



Feather River College
Upward Bound
570 Golden Eagle Ave
Quincy, CA 95971
(530) 283-0202 ext. 266



Dear Parent,

Upward Bound is going on a college tour! There are a limited number of spaces to participate in this trip. Spaces will be filled on a first come first served basis with priority being given to those students with a 2.5 grade point average. To reserve a space for your son/daughter, please complete and submit the attached packet to be received in our office **no later than Thursday, February 16th**. We will be submitting a final head count to the Oregon Shakespeare Festival and the Ashland Commons (group accommodations) the following week. As we will be purchasing both our tickets and lodging in advance, there will be no additions or cancellations after this date. If a cancellation occurs, the price of the theatre ticket will be deducted from the student's monthly stipends as a reimbursement to the program. Pending PUSD board approval, we will be leaving before the end of school on Friday, March 30th. There are both PUSD and FRC permission slips that must be completed prior to participation. In the case that the early release is not approved, we will be leaving directly after school. Please see trip itinerary enclosed for a complete schedule of trip events. Should you have any immediate questions regarding the trip, please feel free to contact me at (530) 283-0202 ext. 266.

Sincerely,

Audrey Peters

Director
TRiO Upward Bound
Feather River College

*****The packet attached must be completed and received in our office no later than Thursday, February 16th for participants to attend the trip.*****



Oregon Trip Itinerary

This itinerary is pending PUSD board approval to be excused early from school on March, 30th, 2012.
In the case that it is not approved, students will be leaving directly after school.

Friday, March 30, 2012

12:00 p.m.	Portola High UB Pick-up
12:50 p.m.	Quincy High UB Pick-up
1:30 p.m.	Greenville High UB Pick-up
2:00 p.m.	Chester High UB Pick-up
2:20 p.m.	Westwood High UB Pick-up and depart for Susanville
3:00-4:00 p.m.	Lassen Community College Tour
4:00 p.m.	Travel to Mt. Shasta
6:30 p.m.	Eat dinner in Mt. Shasta
7:30 p.m.	Depart for Ashland, Oregon
9:00 p.m.	Arrive at Ashland Commons
10:30 p.m.	Lights out!

Saturday, March 31, 2012

7:30 a.m.	Wake-up
7:30-9:00 a.m.	Shower & eat breakfast
9:30-11:30 a.m.	Southern Oregon University Tour or Rogue Community College Tour
11:45-12:45 p.m.	Lunch
1:30-3:30 p.m.	Oregon Shakespeare Festival-Romeo and Juliet
3:30-5:30 p.m.	Tour downtown Ashland/Harry & David Factory Tour (tentative)
6:00-7:30 p.m.	Cook and eat dinner at the Ashland Commons
8:00 p.m.	Free time at the Ashland Commons
10:30 p.m.	Lights out!

Sunday, April 1, 2012

8:00 a.m.	Wake-up call
8:00-10:00a.m.	Shower, breakfast, pack
10:30 a.m.	Depart for Weed, CA
12:00-1:30 p.m.	Lunch and College of the Siskiyous Tour
1:30 p.m.	Depart for home (2 hours 42 minute drive time per Mapquest)
4:30 p.m.	Chester Drop-off
4:45 p.m.	Westwood Drop-off
5:15 p.m.	Greenville Drop-off
6:00 p.m.	Quincy Drop-off
6:45 p.m.	Portola Drop-off

Upward Bound Oregon Trip Preparation Details

Please Note!!!

- Parts of the drive to and from Oregon can be windy. Please note that Dramamine or motion sickness medication is on the packing list. If a student knows that they get car sick, please request a seat in the front of the vehicle and take motion sickness medication!
- The weather in Oregon is often cold, windy, and rainy during this time of year, please pack appropriately!
- Space in the vans for luggage is limited. Please pack all things in one (school sized) backpack!

Cell Phone/i-Pod Policy

Students are welcome to bring cell phones and i-pods on this trip to be used during designated free time or while traveling in the vans. However, cell phones and i-pods are to be put away during all program activities. If cell phones are in use during program activities they will be taken away for the duration of the trip and returned to students upon parent pick-up on Sunday. Upward Bound staff will not be held liable for any lost or damaged items. It is up to each student to be responsible with computers, cell phones, i-pods, etc.

Emergency Phone Numbers

Should parents need to reach their child while on the trip, Audrey Peters and Tanya Meyer will have their cell phones on at all times (please find numbers below). However, while traveling to and from Oregon there are areas where there is no cell phone reception. In case of emergency, please find below the address and phone number of both Friday night and Saturday night's accommodations.

Chaperone Cell Phone Numbers:

Audrey Peters, UB Director (805) 235-5212

Tanya Meyer, UB Assistant (530) 927-7746

Weekend Accommodations:

Ashland Commons

(541) 482-6753

437 Williamson Way

Ashland, OR 97520

Packing List

When packing for this trip, we ask that all students pack something nice to wear to the Oregon Shakespeare Festival. Please represent our group with appropriate attire.

- Umbrella and/or hooded rain jacket
- Small bath towel
- Flashlight or headlamp
- Bag for lunch
- Reusable water bottle labeled with your name
- Pajamas
- Pen/pencil
- Dramamine or other motion sickness medicine
- 1 pair of casual pants, 1 nicer pair or skirt
- Warm sweatshirt or fleece
- Sweater or jacket
- Upward Bound T-shirt
- 1 casual shirt, 1 dressy
- Comfortable close toed shoes (we will be walking)
- Personal Care: Shampoo/Conditioner, toothbrush, toothpaste, deodorant, feminine hygiene products
- Sleeping bag

Sleeping bags will be provided for all students who do not have their own. Please mark on the registration form whether you will need a sleeping bag or be providing your own.



College Tour Registration
FRC Upward Bound Oregon College Tour
College Tour to Oregon and Northern California March 30-April 1, 2012

Name: _____ Birth date _____ Sex _____ Age _____
 Last First Initial

Name of School: _____ Current Grade Level _____

Parent or Guardian Names: _____

Home Address: _____ Home Phone: _____

Wk Phone: _____ Cell Phone: _____ email _____

If not available in an emergency, notify:

Name: _____ Phone: _____

Allergies: _____

Dietary restrictions: _____

Current medication: _____ Schedule administered: _____

Name of doctor: _____

Doctor's phone number: _____

Medical Insurance carrier: _____

Policy or Group #: _____

Restriction/limitations on camp activities: _____

The applicant is under a physicians care for the following condition(s): _____

Please mark below whether you will need a sleeping bag provided by the college:

Yes. I will need Upward Bound to provide me with a sleeping bag.

No. I will be bringing my own sleeping bag.

This health history is correct to my knowledge, and the person herein described has permission to engage in all prescribed program activities except as noted. I consent to the release of information regarding medication to be administered and give permission for camp personnel to administer medication to _____.

Signature of parent/guardian _____ Date _____

Feather River Community College District
Oregon College Tour, Spring 2012

RELEASE OF LIABILITY AND MEDICAL CONSENT FORM
Hazardous Activities

I, the undersigned, certify that I desire to participate in the Oregon College Tour.

The Oregon College Tour may include, but is not limited to the following activities:

- Overnight housing in Ashland Commons
- Trips to job sites/colleges/performances
- Oregon Shakespeare Festival
- Bus rides
- Sports or team activities

I understand that participation in this class and its activities is voluntary. It is further understood that the class and its activities, by its very nature, poses a degree of risk of injury or illness, including death, and that I willingly and knowingly wish to participate in spite of these risks.

In consideration of the benefits provided by the Feather River Community College District, I hereby agree that neither I, my successors, assigns, nor anyone acting on my behalf will make a claim against or sue the DISTRICT, its officers, agents, employees, or volunteers for injury or damage resulting from the condition of any facility, or the negligence, carelessness or other acts howsoever caused by the DISTRICT or any of its officers, agents, employees or volunteers as a result of my participation in the class, and its activities.

In addition, I hereby release the DISTRICT, its officers, agents, employees and volunteers from all claims or lawsuits that I, my successors, assigns, or anyone acting on my behalf may now have or hereafter at any time have for injury or damage: 1) Resulting from the dangerous or other condition of any DISTRICT facility or property; 2) Suffered by me while participating in or traveling to and from, the class and its activities; or 3) Suffered by me in any other activity associated with the class and its activities.

I agree that the DISTRICT makes no representations or warranties as to the repair or condition of the property, equipment or facilities, which I will be using, and I take such property, equipment and facilities AS IS. I further agree that it shall be my obligation, not the DISTRICT's, to assure that the property, equipment and facilities are in proper and safe condition for the purpose anticipated herein; and that it shall be my obligation and duty, and not the DISTRICT's, to inspect such property, equipment and facilities before they are used, and to take affirmative steps to repair, or where necessary, warn in order to prevent injury to person or property.

I have carefully read this agreement, and fully understand its contents. I am aware that this is a Release of Liability, Medical Consent Form and a legally binding contract between the Feather River Community College District and me, and I sign it of my own free will.

MEDICAL CONSENT

Participant has no known medical condition(s), which may pose a risk to the health and safety of others or me by participating in the activities. Participant agrees to advise the District in writing of any medical, physical or health condition that may be affected or in any way jeopardized by participating in the activities. In the event of any medical emergency, Participant authorizes and consents to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that the District program supervisor deems necessary for the safety and protection of the Participant.

Participant's Name: _____ Participant's Address: _____
Please print

Student Signature: _____ Signature of parent/guardian: _____

Telephone: _____ Date: _____

PLUMAS UNIFIED SCHOOL DISTRICT

<p>PARENT/GUARDIAN WAIVER OF LIABILITY</p>

Date _____

We, the parents or legal guardians of _____, a student at _____ School, agree to absolve, release, and hold harmless Plumas Unified School District, _____ School, and/or its instructors, or other adult chaperones from any financial liability or claim for damages of any nature arising out of any event associated with the field trip to/with _____ during the period of _____. We realize that such a trip has certain risks involved and that every attempt will be made to safeguard students and belongings, but that no amount of precaution taken by the instructors can guarantee safety.

Signature of parent or guardian

PLUMAS UNIFIED SCHOOL DISTRICT

STUDENT BEHAVIOR CONTRACT - STUDENT TRIPS

Trip _____ School _____

Dates of trip _____

Extended field trips such as the one listed above involve certain possible risks which make cooperation, responsibility, and self-discipline mandatory. This trip is a privilege.

Students will be considered in school while attending any activity associated with this trip, as well as while traveling and participating in activities during the trip. All school rules and District rules will apply during the dates of this trip.

Any student possessing or using liquor or tobacco or other drugs (aside from those listed on their medical release form or non-prescription products) will be barred from further participation in the field trip and parents/guardians notified immediately to arrange transportation home.

Any behavior that violates rules established by the faculty member(s) in charge of this trip or by the Plumas Unified School District, may result in being sent home as soon as transportation can be arranged. It is the parent/guardian's responsibility to arrange such transportation with reasonable speed. For seniors, failure to adhere to the above rules will jeopardize your participation in graduation ceremonies.

I understand the necessity and conditions of this contract. I agree to cooperate with a pleasant attitude with all rules established for this field trip.

Print student's name

Signature of student

Date

Signature of parent/guardian

Date

PLUMAS UNIFIED SCHOOL DISTRICT

PARENT/GUARDIAN PERMISSION FORM SCHOOL TRIP - SECONDARY
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This form must be completed and filed with the sponsoring teacher at least five (5) days before the date of the trip. The student must obtain:

- 1) the signature of those teachers whose classes the student will miss while engaged in the activity
- 2) the parent's signature when the activity necessitates the student leaving the building.

(Student)	(Class/Activity)	(Teacher)
	3/30/12@ 1:30 pm	
(Location)	(Time Leaving)	(Time Returning)
Upward Bound Oregon College Tour		3/30/12-4/1/12
(Nature of the Trip or Activity)	(Date)	
FRC Vans	None	
(Means of Transportation)	(Cost to Student, if any)	

<p>TEACHERS: Please sign next to the appropriate period to acknowledge you have seen this form, and check the appropriate column next to your name.</p>		Approved	
	TEACHER	YES	NO
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		

PARENT/GUARDIAN

I understand that all students going on this trip will be responsible in conduct to teachers or adult chaperones. It is further understood that students will go and return from the event on the transportation provided.

(Date)	(Parent or Guardian Signature)
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PLUMAS UNIFIED SCHOOL DISTRICT

PARENT/GUARDIAN PERMISSION FORM SCHOOL TRIP - SECONDARY
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- 1) the signature of those teachers whose classes the student will miss while engaged in the activity
- 2) the parent's signature when the activity necessitates the student leaving the building.

_____	_____	_____
(Student)	(Class/Activity)	(Teacher)

3/30/12@ 12:50 pm

_____	_____	_____
(Location)	(Time Leaving)	(Time Returning)

Upward Bound Oregon College Tour

3/30/12-4/1/12

_____	_____
(Nature of the Trip or Activity)	(Date)

FRC Vans

None

_____	_____
(Means of Transportation)	(Cost to Student, if any)

<p>TEACHERS: Please sign next to the appropriate period to acknowledge you have seen this form, and check the appropriate column next to your name.</p>		Approved	
	TEACHER	YES	NO
	1 _____		
	2 _____		
	3 _____		
	4 _____		
	5 _____		
	6 _____		
	7 _____		
	8 _____		

PARENT/GUARDIAN

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_____	_____
(Date)	(Parent or Guardian Signature)

PLUMAS UNIFIED SCHOOL DISTRICT

PARENT/GUARDIAN PERMISSION FORM
SCHOOL TRIP - SECONDARY

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3/30/12@ 12:00 pm		
(Location)	(Time Leaving)	(Time Returning)
Upward Bound Oregon College Tour	3/30/12-4/1/12	
(Nature of the Trip or Activity)	(Date)	
FRC Vans	None	
(Means of Transportation)	(Cost to Student, if any)	

<p>TEACHERS: Please sign next to the appropriate period to acknowledge you have seen this form, and check the appropriate column next to your name.</p>	TEACHER	Approved	
		YES	NO
	1		
	2		
	3		
	4		
	5		
	6		
	7		
8			

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(Date)	(Parent or Guardian Signature)
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