

Attachment 2

AP 4300
**FIELD TRIPS/
EXCURSIONS FORMS**

YUBA COMMUNITY COLLEGE DISTRICT

FIELD TRIP/EXCURSION REQUEST

Date: _____

Instructor/Advisor: _____

Phone: _____

Class (Program/Number/Name)/Club/Team: _____

Activity/Destination(s) – Include address	Departure Date/Time	Return Date/Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

For a "Curriculum Related Field Trip" describe the objectives of the proposed activity(ies) and how they relate to the particular course(s) sponsoring the trip. _____

Transportation: Provided by College _____ Leaving From _____
Number of Passengers _____ Vehicle Type _____
Driver Requested _____

Responsibility of Student _____ Note 1: Trip/Excursion begins at the site of field trip/designated hours of trip.

Accommodations Needed: _____ Note 2: Attach itinerary indicating specific locations, dates, and suggested hotel(s) and number of rooms needed.

Advance Ticket/Admission Purchase Needed: Check if applicable: _____ Number Needed: _____
Note 3: Attach name of site, event, or ticket office and date and time needed.

Note 4: Attach "Participant List With Emergency Contact Information" Form.

Participation form(s) to be signed by each participant:
____ Field Trip/Excursion Waiver Statement and Medical Authorization--Adult or Minor
____ Voluntary Transportation Agreement--Athletics (If student driving self)
____ Community Education Foreign Excursion Agreement

Budget Code: _____

Instructor/Advisor Signature Date: _____

Area Administrator/Supervisor Date: _____

VP, Yuba College; VP Woodland Community College Date: _____

Manager Purchasing Date: _____

Confirmation Number

YUBA COMMUNITY COLLEGE DISTRICT

FIELD TRIP/EXCURSION WAIVER STATEMENT AND MEDICAL AUTHORIZATION--ADULT

Field Trip/Excursion (Including Destination): _____

Departure Date & Time: _____ Return Date & Time: _____

I understand that pursuant to the California Code of Regulations, Subchapter 5, Section 55220, by participating in the field trip(s)/excursion(s), I am deemed by law to have waived any claims against the Yuba Community College District for injury, accident, illness or death occurring during or by reason of the field trip/excursion.

I understand and acknowledge that participation in this activity is completely voluntary and, as such, is not required by the District.

I have no known medical condition(s), which may pose a risk to the health and safety of others or me by participating in the activity(ies). I agree to advise the District in writing of any medical, physical or health condition, which may be affected or in any way jeopardized by participating in a specific field trip/excursion.

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Medical Insurance Carrier	Policy No.	Address
---------------------------	------------	---------

In the event of accident or illness, please notify:

Name	Address	Phone
------	---------	-------

I understand and acknowledge that if the District is not providing the transportation that it is my responsibility to arrange for my transportation to and from the activity.

If the college is not providing transportation, I further understand:

- The driver of the vehicle in which I am riding, either as driver or passenger, is not driving on behalf of or as an agent of the District, and the District has not verified the driving record of the driver, the liability insurance of the vehicle, or the condition of the vehicle.
- The District is in no way responsible, nor does the District assume liability, for any injury or loss that may result from my transportation.

I understand that I must abide by the Student Code of Conduct or Community Education Guidelines, whichever applies.

Name (Print)	Phone
--------------	-------

Signature	Date
-----------	------

12/17/2007

YUBA COMMUNITY COLLEGE DISTRICT

FIELD TRIP/EXCURSION WAIVER STATEMENT AND MEDICAL AUTHORIZATION--MINOR

_____ has my permission to participate in the voluntary activity specified below,
Name (Print) and, as such, is not required by the District.

Field Trip/Excursion (Including Destination): _____

Departure Date & Time: _____ Return Date & Time: _____

Pursuant to the California Code of Regulations, Subchapter 5, Section 55220, I understand that I hold the Yuba Community College District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

In the event of illness or injury, I 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. It is understood that the resulting expenses will be the responsibility of the parent or guardian.

Medical Insurance Carrier Policy No. Address

A special note to Parent/Guardian: (1) All medications must be registered on his form; (2) All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) [____] Check here if there are no special problems that the staff should be aware of and no medication is required on the trip; (4) If any medication is to be taken by student, list them below.
(Name of drug and reason) _____

If your child has a special medical condition, please attach a description of the problem to this sheet.

I fully understand that participants must abide by the Student Code of Conduct or Community Education Guidelines, whichever applies. Any violation of the rules and regulations specified in these documents may result in that individual being sent home at the expense of his/her parent/guardian.

I understand and acknowledge that if the District is not providing the transportation that it is my responsibility to arrange for my child's transportation to and from the activity.

If the District is not providing transportation I further understand:

- The driver of the vehicle in which the student is riding, either as driver or passenger, is not driving on behalf of or as an agent of the college, and the college has not verified the driving record of the driver, the liability insurance of the vehicle, or the condition of the vehicle.
- The District is in no way responsible, nor does the District assume liability, for any injury or loss that may result from the student's transportation.

Parent Name (Print) Phone

Parent Signature Date

Student Signature Date

YUBA COMMUNITY COLLEGE DISTRICT
PARTICIPANT LIST WITH EMERGENCY CONTACT INFORMATION

Field Trip/Excursion (Including Destination): _____

Departure Date & Time: _____ Return Date & Time: _____

Participant/Phone #

Emergency Contact/Phone #

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signed: _____ Date: _____
Instructor/Advisor Signature

Phone: _____

YUBA COMMUNITY COLLEGE DISTRICT
EMPLOYEE DRIVER OF REQUESTED TRANSPORTATION

Name: _____ Phone _____
Print

DOB: _____

Driver's License #: _____ Expiration Date: _____

Vehicle Description: _____

Vehicle License #: _____

Insurance Carrier: _____ Phone: _____

Liability Limits: _____ Policy #: _____ Expiration Date: _____

I certify that the above information is correct and that the insurance coverage is in force. I understand that while driving a District contracted vehicle in the course of my duties with the District that I must have liability insurance coverage and a valid driver's license as required by the State of California. I agree to advise the District, in writing, of any changes in the above information.

All persons driving on District business will: (1) follow the most direct route; (2) avoid unnecessary stops; (3) transport only authorized persons, no guests; (4) transport no more than 8 passengers, no matter what size of vehicle; and (5) ensure that all vehicle occupants use seat belts if available in the vehicle.

Attach a photocopy of the following: (1) "Proof of Insurance" provided by your automobile insurance company that indicates expiration date of insurance, and (2) driver's license. The District will obtain a driving record check from the California Department of Motor Vehicles.

Signed _____ Date _____

Destination _____ Purpose _____

Approval _____ Date _____

YUBA COMMUNITY COLLEGE DISTRICT
VOLUNTARY TRANSPORTATION AGREEMENT
ATHLETICS

Student Name: _____

Description of Activity: _____

Date of Activity: _____

Time of Activity: Start Time _____ End Time _____

I understand that the District is providing transportation to and from the above activity. However, I wish to provide my own transportation to and from the activity.

The above student hereby requests permission to provide his/her own transportation at his/her own expense.

It is fully understood that the District is in no way responsible, nor does the District assume liability, for any injuries or losses resulting from this non-District sponsored transportation. I further hold the District harmless from any and all liability that may result from my use of my own transportation as described herein. Note: Photocopy of Student's Driver's License is attached.

Student Signature

Date

Parent or Legal Guardian Signature (if under 18)

Date

Yuba Community College District Faculty/Coach Signature

Date

Yuba Community College District Athletic Director Signature

Date

YUBA COMMUNITY COLLEGE DISTRICT
Community Education Foreign Excursion Agreement

Name on Passport (Print): _____

Passport Number: _____ Expiration Date: _____

The undersigned has voluntarily enrolled in the _____ Community Education course/activity involving foreign travel. I understand and agree to all of the following:

- Travel to any foreign country may involve changes in plans, unexpected delays, and limited access to some services;
- I am subject to the laws of the country visited;
- The college cannot be held responsible or accountable for the actions of a foreign government or its representatives;
- By their very nature, the use of transportation, housing, food and other goods and services or activities in connection with participation in this program and excursion carries a risk of personal injury, property loss, or both, to participants. In spite of these risks I wish to participate in the course and excursion, and assume the liability and responsibility for any and all potential risks that may be associated with participation in the program;
- I agree to release and discharge the District, its officers, employee and agents from liability for injury, damage or loss of any kind, that may arise in any way or for whatever reason out of participation in the course and excursion;
- After my airline ticket has been issued it is non-refundable;
- The payment for the excursion is non-refundable as of 30 days prior to the scheduled departure date unless the District cancels the excursion;
- The District reserves the right to cancel the excursion or my participation in the excursion, at its discretion and at any time, as long as all money paid to the District by me for the trip is refunded;
- I have no known medical condition(s), which may pose a risk to the health and safety of others or me by participating in this excursion. I agree to advise the District in writing of any medical, physical or health condition, which may be affected or in any way jeopardized by participating in this excursion.
- In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Medical Insurance Carrier	Policy No.	Address
---------------------------	------------	---------

In the event of accident or illness, please notify:

Name	Address	Phone
------	---------	-------

- Pursuant to California Code of Regulations, Subchapter 5, Section 55220, by participating in this excursion, I am deemed by law to have waived any claims against the District for injury, accident, illness or death occurring during or by reason of this excursion;
- I am expected to follow all applicable Board and Community Education policies that may apply to the course and excursion.

I have read, understand, and agree to all of the above.

Signed: _____ Date: _____

Phone: _____