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</u> <u>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: | 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 Cell Phone Number |              | Student Email                         |   |
|---------------------------|--------------|---------------------------------------|---|
|                           |              |                                       |   |
| Gender                    | Grade Level  | Total GPA                             | T-Shirt Size (Adult)                            |
|                           |              |                                       |   |
| Parent/Guardian           |              |                                       | Parent/Guardian                                 |
|                           | Phone Number |                                       | Email   |
|                           | Gender       | Gender Grade Level<br>Parent/Guardian | Gender Grade Level Total GPA<br>Parent/Guardian |

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

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

| WCC Colusa County Campus<br>99 Ella Street, Williams, CA 95987 |             |    | Woodland Communit<br>2300 E. Gibson Road, |              |
|--|-------------|----|---|--------------|
| Pick-Up:   | 4/2 6:20 AM | OR | Pick-Up:                                  | 4/2 7:20 AM  |
| Drop-Off:  | 4/4 1:10 PM |    | Drop-Off:                                 | 4/4 12:00 PM |



### **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 |



### 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
- If typed
  - 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:
  - 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

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

| Name (Print)   | has my permission to partic<br>and, as such, is not required                                | ipate in the voluntary activity specified below, by the District.  |
|--|---|--|
| Field Trip/Excursion (Including Destina  | ution):   |  |
| Departure Date & Time:   | Return  | Date & Time:   |
| Pursuant to the California Code of<br>the Yuba Community College District, i<br>all liability or claims, which may arise o | its officers, agents and emplo  |  |
| dental diagnosis or treatment and hos<br>physician, surgeon, or dentist and perf   | spital care are considered n<br>formed by or under the supe<br>or dental services. It is un | ray, examination, anesthetic, medical, surgical or<br>necessary in the best judgment of the attending<br>ervision of a member of the medical staff of the<br>nderstood that the resulting expenses will be the |
| Medical Insurance Carrier  | Policy No.  | Address  |
| which must be kept on the student's pe   | erson for emergency use, must<br>ems that the staff should be a<br>tudent, list them below. | istered on his form; (2) All drugs, excepting those<br>st be kept and distributed by the staff; (3) []<br>aware of and no medication is required on the trip;  |
| If your child has a special medical condi  | ition, please attach a descript   | ion of the problem to this sheet.  |
|  | violation of the rules and  | t Code of Conduct or Community Education<br>regulations specified in these documents may<br>r parent/guardian.   |
| I understand and acknowledge that if the arrange for my child's transportation to  |   | transportation that it is my responsibility to   |
| If the District is not providing transporta  | ation I further understand:   |  |
| or as an agent of the college, a insurance of the vehicle, or the college.   | and the college has not veri<br>condition of the vehicle.<br>onsible, nor does the District | r as driver or passenger, is not driving on behalf of<br>fied the driving record of the driver, the liability<br>t assume liability, for any injury or loss that may   |
| Parent Name (Print)  |   | Phone  |

Parent Signature

Date

### 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

Waiver: In consideration of being permitted to participate in any way in

| Event name: | Date: |
|-------------|-------|
|             |       |

hereinafter called "The Activity", I, for myself, my heirs, personal representative or assigns, **do hereby release**, **waive**, **discharge**, **and covenant not to sue** the Yuba Community College District, its officers, employees, and agents from liability **from any and all claims including the negligence of the Yuba Community College District**, **its officers**, **employees and agents**, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in the Activity.

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD the Yuba Community College District HARMELSS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Photographic Release:** I do hereby grant and convey unto the Yuba Community College District all right, title and interest in any and all photographic images and video or audio recordings made by the Yuba Community College District during my participation in The Activity, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs of recordings.

Acknowledgment of Understanding: I have read this wavier of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

| Signature of Participant                             | Print Name of Participant                             | Date | Age (if Minor) |
|--|---|------|----------------|
| Signature of Parent/Guardian of Participant if Minor | Print Name of Parent/Guardian of Participant if Minor | Date | _              |

#### WOODLAND JOINT UNIFIED SCHOOL DISTRICT

#### STUDENT FIELD TRIP AUTHORIZATION

No student will be permitted on the Field Trip unless this completed and signed Authorization is submitted to the Supervising Teacher. Sponsor, or School Main Office at least 48 hours prior to Field Trip. Verbal Authorizations, or Authorizations not on this form, cannot be accepted.

| Student Name:                      | Address:        |
|------------------------------------|-----------------|
| Grade:                             | DOB:            |
| School:                            | Home Telephone: |
| Emergency Contact & Telephone No.: |                 |
| Field Trip Destination:            |                 |
| Date of Trip:                      |                 |
| Expected Departure Time:           |                 |
| Expected Return Time:              |                 |
| Method of Transportation:          |                 |
| Supervising Teacher/Sponsor:       |                 |
| Medical Conditions/Medications:    |                 |

By signing below, I acknowledge and agree as follows:

1. Participation in this Field Trip is voluntary and is a privilege. I understand that the student has the right and ability to remain at school instead of participating in the Field Trip. I request that the Student be allowed to participate in the Field Trip, under the supervision of the Supervising Teacher/Sponsor and/or adult chaperones, with transportation to be provided in the described manner (which may include transportation in non-District owned/operated vehicles).

2. California Education Code Section 35330 states 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 understand and agree that I cannot hold the District, its officers, agents, or employees liable for any claim arising out of, or which is in some manner connected with, the Student's participation in this Field Trip. [Adults participating in out-of-state Field Trips must also sign a statement waiving such claims.]

3. The Supervising Teacher or Sponsor will discuss Field Trip rules and safety requirements with students and adult chaperones prior to the Field Trip, which may include dangerous or hazardous conditions or circumstances exposing the Student to potential harm or injury, potentially including death. Students are required to obey all rules and safety requirements of the Field Trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior. I understand and agree that failure of the Student to follow Field Trip rules or safety requirements may result in the Student being sent home, at my expense, and that the Student may be barred as a result from future Field Trips.

4. Emergency medical information regarding the Student is on file with the District and is current. (Provide updated information before the trip, if necessary) If an injury or medical emergency occurs during the Field Trip, a Supervising Teacher, Sponsor or chaperone has my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

| Parent/Guardian Printed Name | Signature | Date         |
|------------------------------|-----------|--------------|
| Date Received by School:     |           | Received by: |

Supervising Teacher/Sponsor shall take a copy of this form on the Field Trip/The original Form will remain on File with the Main Office for a period of no less than one (1) year after the date of the Field Trip