



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 high school students interested in pursuing their post-secondary education. Students, freshmen through junior classmen, 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 April 6<sup>th</sup>- April 8<sup>th</sup>.

Participating students 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 student in high school (9<sup>th</sup> – 11<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 fundacion educativa, Youth 2 Leaders y el Programa Migrante, Región V, ofrece un programa muy especial para estudiantes de la secundaria. Estudiantes del grado nueve hasta al once (9-11) tendran la oportunidad de participar en este 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 la ciudad de Springville, CA el 6 de abril hasta 8 de abril.

Los estudiantes que participen aprenderán sobre las diferentes opciones que tienen para continuar con su educacion despues de graduarse de la preparatoria. Tambien aprenderán sobre como encontrar la ayuda financiera para hacer una educacion 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 consejero/a o coordinador/a del Programa de Educación Migrante. ¡No pierdan esta gran oportunidad!

### **ELEGIBILIDAD**

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

- ✓ *Estudiante de la secundaria en el grado 9 hasta el 11*
- ✓ *Matriculado en el programa migrante.*
- ✓ *Haber demostrado cualidades de liderazgo y académicas.*
- ✓ *Tener interés en asistir al colegio o universidad despues de la escuela secundaria.*

**CHECK –OFF LIST FOR COMPLETING APPLICATION  
(LISTA PARA COMPLETAR UNA SOLICITUD DE PARTICIPACION)**

1. 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.
2. Attach an unofficial transcript with your application/Adjunte una transcripción no oficial de la escuela secundaria con su solicitud.
3. Your parental permission & liability waiver form is signed by your parent or guardian/ PERMISO PARENTAL Y RENUNCIO DE RESPONSABILIDAD
4. Your photo release form is signed by your parent or guardian/FORMA DE LIBERACION DE FOTOS
5. Your indemnity agreement form is signed by your parent or guardian/ACUERDO DE INDEMNIZACIÓN
6. Your medical consent form is signed by your parent or guardian/ FORMA DE CONSENTIMIENTO MÉDICO
7. Parent Authorization for Transportation/ AUTORIZACIÓN DE LOS PADRES PARA EL TRANSPORTE

Submit completed application on or before Wednesday, March 14, 2018. Incomplete or late applications will not be considered or accepted.

*ENVIAR SOLICITUD COMPLETADA EL O ANTES DE MIERCOLES, 14 DE MARZO DEL 2018. APLICACIONES INCOMPLETAS OR TARDES NO SERAN CONSIDERADAS.*

**SUGGESTED CLOTHING CHECKLIST  
(ARTICULOS DE ROPA)**

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. **\*SLEEPING BAGS WILL NOT BE PROVIDED/NO HABRAN COBIJAS**

✓ Pajamas/Ropa de dormir	✓ Pants (2)/ Pantalones (2)	✓ Boys–shirts (2)/ Muchachos–camisas (2)	✓ Towel/Toalla
✓ Boots and tennis shoes/Botas y tenis	✓ Jacket and/or sweater/ Chamarra y suéter	✓ Underwear (2)/ Ropa Interior (2)	✓ Toothbrush and toothpaste/ Pasta dental y cepillo de dientes
✓ Socks/Calcetines	✓ Girls–blouses (2)/ Muchachas –blusas (2)	✓ Comb/ Peine	✓ Soap/ Jabón
✓ *Warm blanket or sleeping bag/2 cobijas o bolsa de dormir	✓ Flashlight/ Linterna	✓ Hat/Gorra	✓ Plastic container for water/Botella plástica para agua

**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.**

# PRE-COLLEGE AT CAMP SCICON 2018

APPLICANT INFORMATION (PLEASE PRINT)				
Last Name/APELLIDO		First Name/ Nombre		M.I.
Home Address/Domicilio				Apt #
City/Cuidad		State/Estado		ZIP
Primary Phone/Telefono		Cellular/Celular		MSID#
DOB/Fecha de Nacimiento		E-mail/correo electrónico		Gender/género <input type="checkbox"/> M <input type="checkbox"/> F
Father's Name/Nombre del Padre			Father's Phone Number	
Mother's Name/Nombre de la Madre			Mother's Phone Number	
SCHOOL INFORMATION				
Name of High School/Nombre de Secundaria		Grade level/ Nivel de grado	<input type="checkbox"/> 9th	<input type="checkbox"/> 10th <input type="checkbox"/> 11th
Are you planning to take the Pre-ACT/Pre-SAT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	GPA (9-12, weighted)/Promedio de calificaciones	<input type="checkbox"/> Above 3.0 <input type="checkbox"/> 2.5 <input type="checkbox"/> 2.0 <input type="checkbox"/> Below 2.0	
LIST THE COLLEGE(S)/UNIVERSITY(S) YOU PLAN TO APPLY TO AND/OR ATTEND (TOP THREE)				
Community College: 1) _____ 2) _____ 3) _____				
California State University: 1) _____ 2) _____ 3) _____				
University of California: 1) _____ 2) _____ 3) _____				
EXTRACURRICULAR ACTIVITIES / ACTIVIDADES EXTRACURRICULARES				
<p>Tell us about your extracurricular activities in and outside of school. For example, class office, clubs, organizations, sports, hobbies, church, work experience, etc. <b>Activity (Please describe the activity below. Please include the dates and grade level of when activity occurred)</b></p> <p>Cuéntenos sobre sus actividades extracurriculares dentro y fuera de la escuela. Por ejemplo, la oficina de la clase, clubes, organizaciones, deportes, pasatiempos, iglesia, experiencia laboral, etc. <b>Actividad (Describe la actividad a continuación. Incluya las fechas y el nivel de grado de actividad)</b></p>				
EDUCATIONAL AND CAREER GOALS				
<p><b>Describe your career goals. Describe tus objetivos profesionales.</b></p>				

# PRE-COLLEGE AT CAMP SCICON 2018

## KERN COUNTY SUPERINTENDENT OF SCHOOLS MIGRANT EDUCATION PROGRAM

### PARENTAL PERMISSION AND LIABILITY WAIVER

- 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:
  - 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.
  - 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.
  - 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.
  - 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.

### PERMISO PARENTAL Y RENUNCIO DE RESPONSABILIDAD

- A. Migrant Education Pre-College Camp
- B. En nombre de los padres, sus hijos, herederos respectivos, agentes, representantes, asignados, por sus firmas a continuación, los padres están de acuerdo:
  - 1. 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. 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. 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. 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.***

Name of Student/ Nombre del estudiante:	Date/Fecha:
Name of Parent or Legal Guardian/Nombre del Padre:	Signature of Parent or Legal Guardian/Firma del Padre:

***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**

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.

**FORMULARIO DE LIBERACION DE FOTOS**

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.

Name of Student/ Nombre del estudiante:	Date/Fecha:
Name of Parent or Legal Guardian/Nombre del Padre:	Signature of Parent or Legal Guardian/Firma del Padre:

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

# PRE-COLLEGE AT CAMP SCICON 2018

## KERN COUNTY SUPERINTENDENT OF SCHOOLS MIGRANT EDUCATION PROGRAM

### INDEMNITY AGREEMENT

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.

### ACUERDO DE INDEMNIZACIÓN

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 esta forma significa que estoy de acuerdo en librar de culpa a Kern County Superintendente 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 y otro daño, no obstante causado, ó traído ó recuperado contra cualesquiera de los ya mencionado anteriormente.

Name of Student/ Nombre del estudiante:	Date/Fecha:
Name of Parent or Legal Guardian/Nombre del Padre:	Signature of Parent or Legal Guardian/Firma del Padre:

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

# PRE-COLLEGE AT CAMP SCICON 2018

## KERN COUNTY SUPERINTENDENT OF SCHOOLS MIGRANT EDUCATION PROGRAM

### MEDICAL TREATMENT AUTHORIZATION FORM

This form grants temporary authority to the Migrant Education Program (MEP) staff to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should be given to the trip leader or shown to the trip leader and then carried by the designated adult. 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 medical treatment in accordance with the physician's direction.

#### MINOR

Full Legal Name of Child: (First, MI., Last)	Home Address:	City, State, Zip:
Phone: (000-000-0000)	DOB: (00/00/0000)	Gender: (circle below) Male      Female

#### INFORMATION FOR MEDICAL TREATMENT

Physician's Name	Physician's Phone # (if known):
Medical Insurer/Health Plan:	Policy #
Allergies to Medications	Allergies (Other):
Please note all conditions for which the child is currently receiving treatment:	

#### AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for \_\_\_\_\_ (Hereafter "Designee") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: \_\_\_\_\_.

***Lo hago por mi estado y reconozco que este documento ha sido traducido y entiendo que este documento es para otorgar autoridad temporal al personal del Programa de Educación Migrante (MEP) para organizar o proporcionar atención médica a un menor de edad en caso de una lesión médica.***

Name of Student/ Nombre del estudiante:	Date/Fecha:
Name of Parent or Legal Guardian/Nombre del Padre:	Signature of Parent or Legal Guardian/Firma del Padre:

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

# PRE-COLLEGE AT CAMP SCICON 2018

## KERN COUNTY SUPERINTENDENT OF SCHOOLS MIGRANT EDUCATION PROGRAM

### PARENT AUTHORIZATION FOR TRANSPORT AUTORIZACIÓN DE LOS PADRES PARA EL TRANSPORTE

#### TRANSPORTATION

Bus transportation provided by Charter Bus
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#### MINOR

Full Legal Name of Child: (First, MI., Last)		Name of School Attending	
Name of Parent/Guardian		Emergency Contact Numbers	
		Home:	Cell/Other:

In the event that I, the undersigned Parent/Guardian of the minor named, above, cannot provide transportation for the minor to and from appointments and/or services, or related school activities, the undersigned hereby authorizes, assumes the risk of, if any, and waives and releases and discharges the Agency and its past, present and future officers, directors, agents, employees, affiliates, and partners from, and relinquishes, any and all past, present, or future claims, demands, obligations, or causes of action for, compensatory or punitive damages, costs, losses, expenses, and compensation, whether based on tort, contract, or any other theories of recovery, which the undersigned has or which may later accrue to or be acquired by the undersigned against the, for the injury, including death, to the above-mentioned minor, arising from the transportation of the minor as authorized herein.

Por la presente declaro que este documento me ha sido traducido y, por el presente, autorizo, asumo el riesgo de, si lo hubiera, y renuncio, libera, descarga a la Agencia y a todos los afiliados pasados, presentes y futuros y renuncia, a cualquier y todo pasado, presente, o reclamos futuros, demandas, obligaciones o causas de acción por compensación o daños punitivos, costos, pérdidas y gastos, ya sea basado en responsabilidad extracontractual, contrato o cualquier otra teoría de recuperación, que el abajo firmante haya acumulado o pueda acumular posteriormente o ser adquirida por el abajo firmante contra el daño, incluida la muerte, al menor mencionado anteriormente, que surja del transporte del menor según lo autorizado en este documento.

Name of Parent or Legal Guardian/Nombre del Padre:	Signature of Parent or Legal Guardian/Firma del Padre:
Address:	Date/Fecha: