPERVISOR SHOULD KNOW: Period Subject Grade to Date Teacher Signature 1 2 3 4 5 6 7

This form will be kept by the supervisor at all times during the activity.

Student Signature:

I understand I must complete any missed assignments and if I do not, I may be excused from future activities.

<sup>\*</sup> For schedule of events (if more than one event) see attached sheet.

## Pierce High School Code of Conduct for Instructionally Related Activities (IRAs)

School-sponsored instructionally related activities are planned with an educational objective and designed to enhance the classroom education of students. In order that everyone receives maximum benefit from their participation in the IRA, students who wish to exercise the privilege of participation in IRAs serve as ambassadors of the school and must conduct themselves in accordance with the standards for behavior listed below at all times.

- 1. Respect public and private property at all times.
- 2. Obey all of the rules and policies outlined in the student handbook
- 3. Conduct oneself in a courteous and respectful manner at all times.
- 4. Do not engage in behavior that includes fighting, bullying, vandalism, lewd behavior (including sexual activity), possession of a weapon, threatening, stealing or accompanying others who are engaging in these behaviors.
- 5. Remain in the presence of adult supervisor at all times, unless explicit consent has been given by a supervisor.
- 6. Follow directions and instructions of chaperones without fail.
- 7. Refrain from bringing, purchasing, consuming, or being in the presence of drugs, alcohol, or tobacco. Understand that choosing to bring, consume, or being the presence of others who are consuming will lead to suspension and/or expulsion, as well as immediate termination of the field trip privilege. Consequences will be applied regardless of whether the student brought or consumed alcohol, tobacco, or drugs, or has associated with or is in the presence of others who are consuming drugs, alcohol, or tobacco.
- 8. Consent to a baggage check by appropriate school supervisor prior to leaving for the IRA, and upon return.
- 9. For overnight IRAs:
  - a. Abide by the curfew established by the adult supervisors.
  - b. Spend each night in the assigned room.
  - c. No student may leave his/her assigned room for any reason after the curfew without a chaperone's permission and presence. The only exception to this rule is when all hotel guests are to respond immediately to a fire alarm or other emergency situation.
  - d. No student shall be alone in another student's room when the other student is of the opposite gender, unless a chaperone is present.
  - e. Allow the search of the room and personal belongings at any time as deemed necessary by the appropriate school supervisors.
- 10. All students are expected to attend school for the entire school day. Students are expected to attend all classes prior to the departure for the IRA, and if an IRA finishes before the end of the school day, students are expected to immediately return to their remaining classes until the conclusion of the school day.

Any violation of the Code of Conduct for Instructionally Related Activities will result in appropriate disciplinary action by adult supervisors, including, but not limited to, possible dismissal from the trip.

Signature of Student	Date
I have read Code of Conduct for Instructionally Related Activities and un code of conduct in a way that requires his/her dismissal from the instruction	ionally related activity, he/she will be
returned home at my expense. I understand that the team of adults leading these standards.	ng the trip has the final decision in emotiong

PARENTAL SIGNATURES REQUIRED ON THE FRONT AND THE BACK!