



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 _____

**WESTWOOD UNIFIED SCHOOL DISTRICT
VOLUNTARY EXCURSION/FIELD TRIP/WATER ACTIVITY WAIVER
AND MEDICAL AUTHORIZATION - MINOR or ADULT**

Dear Parent/Guardian:

Kindly complete and return this form to the teacher in charge.

_____ has my permission to participate in the following voluntary activity:

Destination: Upward Bound Oregon College Field Trip

Departure Date & Time: Fri. March 30th. 2012 2:15 pm Return Date & Time: Sun. April 1st. 2012. 5:00 pm

In the event of illness or injury, I do hereby consent to whatever X-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I hold the Westwood Unified School District, its officers, agents and employees, harmless from any or all liability to claims, which may arise out of or in connection with my child's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at his/her and/or parents' expense.

EMERGENCY FORM

Parent/Guardian Names _____

Address _____

Home Phone _____ Call Phone _____ Work Phone _____

Person to call in case of emergency _____

Emergency Phone _____

Do you have a medical insurance plan? _____

If yes, what is the name of the company? _____

Please list any life threatening information: _____

Student Signature _____ Date of Birth _____

Parent/Guardian Signature _____ Date _____

A special note to Parents/Guardians:

- (1) All drugs must be registered on this form.
- (2) All drugs, except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.
- (3) If any medication or drugs are to be taken by the student, list them here:
(Name of drug and reason) _____
- (4) _____ Check here if there are no special problems that the staff should be aware of and no drugs required on the trip.

If your son or daughter has a special medical problem, kindly attach a description of that to this sheet.

WESTWOOD UNIFIED SCHOOL DISTRICT
PERMISSION FORM FOR FIELD TRIP WATER ACTIVITIES

To: Parents/Guardians

From: Westwood Unified School District

The School District policies, as required by our insurance company, require a separate permission form for trips where wading and/or swimming will be included. If at all possible, the services of certified life guard will be made available. Under certain circumstances, this may not be possible, so you need to be aware that there may not be life guard services on hand. We do require reduced adult-to-student ratios for swimming activities. Please fill in the appropriate information along with your signature of approval or disapproval.

Field trip or planned activity – describe potential water activities:

N/A

Date(s) of planned activity: N/A

Swimming ability of my son/daughter: N/A

My son/daughter May _____ May Not _____ participate in the planned water activities for this trip.
(Please check one)

Comments: _____

Parent Signature _____ Date _____