



February 5, 2011 UC Berkeley Student Leadership Symposium

SPONSORED BY: LMC Student Life Office

Join a group of LMC students in attending the UC Berkeley Student Leadership Symposium!
This program is free for LMC students to attend, however space is limited and you must sign-up in advance.

WHAT IS IT?

The Cal Student Leadership Symposium is an annual student leadership conference at UC Berkeley dedicated to bringing together and inspiring student leaders in our community. Through workshops and networking opportunities, Leadership Symposium attendees are connected with essential tools to be agents of positive social change and leaders on campuses and in their communities.

Last year, over 500 registered participants representing 9 different colleges and universities attended.

QUICK FACTS

What: 2011 Cal Student Leadership Symposium

When: Saturday, February 5, 2011; 7:15am – 5pm

Where: Meet at 7:15 AM at the entrance to the Pittsburg/Bay Point BART Station. BART fare will be provided.

MANDATORY INFORMATION MEETING

After you have submitted your registration packet (see info below), you must attend one of the information meetings before the trip. If you do not attend an information meeting you may not be able to attend the Symposium. The Information Meeting will be offered at 2 times, in the Library Community Room.

- Tuesday, February 1st, 3:00 – 3:30
- Wednesday, February 2nd, 3:00 – 3:30

REGISTRATION DIRECTIONS

Fill out the following forms and turn them in to the Student Life Office- Room 800A (x3266).

- *Completed Registration Form*
- *Completed Conference Attendance Agreement*
- *Completed Medical Release Form*

All LMC Students are eligible to attend.
Spots are open on a first come, first served basis.
DEADLINE to submit registration sheet is THURSDAY, January 27 at 5PM.



TRIP: UC BERKELEY LEADERSHIP SYMPOSIUM

DATE: February 5, 2011

REGISTRATION SHEET

SPONSORED BY: LMC Student Life Office

REGISTRATION DIRECTIONS: *Fill out this form completely and turn it in to the Student Life Office (x3266). You must also submit a completed Medical Release Form and Payment in order for your registration to be complete.*

Spots are open on a first come, first served basis. DEADLINE to register is Thursday, January 27 at 5PM. All additional information regarding this trip will be sent via email to the address listed below.

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

Address: _____

Home Phone: _____ **Cell Phone:** _____

E-mail: _____

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 trip.
- I agree I will not invite any outside visitors to participate in program activities without having obtained prior approval from the staff leader in charge.
- I understand that this activity is an official college field trip and that I am required to attend all possible 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 staff leader 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. I understand that I must travel and remain with the group all times and that I must follow all instructions of the staff leader in charge.

Additionally, I understand that I will not be officially registered to attend this trip until payment has been made in full. I also understand that there are NO REFUNDS once payment has been made.

Student Signature: _____ **Date:** _____

(For Students under 18 years ONLY)

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

OFFICE USE ONLY:

Date/Time Received: _____ **Entered on Roster:** _____



UC Berkeley Student Leadership Symposium LIABILITY RELEASE/MEDICAL AUTHORIZATION FORM

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 (Los Medanos College)

Destination: UC Berkeley Student Leadership Symposium (Berkeley, CA)

Departure Date & Time: Saturday, February 5, 2011 – 7:15 AM

Return Date & Time: Saturday, February 5, 2011 – 5:00 PM

_____ Medical Insurance Carrier

_____ Address

_____ Policy Number

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

In the event of illness or accident, please notify:

Name _____ Phone _____

Address _____
 _____ Relationship _____

Student Signature _____ Date _____

Student Name (Print) _____

Address _____ Phone _____

(For Students under 18 years ONLY)

Parent/Guardian Signature: _____ Date: _____