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**FIRST NAME, LAST NAME****STUDENT ID**

## Student Travel Checklist

### BEFORE THE TRIP

Forms students need to fill out and sign...

- Field Trip Application
- Field Trip/Excursion Form E20 from the district
- Guarantee Contract from ASO
- Conference Attendance Agreement from ASO
- Copy of students CA ID or Driver's License
- Copy of medical card

Forms to be Signed at the Career & Transfer Center:

- \*Student Travel Advance "Receipt for Miscellaneous Expenses"
- \*Student Travel Advance "Receipt for Meal Expenses"

\*All Students sign onto the same form



# Los Angeles Harbor College

## Historically Black College and Universities (HBCU) College Field Trip

### Participant Interest Form

**Deadline to Submit: 2/24/17**

Requirements: 30 Transferable Units  
Grade Point Average – 2.50 above

To be considered you must submit all of the following documents to the Career & Transfer Center (SSA 105):

1. This completed interest form
2. Unofficial transcripts

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(as it appears on government issued identification) (as it appears on government issued identification)

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit City State Zip Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Major: \_\_\_\_\_

Please select the **English** and **Math** courses you have completed:

- |   |  |
|---|--|
| <input type="checkbox"/> English 21           | <input type="checkbox"/> Math 121          |
| <input type="checkbox"/> English 28           | <input type="checkbox"/> Math 215          |
| <input type="checkbox"/> English 101          | <input type="checkbox"/> Math 227          |
| <input type="checkbox"/> English 101          | <input type="checkbox"/> Math 234          |
| <input type="checkbox"/> Other English: _____ | <input type="checkbox"/> Math 235          |
| <input type="checkbox"/> Math 123A            | <input type="checkbox"/> Math 260          |
| <input type="checkbox"/> Math 123B            | <input type="checkbox"/> Math 240          |
| <input type="checkbox"/> Math 123C            | <input type="checkbox"/> Stats 1           |
| <input type="checkbox"/> Math 115             | <input type="checkbox"/> Other Math: _____ |
| <input type="checkbox"/> Math 125             |  |



# Los Angeles Harbor College

Anticipated number of Transferable Units that will be completed by June, 2017: \_\_\_\_\_

G.P.A (overall): \_\_\_\_\_ G.P.A. (transfer): \_\_\_\_\_

Which General Education Plan are you following?  CSU GE Breadth  IGETC

Have you met with a counselor?  YES  NO

If yes, what is the counselor's name? \_\_\_\_\_

Which schools are you interested in transferring to? \_\_\_\_\_

Please indicate any LAHC programs you are participating in: \_\_\_\_\_

Please check the box(es) any of the following majors that are of interest to you:

- Administration of Justice (AS-T)
- Anthropology (AA-T)
- Business Administration (AS-T)
- Communication Studies (AA-T)
- Early Childhood Education (AS-T)
- English (AA-T)
- History (AA-T)
- Kinesiology (AA-T)
- Mathematics (AS-T)
- Music (AA-T)
- Physics (AS-T)
- Psychology (AA-T)
- Studio Art (AA-T)
- Other: \_\_\_\_\_

Why do you want to go on this HBCU College Tour? \_\_\_\_\_

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

### Office Use Only

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Staff initials: \_\_\_\_\_

Eligible: YES NO

# Los Angeles Community College District

## EXCURSION/FIELD TRIP FORM

All participants complete Sections A and B:

- A. WAIVER
- B. MEDICAL AUTHORIZATION

Also complete Section(s) C and/or D and/or E, if applicable:

- C. NON-CLUB MEMBER
- D. A PARTICIPANT PROVIDING HIS/HER OWN TRANSPORTATION
- E. MINOR

**A. WAIVER**

Activity: HISTORICALLY BLACK COLLEGES AND UNIVERSITIES TOUR

Campus/Class/Group: LAHC

Supervising Academic Employee: ~~RETANA TORRES~~ Donald Essex

Departure Date & Time: 4/2/17

Return Date & Time: 4/7/17

As stated in California Code of Regulations, Subchapter 5, Section 55450, I understand and agree that I shall hold the Los Angeles Community College District, its Board of Trustees, officers, agents, representatives, employees, and permissive users of District vehicles harmless from any and all liability, claims, causes of action, and demands related to, arising out of or in connection with my participation in this activity, including injuries, accident, illness or death.

If my participation in this activity results in any liability, claims, causes of action, or demands against the Los Angeles Community College District, its Board of Trustees, officers, agents, representatives, employees, and permissive users of District vehicles, I agree to defend and indemnify the District, its Board of Trustees, officers, agents, representatives, employees, and permissive users of District vehicles in such an action.

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 my being sent home at my own expense.

My signature on this document acknowledges that I have read and understand the above provisions and agree to abide by these terms.

Participant's Printed Name

Signature of Adult Participant or of Parent/Guardian on behalf of Minor Participant

Date

Address

Phone #

- B. MEDICAL AUTHORIZATION:** In the event of any illness or injury while participating in the activity listed in Section A, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician, surgeon, and/or dentist as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.

Participant's Printed Name

Signature of Adult Participant or of Parent/Guardian on behalf of Minor Participant

Date

Participant's Medical Insurance Carrier

Policy #

Medical Insurance Carrier Address

Medical Insurance Carrier Phone

In the event of illness, accident, or other emergencies, please notify:

Name

Address

Phone #

**Medical Condition:** Check here if you have a special medical condition and attach a description of that condition to this sheet.

**C. NON-CLUB MEMBER**

I request that I may participate in the activity listed in Section A.

**As a condition for being allowed to participate in the above-referenced activity as a non-club member, I agree to abide by the provisions of Sections A and B, and, if applicable, Section(s) D and/or E.**

My signatures on this document acknowledge that I have read and understand all applicable provisions and agree to abide by these terms.

\_\_\_\_\_  
Participant's Printed Name                      Signature                      Date

**D. A PARTICIPANT PROVIDING HIS/HER OWN TRANSPORTATION**

I understand (college name: \_\_\_\_\_) may be providing transportation to and from the above-referenced activity. However, I do not wish to use this transportation.

I will provide my own transportation at my own expense to attend the activity listed in Section A and agree to abide by the following terms:

It is fully understood that the Los Angeles Community College District, its Board of Trustees, officers, employees, agents, representatives or volunteers is in no way responsible nor assumes liability for any injuries, losses, claims or actions resulting from, arising out of or incident to the non-District transportation. I understand that although the District may recommend travel time and/or routes to and/or from this event, that such recommendations are not mandatory and do not in any way constitute District sponsorship of or responsibility for my transportation.

I also understand that the driver is not driving as an agent of or on behalf of the District.

My signature below acknowledges that I have carefully read these provisions and I fully understand and willingly agree to abide by these terms.

\_\_\_\_\_  
Participant's Printed Name                      Signature                      Date

**E. MINOR (For students/non-club members under 18 years of age, the parent or guardian completes this section in addition to Sections A and B; and C and D, where applicable.)**

\_\_\_\_\_ has my permission to participate in the activity listed in Section A.

\_\_\_\_\_  
Participating Minor's Printed Name

Check here if there are no medical conditions that the staff should be aware of and if your son/ daughter is not required to use any drugs during this activity.

**AND/OR**

**Drugs:** Check here if your son/daughter must take any drugs during the excursion/field trip and list them on this form or hereto attached. All drugs, except those which must be kept on the minor's person for emergency use, must be kept and distributed by District/College staff.

\_\_\_\_\_  
Name of drug and reason for use

I have read, understand and agree to all provisions of Section A: Waiver; Section B: Medical Authorization; Section E: Minor; and Sections C and D, as appropriate; as related to my son/daughter's participation in this activity.

\_\_\_\_\_  
Parent/Guardian Printed Name                      Parent/Guardian Signature                      Date

\_\_\_\_\_  
Address                      Phone #                      Son's/Daughter's Date of Birth

After you have provided the information requested in this section and Sections A and B, please ask your son/daughter to return this form to the Supervising Academic Employee listed in Section A.

\_\_\_\_\_  
Signature of College Administrator Approving Completed Form                      Date

FIRST NAME, LAST NAME

Los Angeles Harbor College

**GUARANTEE CONTRACT**

The undersigned by virtue of his/her signature on this document acknowledges the following facts and agrees to the following conditions and obligations between himself/herself and Los Angeles Harbor College A.S.O. In regards to the forthcoming trip to the:

HBCU TOUR

**Name of Conference**

to be held in: TX, LA, MS

Whereas the Los Angeles Harbor College A.S.O. will pay for the travel expenses and hotel expenses, and whereas once incurred these expenses are not refundable to the A.S.O. and which in the event of cancellation by the undersigned are monies lost to the A.S.O., for which action the undersigned and not the A.S.O. is directly and proximately responsible, then the undersigned agrees to:

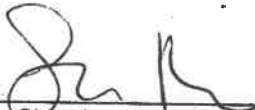
In the event of a cancellation or non-appearance by the undersigned, the undersigned, agrees to, and will be obligated to fully compensate the A.S.O. for any losses directly or indirectly stemming from such failure to utilize the travel tickets or other non-refundable conference arrangements paid for by the A.S.O. on behalf of the undersigned.

In the event it becomes necessary to resort to legal action to recover these funds from the undersigned and the A.S.O. is the prevailing party in such a suit then the undersigned, in addition to compensating the A.S.O. for the travel expenses, will also be responsible for all legal expenses incurred by the A.S.O. in the pursuit of the recovery occasioned by the undersigned's failure to comply with his/her contractual obligation in this matter.

The only exception to the above shall be an unforeseen catastrophic act fully without the control of the undersigned.

Signature of Conference Attendee

Date



Signature of A.S.O. Advisor

Date



FIRST NAME, LAST NAME

Los Angeles Harbor College

A.S.O.

**CONFERENCE ATTENDANCE**  
**AGREEMENT**

You have been selected to represent the Los Angeles Harbor College Associated Students' Organization (ASO) and the college community-at-large. With this opportunity come both privileges and responsibilities. The Conference provides a time to share ideas and promote personal growth. Los Angeles Harbor College students have shown that they have good judgment and maturity while representing the college at functions away from our campus.

The following rules and regulations are offered for clarification purposes:

- 1) All students must abide by the College's Standards of Student Conduct code.
- 2) A 'no show' at the Conference may result in your payment for expenses incurred on your behalf by the A.S.O.
- 3) You are expected to attend workshops, take notes, and prepare for a shared report back to the students unable to attend your session.
- 4) Drivers of vehicles are expected to have adequate liability and medical insurance.
- 5) "Partying" in rooms shall be considered a violation of the trust given you by the college and may subject you to disciplinary action.
6. The advisor must be told of any emergency situation which requires a student to be absent from the hotel. If a student is unable to make personal contact, a note should be left in the hotel mailbox.
- 7) Room service fees for telephone calls, food, pay TV or other personal expenses shall be the responsibility of the student.
- 8) Original receipts for A.S.O. funds provided must be available at the conclusion of the Conference. (Make every effort to have separate receipt for each expenditure.)
- 9) Pursuant to Board Rule 9803.19, possession or use of alcohol, drugs, or any other controlled substance is not permitted at college-sponsored functions.
- 10) Students must meet schedules for transportation, meals, and workshops on time.
- 11) Students assigned to specific rooms shall be held responsible and liable for hotel property, missing or broken items, and general decorum. Violation of hotel and college regulations may result in ejection from the premises and disciplinary action.
- 12) Valuable items such as radios, jewelry, clothes, cameras, which are not absolutely required for participation should be left at home.

**I have read the general guidelines, regulations, and LACCD rules for student conduct. I agree to comply with District regulations and college procedures.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date