

ETS MIDDLE SCHOOL FIELD TRIP

March 29th, 2025

Exciting Activities Include:

- **A hands-on exploration of cutting-edge technology exhibits**
- **An inspiring IMAX film experience.**

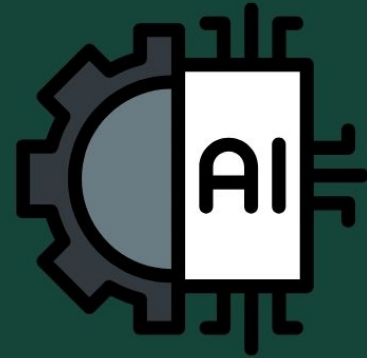


**WCC Depart/Return
8:15 AM/4:30 PM**

**CCC Depart/Return
7:00 AM/5:45 PM**



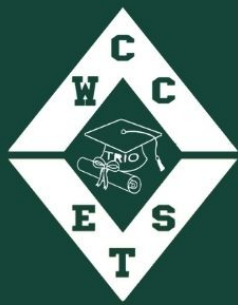
**The Tech
Interactive**



**FREE FIELD TRIP
FOR ETS STUDENTS!**

CONTACT INFORMATION:

**Christian; csaavedra@yccd.edu or
Jimena; jangel@yccd.edu**



Sign Up!

1. If you are interested in attending, please return the permission slip to your ETS Specialist or your school counselor by **Friday, March 7th. Spots are limited, so apply early.**

2. 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**
- **Colusa County Campus (CCC); 99 Ella Street, Williams CA 95987**

3. You will be notified to inform whether or not you have been selected to attend this field trip. Due to limited space, unfortunately, we are unable to accept all students that submit permission slips. **New ETS students and students with good standing will be prioritized.**

Please discuss the field trip with your parent/guardian and return the permission slip by:

Friday, March 7th

Questions? Please call the ETS Office at
(530) 661-2285



Woodland Community College
2300 E. Gibson Road
Woodland, CA 95776
RM 850

Colusa County Campus
99 Ella Street
Williams, CA 95987
CCC 121





Educational Talent Search

Permission Form / Emergency Contact Information



Name of Activity: ETS The Tech Interactive Field Trip
Destination(s): San Jose, CA
Date(s): 03/29/25
Method of Travel: Charter Bus
Lodging: n/a

Student Name	Student Cell Phone Number	Student Email
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High School	Gender	Grade Level	Total GPA
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Emergency Contact Name	Emergency Contact Phone Number	Emergency Contact 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.*

<input type="checkbox"/>	CCC Colusa County Campus 99 Ella Street, Williams, CA 95987 Pick-Up: March 29 th 7:00 AM Drop-Off: March 29 th 5:45 PM
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OR

<input type="checkbox"/>	Woodland Community College 2300 E. Gibson Road, Woodland, CA 95776 Pick-Up: March 29 th 8:15 AM Drop-Off: March 29 th 4:30 PM
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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, vape 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, except those that 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. 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 College is not providing the transportation that it is my responsibility to arrange for my child's transportation to and from the activity.

If the College 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 College is in no way responsible, nor does the College 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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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: _____
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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

Pierce Joint Unified School District
PERMISSION SLIP & CONSENT TO TREAT
FIELD TRIP/SCHOOL 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: _____ *Destination: _____

Date: _____ Departure Time: _____ 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

Other: _____

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.

Parent/Guardian Name (please print): _____

_____ Date: _____ Phone: _____

Parent/Guardian Signature

IMPORTANT MEDICAL INFORMATION THE SUPERVISOR SHOULD KNOW: _____

EMERGENCY PHONE NUMBERS: _____

Insurance information must be provided:

Medical Insurance Carrier: _____

Policy Number: _____

Address: _____

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

*** For schedule of events (if more than one event) see attached sheet.**