



Summer Career Institute at Ventura College
For 6th, 7th and 8th graders
Career Institute Application

Return application to CTE Divisions Office at Ventura College by June 30th

Dates: - **7/7, 7/8, 7/9, 7/10**
Program Start & End Times: **9:00am – 12:00 p.m.**

Applicant Information: (Please print clearly)

Date of Application/ Fecha de Aplicacion _____

Student Last Name/ Apellido _____

Student FirstName/ Nombre _____

Birth Date/ Fecha de Nacimiento _____

Current Grade Level/Nivel de Grado _____

Name of Parent or Guardian/Nombre de Padre o Guardian _____

Address/Domicilio _____ City/Cuidad _____

State/Estado _____ Zip/ Zona postal _____

Home Phone Number/ Numero de telefono: _____

Cell Phone Number/ Numero de Celular: _____

Email/Correo electronico: _____

Enrollment is first come first served. Please have the application in as soon as possible.

Student Signature

Firma de Estudiante _____ Date/ Fecha _____

Parent Signature

Firma de Padre/ Guardian _____ Date/ Fecha _____

Middle school student attending:

Career Areas (Choose your 1st, 2nd, & 3rd choice by numbering them 1-3): Your child will participate in all of the workshops in their camp

- **Architecture & Drafting:** Drop off and pick up will be at the Wright Event Center (WEC) at Ventura College (near Telegraph and Day Rd).
- **Criminal Justice:** Drop off and pick up will be at the Wright Event Center (WEC) at Ventura College (near Telegraph and Day Rd).
- **The Millionaire Middle Schooler Next Door (Business Camp):** Drop off and pick up will be at the Wright Event Center (WEC) at Ventura College (near Telegraph and Day Rd).
- **Robotics:** Drop off and pick up will be at Ventura High School.

Dear Parent:

We are inviting your child to participate in our annual Summer Career Institute (SCI) at Ventura College. Due to the tremendous success of our SCI, we are once again offering this opportunity to your child. The academy begins on **July 7th and ends on July 10th**. The program will start at 9:00 a.m. and end at 12:00 p.m. The students will be given snacks and water during their break. **It is the responsibility of the parent to provide drop off and pick up from Ventura College or Ventura High School.**

Due to limited space students will be accepted on a first come first serve basis. The entire application must be completed in order for your child to be accepted into the Summer Career Institute. Once the application is completed please give the application packet CTE Divisions Office at Ventura College, addressed to Celine Park. You will be notified by email if your child is accepted into the program.

Sincerely,

Celine Park

Celine Park
CTE Project Director

Padres de Familia:

Estamos invitando a su hijo a participar en nuestro Instituto Carrera de Verano en el Colegio de Ventura. Debido al tremendo éxito de nuestra Instituto Carrera de Verano, una vez más estamos ofreciendo esta oportunidad para su hijo. La academia comienza el **7 de julio y termina el 10 de julio**. El programa comenzará a las 9:00 am y terminan a las 12:00 pm. Los estudiantes recibirán bocadillos y agua durante su descanso. Es responsabilidad de los padres proporcionar para dejar y recoger a partir de Ventura Colegio.

Debido a estudiantes de espacio limitado se aceptarán por orden de llegada primero servido base. Toda la aplicación debe ser completada para que su hijo sea aceptado en el programa. Una vez completada la solicitud, por favor dar el paquete de solicitud CTE Oficina Divisiones en Ventura College, dirigido a Celine Park. Se le notificará por correo electrónico si su hijo es aceptado en el programa.

Sinceramente,

Celine Park

Celine Park
CTE Project Director

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| <p>Dates/Fechas: 7/7, 7/8, 7/9, 7/10 Program Start & End Times/Horario del Programa: 9:00am – 12:00 p.m</p> |
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Career Explorations Camp

Pick up Waiver

Dear Parents/Guardians,

Your child should be dropped off and picked up each day from July 7th through July 10th (see dates listed). Students should be dropped off and picked up at the addresses below that are assigned to their camps around 8:30am to 8:55am. We will begin every class at 9:00am and they will end at 12:00pm

- **Architecture & Drafting**- At Ventura College's WEC near Telegraph and Day Road
- **Business**- At Ventura College's WEC near Telegraph and Day Road
- **Criminal Justice**- At Ventura College's WEC near Telegraph and Day Road
- **Robotics**-Ventura High School on 2N Catalina

If you choose to have your child walk home, please know that the college will **NOT** be responsible for any claims of accident, injury, or death resulting from your child walking home.

Please indicate if you would like your child to walk home either on the form or with note on the first day.

I have carefully read this authorization and fully understand its contents and give voluntary consent to its terms and conditions.

Signature of Parent/Guardian: _____

Date: _____

Cláusula de Dejado y Recogido

Queridos Padres/Guardianes,

Su hijo debe ser dejados y recogidos cada día del 7 de julio al 10 de julio (ver fechas enumeradas). Los estudiantes deben ser dejados y recogidos en las siguientes direcciones que se asignan a sus campamentos alrededor de 8:30am-8:55am. Vamos a comenzar cada clase a las 9:00 am y terminarán a las 12:00 pm.

- **Arquitectura y Redacción** - Telegraph and Day Rd en el Centro de Eventos Wright
- **Negocios** - Telegraph and Day Rd en el Centro de Eventos Wright
- **Justicia Criminal** - Telegraph and Day Rd en el Centro de Eventos Wright
- **Robótica** - Escuela Secundaria Ventura en 2N Catalina

Si usted decide que su hijo camine a casa, por favor, sepan que el colegio no será responsable por cualquier reclamo de accidente, lesión o muerte como resultado de su hijo caminando a casa.

Por favor, indique si desea que su hijo camine a casa, ya sea en la forma o con la nota en el primer día.

He leído cuidadosamente esta autorización y entiendo completamente su contenido y dar un consentimiento voluntario a sus términos y condiciones.

Firma del padre/guardián:

Fecha: _____



Summer Career Institute

Student Commitment Form

I, the undersigned, agree to participate fully in **the 2014 Summer Career Institute from July 7th through July 10th**. As a participant, I agree to be on time; exhibit appropriate and acceptable behavior at all times, and participates in all assigned activities and projects. I, the undersigned, understand all responsibilities and privileges involved.

Formulario de Compromiso por el Estudiante

Yo, el abajo firmante, estoy de acuerdo en participar plenamente en el 2014 Instituto Carrera verano del 7 de julio al 10 de julio. Como participante, estoy de acuerdo para llegar a tiempo; exhibir un comportamiento apropiado y aceptable en todo momento, y participa en todas las actividades y proyectos asignados. Yo, el abajo firmante, entiendo todas las responsabilidades y privilegios implicados.

Student's Name /Nombre del Estudiante: _____

Student Signature/Firma del Estudiante: _____

Date/ Fecha : _____

Parent/Guardian Signature/Firma del Padre/Guardian: _____

Date/Fecha: _____



VCCCD Multi-Media/ Model Release Form

More Info: 805.652.5504

VCCCD.EDU' MOORPARKCOLLEGE.EDU' OXNARDCOLLEGE.EDU' VENTURACOLLEGE.EDU

I, the undersigned, hereby consent to and authorize the use and reproduction by the Ventura County Community College District, any of the individual colleges within the District, or college related foundation(s), to use my image, likeness and/or voice in the production of college, college district or college related foundation(s) publications, whether in print, video, audio or for a website.

I hereby waive any right to inspect or approve the finished images, advertising copy or printed matter that may be used in conjunction therewith, or the eventual use that the images may be applied.

I release the college, college district or college related foundation(s) from any liability relating to any blurring, distortion, or alteration whether intentional or otherwise, that may occur or be produced in connection with the images, or in connection with any processing, alteration, transmission, display or publications of the image.

This agreement constitutes the sole, complete and exclusive agreement between college, the college district or college related foundation(s) regarding the images and I am not relying on any other representations whether oral or written.

This agreement will remain in effect, without compensation to me, so long as the college, college district or college related foundation(s) deems necessary. The original film, prints, negatives, tapes, and/or soundtracks shall constitute the property of the college, college district or college related foundation(s) that created the materials.

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|---------------|---|-------|
| | | |
| SIGNATURE | PRINT NAME | DATE |
| ADDRESS | CITY, STATE, ZIP | PHONE |
| EMAIL ADDRESS | SIGNATURE OF PARENT OR GUARDIAN, if minor | |



VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

ACTIVITY LIABILITY WAIVER AND RELEASE AGREEMENT

ACKNOWLEDGMENT, RELEASE, HOLD HARMLESS AND ASSUMPTION OF POTENTIAL RISK AGREEMENT

(Print Student Name and Student I.D. Number)

Location: ☐ Moorpark College ☐ Oxnard College
 ☐ Ventura College ☐ District Administrative Center

☐ Fall Term ☐ Spring Term ☐ Summer Term

Activity/Event: _____

Date(s) or Period of Time: _____

An Activity Liability Waiver and Release Agreement must be completed for each event (may cover multiple dates for same event) or one per school term.

I, the undersigned wish to participate in the District-approved event or activity as referenced above (hereinafter referred to as "Activity").

I understand and acknowledge that this Activity is voluntary and may be dangerous and hazardous and, by its very nature pose the potential risk of severe and serious physical and emotional injury/illness, or even death, to all individuals who participate in such Activity. I am aware that no District coverage for medical treatment of liability is provided in connected with this Activity.

I understand and acknowledge that in order to participate in this Activity I agree to assume all liability and responsibility for any and all potential risks, injuries or even death which may be associated with participation of such Activity. I represent and warrant that Student/Participant is mentally and physically fit, capable, able, and willing to participate in this Activity without any limitations.

I understand, acknowledge, and agree that the District, its Governing Board, employees, agents, coaches, teachers, volunteers, or representatives shall not be liable for any injury/illness suffered by Student/Participant which is incident to and/or associated with preparing for and/or participating in this Activity.

I hereby release, discharge, indemnify, and agree to hold harmless the District, District's Governing Board, College and each of their employees, agents, coaches, teachers, volunteers, and representatives free from any and all liability arising out of or in connection with Student/Participants' participation in the Activity, including all related activity such as games, practices, training activities, trips, related exercise, student fundraisers, or any other activity or event. For purpose of this Release, liability means all claims, demands, losses, causes of action, suits, or judgments of any kind that Student/Participant or Student/Participant's parents, guardians, heirs, executors, administrators, and assigns may have against District, Governing Board, College, and employees, agents, coaches, teachers, volunteers, and representatives because of Student/Participant's personal, physical, or emotional injury, accident, illness or death, or because of any loss of or damage to property that occurs to Student/Participant or his or her property during Student/Participant's participation in the Activity that may result from any cause including but not limited to District's Governing Board, College's, employees, agents, coaches, teachers, volunteers, or representatives own passive or active negligence of other acts other than fraud, willful misconduct or violation of the law.

Student/Participant and/or parents or guardians who do not wish to accept the risks described in this Agreement should not sign this Agreement, and will not be allowed to participate in the Activity.

I acknowledge that I have carefully read this voluntary activities participation form and that I understand the potential dangers incident to engaging in this Activity, am fully aware of the legal consequences of this agreement, and agree to its terms and understand I am waiving certain rights and assuming the risk of damage from my participation in the Activity.

Student Signature

Date

Parent/Guardian Signature (if student under 18 years of age)

Date

Supervising District Employee

Date

Division Department/Manager

Date

President or Vice President

Date

Director of General Services

Date

If a Student/Participant is a minor, then parent or guardian must sign. If Student/Participant is an adult (18 years of age or older), no signature of parent or guardian is required.

VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

District Administration Center
333 Skyway Drive, Camarillo, CA 93010
(805) 384-8300

☐ Moorpark College

☐ Oxnard College

☐ Ventura College

VERIFICATION OF PRIVATE INSURANCE

This form must be completed regardless of whether you do or do not have private medical insurance

Sport/Program/Activity: _____

| | | | | | |
|------------------------|-------|--------|---------------|-----|---------------|
| LAST NAME | First | Middle | CAMPUS VC | SEX | DATE OF BIRTH |
| HOME ADDRESS | | | DAYTIME PHONE | | HOME PHONE |
| SOCIAL SECURITY NUMBER | | | Student ID | | |

☐ **I DO NOT** have Private Health Insurance coverage of my own or through my parent(s) or spouse. *(Sign and date this form below)*

☐ **I DO** have Private Health Insurance coverage of my own or through my parent(s) or spouse. *(Complete the following and sign and date this form)*

Insurance Coverage is through: ☐ Self ☐ Spouse ☐ Parent

Type of Insurance Coverage: ☐ Individual *(self-purchased)* ☐ Through Employer

Name/Address of Policyholder (self/spouse/parent) _____

Social Security No. of Policyholder _____

Employer's name (if applicable) _____

Type of Insurance Plan:

☐ HMO (Kaiser, Health Net, Etc.) ☐ PPO ☐ Medi-Cal ☐ Other _____

Insurance Company Name/Address: _____

_____ Tel No. _____

Insurance Company Policy and Group No. _____

In the event of an injury, **except in an emergency**, my health insurance plan allows for:

☐ **Treatment by my insurance plan only** ☐ **Treatment by any physician/medical facility**

I hereby certify that the above statements are true, complete and correct to the best of my knowledge.

Student Name (Print)

Signature

Date