



Fall 2010 Student Retreat Registration Form

Return this packet to Honors Director Jennifer Saito with the **\$75 registration fee** by **September 1** to sign up for the September 10-12 Honors Retreat. Payment may be made by cash or a check made out to the "LMC Honors Club".

Student Name: _____

Student ID: _____

Student Address: _____

Student Phone: _____

Student Cell Phone: _____

Emergency Contact Person Name: _____

Relation: _____ (parent, roommate, spouse, etc.)

Contact Phone Number(s): _____

Carpool Information

Can you drive your own vehicle to the Retreat?

_____ Yes

_____ No

If yes, how many passengers can you take? _____

Do you have any classes on Friday afternoons?

_____ No

_____ Yes Time class adjourns _____

Drivers will be reimbursed \$15 per passenger for gasoline costs. Your passengers will pay \$7 towards this and the Honors Program will pay the rest.



Retreat Attendance Agreement

Contra Costa Community College District

2010 Honors Retreat – Camp Tuolumne Trails

Name: _____

Student ID: _____

Name of Club: **LMC Honors Club**

Club Advisor: **Jennifer Saito**

Conference Dates: **September 10-12, 2010**

I understand that I am attending this retreat as a representative of Los Medanos College and that my expenses are paid in part by the Honors Club and the Inter Club Council. I understand that I am expected to conduct myself in a responsible manner and agree to the following:

- I am currently enrolled at Los Medanos College.
- No unauthorized personal vehicles are permitted to be driven to the conference without the approval of the advisor.
- I am aware that the California State Education Code and the policies of the Contra Costa Community College District **prohibit possession or use of alcoholic beverages during the college function, regardless of the attendee's age.** (Prescriptions should be registered when turning in your application for your own protection.)
- I understand that no inappropriate behavior will be permitted, nor any behavior that would endanger the undersigned or others. I also understand that I am responsible for any damages I cause to any facility while attending this conference.
- I agree I will not invite outside visitors to participate in conference activities without having obtained prior approval from my advisor.
- I understand that this conference is an official field trip and that I am required to attend all possible work sessions.
- I understand that any infraction may result in possible disciplinary action and immediate dismissal from the conference and that I will then become responsible for making other arrangements for my return to the college.
- All participants must stay within the designated areas announced.
- Any exceptions must be approved by the advisor one week prior to the event date.

In addition, I understand that this Conference Attendance Agreement Form must be turned in by the time designated by the advisor and before the event date.

Signature of Student: _____

Print Name of Student: _____

Date: _____



Liability Release/ Medical Information

**Contra Costa Community College District
2010 Honors Retreat – Camp Tuolumne Trails**

Student Name: _____ **Student ID:** _____

Name of Club: LMC Honors Club

Club Advisor: Jennifer Saito

Retreat Dates: September 10-12, 2010

Destination: Camp Tuolumne Trails; Groveland, CA

As stated in California Code of Regulations, Subchapter 5, Section 5540, I understand that I hold the District, its officers, agents and employees harmless from any and all liability of claims arising out of or in connection with my participation in this activity.

In event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Student Signature: _____ **Date:** _____

Medical Insurance Carrier: _____

Policy or Insurance Number: _____

Insurance Carrier Phone Number: _____

If there are any special medical issues your advisor should be aware of please list them here: _____

For Students under 18 years ONLY

Parent/Guardian Signature: _____ **Date:** _____