



## 2017 PRE-COLLEGE CAMP- FALL/OTOÑO Participant Application/Aplicación del Participante



Dear Students and Parents,

Annually, the Youth 2 Leaders Education Foundation and the Migrant Education Program, Region V, offers a 3-day Pre-College Program for Senior level high school students during the fall season. The seniors have the opportunity to participate in this program, which will prepare them for college and beyond. This program takes place at Camp SCICON in Springville, CA from **October 20<sup>th</sup>- October 22<sup>nd</sup>**.

Participating seniors will explore all of higher educational levels and understand how to use tools and resources available while in college as well as accessing financial aid and scholarships while attending college. The topics include: explore colleges or universities, how to access and apply for financial aid and scholarships, and explore career planning resources. Other activities will include engaging with fellow peers through various leadership and networking activities.

This entire program is absolutely free! The Migrant Education Program, Region V, pays for meals, lodging, and transportation. To be eligible for this program, contact the Migrant Resource Teacher at your school for more information. Don't miss out on this enriching experience!

### ELIGIBILITY

To be eligible for this unique experience you must:

- *Be a Senior in high school (12<sup>th</sup> grade)*
- *Be enrolled in the Migrant Education Program.*
- *Have demonstrated academic and leadership potential.*
- *Have an interest in attending college beyond high school.*

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Estimados Padres e Estudiantes,

Anualmente, la fundación educativa, Youth 2 Leaders y el Programa Migrante, Región V, ofrece un programa muy especial. Estudiantes de la preparatoria del grado doce (12) tendrán la oportunidad de participar en un programa de 3 días que preparará a su hijo o hija para el colegio. Este programa se llevará a cabo en el campamento SCICON en Springville, CA el **20 de octubre** hasta **22 de octubre**.

Los estudiantes que participen aprenderán sobre las diferentes opciones que tienen para continuar con su educación después de graduarse de la preparatoria. También aprenderán sobre cómo encontrar la ayuda financiera para hacer una educación universitaria una realidad, examinar recursos de diferentes profesiones, y aprender más sobre diferentes colegio universitarios. Incluso participar en actividades de liderazgo.

Este programa de instrucción será absolutamente gratis. Los alimentos, el alojamiento y la transportación serán pagados por una beca del Programa de Educación Migrante. Para ser considerado para este programa, favor de ponerse en contacto con su Coordinador/a o personal del Programa de Educación Migrante de su escuela. ¡No pierdan esta gran oportunidad!

### ELEGIBILIDAD

Para ser elegible para el programa de este campamento debe ser:

- *Estudiante de la preparatoria en el grado 12.*
- *Matriculado en el programa migrante.*
- *Haber demostrado cualidades de liderazgo y académicas.*
- *Tener interés en asistir al colegio o universidad después de la escuela secundaria.*

**CHECK –OFF LIST FOR COMPLETING APPLICATION**  
**LISTA DE CHECK-OFF PARA COMPLETAR LA SOLICITUD**

- Migrant Pre-College Camp Student Application Form is completed and signed by a parent or guardian.  
*El Formulario de Solicitud de Estudiante de Campamento de Pre-Colegio de Migrantes es completado y firmado por un padre o guardián.*
  
- Attach an unofficial transcript with your application.  
*Adjunte una transcripción no oficial de la escuela secundaria con su solicitud.*
  
- Your parental permission & liability waiver form is signed by your parent or guardian.  
*PERMISO PARENTAL Y RENUNCIO DE RESPONSABILIDAD*
  
- Your photo release form is signed by your parent or guardian.  
*FORMA DE LIBERACION DE FOTOS*
  
- Your indemnity agreement form is signed by your parent or guardian.  
*ACUERDO DE INDEMNIZACIÓN*
  
- Your medical consent form is signed by your parent or guardian.  
*FORMA DE CONSENTIMIENTO MÉDICO*

***Submit completed application on or before Friday, September 29, 2017. Incomplete or late applications will not be considered or accepted.***

***Enviar solicitud completada el o antes de Viernes, 29 de septiembre del 2017. Aplicaciones incompletas or tardes no seran consideradas.***

## SUGGESTED CLOTHING CHECKLIST/LISTA DE ROPA RECOMENDADA

The following is a list of clothing and equipment which will mean comfort to you while at the Leadership Retreat. It is suggested that luggage be planned to include only a sleeping bag or a bedroll and a suitcase or duffel bag. All clothing should be labeled with the owner's name. Please bring your older clothing.

*La siguiente es una lista de ropa y equipaje que le ayudara durante su campamento. Por favor de traer una bolsa de dormir o cobijas y una maleta o bolsa para la ropa. Traiga estas cosas el primer día de campamento. Toda la ropa y propiedad debe ser identificada con el nombre de su dueño. Por favor, traiga su ropa más vieja.*

- Pijamas /Ropa de dormir
- Boots and tennis shoes/Botas y tenis
- Socks/Calcetines
- Pants (2)/ Pantalones (2)
- Jacket and/or sweater/ Chamarra y suéter
- Girls – blouses (2)/ Muchachas – blusas o playeras (2)
- Boys – shirts (2)/ Muchachos – playeras(2)
- Underwear (2)/ Ropa Interior (2)
- Comb/ Peine
- Towel/ Toalla
- Toothbrush and toothpaste/ Pasta dental y cepillo de dientes
- Soap/ Jabón
- \*Warm blanket or sleeping bag/2 cobijas tamaño cama individual o bolsa de dormir
- Flashlight/ Linterna
- Hat/Gorra

Plastic container for water/Botella plástica para agua

**\*SLEEPING BAGS WILL NOT BE PROVIDED/NO HABRA BOLSAS DE DORMIR**

**PLEASE DO NOT BRING:** Pocketknives, radios, candy, gum or other kind of food.

**POR FAVOR NO TRAIGAN:** Navajas, radios, dulce, chicle, o ningún otro tipo de comida.

**\*Bags are subject to security check/Maletas serán revisadas por seguridad de control.**



**2017 PRE-COLLEGE CAMP- FALL/OTOÑO**  
**Participant Application/Aplicación del Participante**



**APPLICANT INFORMATION**

Last Name		First Name		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Primary Phone		COE		EOE	
Date of Birth		E-mail Address			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Father's Name			Father's Phone Number/Cell		
Mother's Name			Mother's Phone Number/Cell		

**SCHOOL INFORMATION**

High School		Are you a H.S Senior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
GPA (9-12, weighted)		Are you planning to take the SAT?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**EXTRACURRICULAR ACTIVITIES**

*Tell us about your extracurricular activities in and outside of school. For example, class office, clubs, organizations, sports, hobbies, church, work experience, etc.*

**Activity (Please describe the activity below. Please include the dates and grade level of when activity occurred)**

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**EDUCATIONAL AND CAREER GOALS**

**Describe your career goals.**

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**List the college(s)/university(s) you plan to apply to and/or attend.**

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# KERN COUNTY SUPERINTENDENT OF SCHOOLS MIGRANT EDUCATION PROGRAM

## PARENTAL PERMISSION AND LIABILITY WAIVER PERMISO PARENTAL Y RENUNCIO DE RESPONSABILIDAD

- A. Migrant Education Pre-College Camp
- B. On behalf of themselves individually, their child/children, spouses, respective heirs, agents, representatives, and assigns, by their signatures below, the parents agree:  
En nombre de los padres, sus hijos, herederos respectivos, agentes, representates, asignados, por sus firmas a continuación, los padres están de acuerdo:
1. Exculpatory Release: To waive any claim or cause of action in favor of their child and/or themselves against the Kern County Superintendent of Schools, as well as Migrant Education Region V and the State of California (including their respective, officers, administrators, agents, employees, independent contractors, subcontractors, consultants, volunteers, and other representatives) and/or against the Kern County Board of Education (Including its officers, administrators, agents, employees, independent contractors, subcontractors, consultants, volunteers, and other representatives), hereinafter all jointly referred to as "KCSOS/KCBE," which may occur in conjunction with their participation or their child's participation in the described activity.  
*Liberación de Exculpación: Para renunciar a cualquier reclamo o causa de acción en favor de su hijo y/o de ellos mismos contra Kern County Superintendente de Escuelas, y el Programa Migrante de la región V, y el Estado de California*  
*(Incluidos sus respectivos funcionarios, administradores, agentes, empleados, contratistas independientes, subcontratistas, consultores, voluntarios y otros representantes) y/o contra la Junta de Educación del Condado de Kern (Incluyendo a sus funcionarios, administradores, agentes, empleados, contratistas independientes, subcontratistas, consultores, voluntarios y otros representantes) En lo sucesivo denominados conjuntamente "KCSOS / KCBE," que puede ocurrir en conjunción con su participación o la participación de su hijo en la actividad descrita.*
  2. Express Assumption of the Risk: To undertake all the risk of injury, of any nature, to their child and/or to themselves should any occur in conjunction with their participation or their child's participation in the described activity.  
*Asunción Expresa del Riesgo: Asumir todo el riesgo de lesión, de cualquier naturaleza, a su hijo/a conjuntamente con su participación o la participación de su hijo en la actividad descrita.*
  3. Hold Harmless and Indemnification: To defend, hold harmless, and indemnify KCSOS/KCBE from and against any and all claims or causes of action in favor of their child or themselves which may occur in conjunction with their participation or their child's participation in the described activity.  
*Mantenga la inocuidad y la indemnización: Defender, mantener indemne e indemnizar KCSOS/KCBE de y contra cualquier reclamación o causa de acción en favor de su hijo o de ellos mismos que pueden ocurrir conjuntamente con su participación o la participación de su hijo en la actividad descrita.*

4. Covenant Not to Sue: Not to sue KCSOS/KCBE for any claim or cause of action which may occur in favor of their child and/or themselves as the result of their participation or their child's participation in the described activity.

*Pacto de no demandar: No demandar a KCSOS / KCBE por cualquier reclamo o causa de acción que pueden ocurrir a favor de su hijo y / o de ellos mismos como resultado de su participación o la participación de su hijo en la actividad descrita.*

I authorize my son or daughter to participate in the Migrant Education Pre-College camp, which is held at Camp SCICON in Springville, CA.

*Autorizo a mi hijo (a) a participar en el campamento de Pre-Colegio de Migrantes que se lleva a cabo en el Campamento SCICON en Springville, CA.*

Student Name: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***This form is required to attend the program. Se requiere esta forma para poder asistir al programa.***

# KERN COUNTY SUPERINTENDENT OF SCHOOLS MIGRANT EDUCATION PROGRAM

## PHOTO RELEASE FORM FORMULARIO DE LIBERACION DE FOTOS

I hereby grant the Migrant Education Program Region V, the Kern County Superintendent of Schools, the Youth 2 Leaders Education Foundation permission to use my likeness in photographs and/or video in any and all of its publications, including web space, and in any and all other media, whether now known or hereafter existing, controlled by Migrant Education Program Region V, Kern County Superintendent of Schools, Youth 2 Leaders Education Foundation in perpetuity, and for other use by the program or county office of education. I will make no monetary or other claim against Migrant Education Program Region V, Kern County Superintendent of Schools and/or Youth 2 Leaders Education Foundation for the use of the photographs and/or video.

*Por la presente otorgo el Programa de Educación Migrante Región V y el Superintendente del Condado de Kern Escuelas el permiso para usar mi imagen en las fotografías y/o video en todas y cada una de sus publicaciones, incluyendo el espacio web, y en cualquier y todos los demás medios de comunicación, ya sea conocido o adelante existente, controlado por Migrant Education Program Región V y Kern Superintendente de Escuelas del Condado, a perpetuidad, y para otros usos en el programa o en la oficina de educación del condado. No haré ninguna reclamación económica o de otro tipo contra Migrant Education Program Región V y/o Kern Superintendente de Escuelas del Condado para el uso de las fotografías y/o video.*

Student Name (print full Name) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature (if grantor is under18) \_\_\_\_\_ Date \_\_\_\_\_

***This form is required to attend the program.  
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# KERN COUNTY SUPERINTENDENT OF SCHOOLS MIGRANT EDUCATION PROGRAM

## INDEMNITY AGREEMENT *ACUERDO DE INDEMNIZACIÓN*

I am aware that my child has chosen to enroll and participate in the Pre-College camp which he/she will have the option to participate in educational training activities, which are physically, mentally or emotionally demanding and may contain risks. My child agrees to obey all rules, policies and regulations of the program.

I understand that participants must behave according to regulations governing conduct during their stay at the program. Any violation of rules and regulations will result in a phone call to the parents by the administrator of the program to arrange transportation home of the student, taking into account any expense arising based on the student's expulsion will be paid by the parent.

By signing this form means you agree to hold harmless Kern County Superintendent of Schools its officers, officials, agents and employees, individually and collectively, against all costs, losses, demands, actions, payments and judgments, including legal costs and attorneys' fees arising in connection with this program, including any bodily or personal injury, property or other damage, however caused, or brought or recovered against any of those already mentioned above.

*Yo estoy consiente que mi hijo(a) ha escogido matricularse y participar en el programa de Pre-College camp, en el cual él/ella tendrá la opción de participar en actividades de entrenamiento educativas, las cuales son física, mental ó emocionalmente exigentes y podrán contener riesgos. Mi hijo(a) está de acuerdo en que debe obedecer todas las reglas, normas y regulaciones de todas las actividades.*

*Yo comprendo que los participantes deben comportarse según los reglamentos que gobiernan la conducta durante su estancia en el campamento. Cualquier violación de las reglas y regulaciones resultará en una llamada telefónica a los padres de parte del administrador del campamento para arreglar la transportación a casa del estudiante, tomando en cuenta que cualquier gasto que surja a base de la expulsión del estudiante será pagado por el padre.*

*Al firmar al pie de esta forma significa que estoy de acuerdo en librar de culpa a Kern County Superintendent of Schools su mesa directiva, oficiales, agentes y empleados, individualmente y colectivamente, contra cualquier costo, pérdida, demanda, acción, pagos y fallos, incluyendo costos legales y de abogados que surjan en conexión con el programa al aire libre, incluyendo cualesquier lesiones personales ó corporales, propiedad u otro daño, no obstante causado, ó traído ó recuperado contra cualesquiera de los ya mencionado anteriormente.*

Student Name: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***This form is required to attend the program.***

***Se requiere esta forma para poder asistir al programa.***



**KERN COUNTY SUPERINTENDENT OF SCHOOLS  
MIGRANT EDUCATION PROGRAM**

**MEDICAL CONSENT FORM  
FORMA DE CONSENTIMIENTO MÉDICO**

I am the parent or guardian of (student): \_\_\_\_\_

Allergies or current medical problems: \_\_\_\_\_

I direct the Migrant Education Program (MEP) staff to assist my child in taking medication with the written statement/prescription of the physician. I agree to indemnify and hold harmless the Kern County Office of Education, its officers, agents, and employees, for any injury, illness or death which may occur as a result of assisting with administration of the medication in accordance with the physician's direction.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Typed or Printed) \_\_\_\_\_  
Emergency Phone

**PHYSICIAN'S STATEMENT & DIRECTIONS / DECLARACIÓN Y DIRECCIONES DEL MÉDICO**

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time/Frequency: \_\_\_\_\_

Method of Administration:  Tablets  Liquid  Inhaler  Other:

\_\_\_\_\_  
Reason for Medication:

\_\_\_\_\_  
Possible Side Effects:

\_\_\_\_\_  
Estimated Termination Date:

CHECK WHICH OPTION APPLIES AND IS RECOMMENDED BY PHYSICIAN:  
 Medication should be administered under adult supervision in the office.  
 There is a significant potential of an urgent need for this medication at unpredictable times, AND the child has shown to me the maturity, ability and knowledge to carry and self-administer this medication per my instructions.

\_\_\_\_\_  
Physician's Signature (Typed/Printed) \_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone \_\_\_\_\_  
Date

***This form is required to attend the program. Se requiere esta forma para poder asistir al programa.***  
Reference: California Education Code 49423