

LOS MEDANOS COLLEGE

TRANSFER CENTER

Southern California Campus Tour Application

Monday, March 18th – Friday, March 22nd, 2013

LOGISTICS: We are travelling by bus from Los Medanos College to all locations in Southern California. You are responsible for getting to LMC no later than 5:30 AM on the morning of March 18th and we will return at approximately 8:00 PM on March 22nd.

COST INCLUDES: The \$200 cost of the trip will only include bus transportation, campus tours, hotel accommodations and the following meals: Monday – Dinner, Tuesday – Lunch, Wednesday – Breakfast & Lunch, Thursday – Breakfast & Lunch, and Friday – Breakfast & Lunch. Students will be responsible for Tuesday – Breakfast and All Dinners on their own. Students will also be responsible for any souvenirs, gifts, or any other items that they wish to purchase on the trip.

MANDATORY PRE-TRIP MEETING: All students attending the trip must attend a mandatory Pre-trip meeting on Wednesday, March 13th @ 3:00 PM in the Library Community Room (L-109).

APPLICATION DIRECTIONS: Fill out these forms completely and turn it in with your payment to the following place: LMC Transfer Center (Room CC2-225). Registration is first come, first served.

Student Name: _____

Student ID: _____

Date of Birth: _____

Student Address: _____

Student Home Phone: _____

Student Cell Phone: _____

Student E-mail: _____

Allergies: _____ **Medications:** _____

Dietary Restrictions: _____

Medical Conditions (if so, please explain in the section below)

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Emergency Contact Person Name: _____

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

Contact Phone Number: _____

ROOMING/ACCOMODATIONS: Hotel accommodations include 3 people per room. Rooms will have 2 double beds. Please bring a sleeping bag. Roommate preference is not guaranteed. Rooms are non-coed.

Roommate Preferences: 1) _____

2) _____

Signature: My signature certifies that I am currently registered student of Los Medanos College. I understand the Logistics, Pre-Trip meeting, Cost, and Rooming/Accommodations requirements of the trip. I also understand that even if I am unable to attend the trip, the \$200.00 registration fee for the Southern California Campus Tour trip is non-refundable once it is paid.

STUDENT SIGNATURE

DATE

(For Students Under 18 Years ONLY)

PARENT/GUARDIAN SIGNATURE

DATE

For Office Use Only:

Date Application Received: _____ Time Application Received: _____ Received By: _____
(Print Name & Initial)

Payment Due Date: _____ Payment Received By: _____
(Print Name & Initial)

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TRANSFER CENTER CODE OF CONDUCT AGREEMENT

Name: _____ Student ID: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Event: **SOUTHERN CALIFORNIA CAMPUS TOUR**

Date(s): **MARCH 18- MARCH 22, 2013**

I understand that I am attending this fieldtrip as a representative of my Los Medanos College and that my expenses are paid in part by the college. 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 without the approval of the staff.
- ✓ 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 or any controlled substance during the college function, regardless of 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 any outside visitors to participate in program activities without having obtained prior approval from my advisor.
- ✓ I understand that this activity is an official college 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 may result in immediate dismissal from the activities 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 (1) week prior to the event date.
- ✓ I understand that if any of the aforementioned conditions are broken, I will be removed from the program activities and placed under observation by a member of the college staff and disciplinary action according to Los Medanos College Student Discipline and Suspension guidelines will be enforced.

By signing this form, I understand that I must abide by this Code of Conduct Attendance Agreement Form and must turn it in by **FRIDAY, MARCH 8TH 2013 at 3:00 PM.**

Student Signature: _____ Date: _____

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EXCURSION/FIELD TRIP NOTICE & MEDICAL AUTHORIZATION

As stated in California Code of Regulations, Subchapter 5, Section 5540, I understand that I hold 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 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 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.

Name of District: Contra Costa Community College District

Destination: SOUTHERN CALIFORNIA CAMPUS TOUR

Departure Date & Time: MONDAY, MARCH 18TH, 2013 @ 5:30 AM

Return Date & Time: FRIDAY, MARCH 22ND, 2013 @ 8:00 PM

DEPARTURE TIME/RETURN TIME IS SUBJECT TO CHANGE, THE TRANSFER CENTER WILL CONTACT THE PHONE NUMBER/E-MAIL ADDRESS YOU PROVIDE ON THIS FORM WITH ANY CHANGES THAT MAY OCCUR.

Medical Insurance Carrier

Address

Policy Number

***If there are any special medical problems, please attach a description of the problem to this sheet.**

*** Please list any allergies such as food or medications**

In the event of illness or accident, please notify:

Name _____

Phone _____

Address _____

Relationship _____

Student Signature _____

Date _____

Student Name (Print) _____

Student ID # _____

E-mail: _____

Address _____

Phone _____

(For Students under 18 years ONLY)

Parent/Guardian Signature: _____ Date: _____