

# WINTER STEAM Boot Camp

Dear Applicant,

Thank you for your interest in the Winter STEAM Boot Camp at Pasadena City College. Our outreach team on the HSI-STEM grant is here to guide you through the application process. Our Winter STEAM Boot Camp is 2 days, January 2 and January 3, 2020, from 10am to 3pm. There is a middle school track and a high school track for students, please select one.

This Application has 4 parts. Please check each item off as you review and/or complete it:

- |  |  |
|--|--|
| <input type="checkbox"/> Applicant Contact Information | <input type="checkbox"/> Pasadena City College Liability Forms                 |
| <input type="checkbox"/> Financial Aid                 | <input type="checkbox"/> Deposit form<br>(Submit After Confirmed in Boot Camp) |

Priority consideration will be given to students who reflect the demographics of the HSI-STEM grant target population; from the Pasadena Unified School District, first-generation college students, underrepresented in the field of STEM (Science, Technology, Engineering, and Mathematics) or low income.

To submit your application, please mail, e-mail, or drop off your application at our center at 1570 E. Colorado Blvd. Pasadena CA room V-104. After we receive your application, our Admission Committee will review the materials in the order we receive them. Acceptance and Waitlist emails will be sent out at the latest by Tuesday, December 3, 2019. Waitlist applicants will be notified by Friday, December 6, 2019. We encourage you to submit your application as soon as possible.

If you have any questions about the application process, please feel free to email or call us. We can be reached at (626) 585-3153 or at [stemoutreach@pasadena.edu](mailto:stemoutreach@pasadena.edu)

Again, thank you for the interest in our Winter STEAM Boot Camp. We look forward to getting to know you

Sincerely,  
STEM Outreach at Pasadena City College





**Please complete in its entirety**

**STUDENT INFORMATION**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Nickname: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnic Background: \_\_\_\_\_ (e.g., Guatemalan, Chinese/Cambodian, etc)

Cell phone: (\_\_\_\_\_) \_\_\_\_\_ Home phone # (\_\_\_\_\_) \_\_\_\_\_

Student email

\_\_\_\_\_

Home Address:

\_\_\_\_\_

City: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Mailing Address (if different from above):

\_\_\_\_\_

City: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Student lives with:

\_\_\_\_\_

What language do you want materials sent home in?

\_\_\_\_\_

There are 2 tracks available for the boot camp. Please check the box that applies to your student.

Middle School

High School

Has the student attended a previous PCC STEM outreach event?

No

Yes, Which one?

\_\_\_\_\_

GUARDIAN 1

Name: \_\_\_\_\_ Relationship to student:

\_\_\_\_\_

Guardian 1 phone: (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_ Lives with student (circle one)

Yes      No

Guardian 1 email:

\_\_\_\_\_

Occupation: \_\_\_\_\_ Marital

status: \_\_\_\_\_

GUARDIAN 2

Name: \_\_\_\_\_ Relationship to student:

\_\_\_\_\_

Guardian 2 phone: (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_ Lives with student (circle one)

Yes      No

Guardian 2 email:

\_\_\_\_\_

Occupation: \_\_\_\_\_ Marital

status: \_\_\_\_\_



Winter STEAM: Boot Camp Financial Aid

Dear Parents or Guardians,

Any information provided will remain the confidential property of the Winter STEAM: Boot Camp and will only be shared with the Winter STEAM: Boot Camp staff.

Winter STEAM: Boot Camp is one of the outreach programs under our HSI-STEM grant at Pasadena City College. In order to ensure our grant is targeting the student populations it was intended to serve we are requiring financial information. Priority Consideration will be given to students who our grant targets.

Check the box that applies to you

Guardian 1

Guardian 2

Employment:

Employment:

Yes          No  
Full-Time    Part-Time

Yes          No  
Full-Time    Part-Time

Employment Zip Code: \_\_\_\_\_

Employment Zip Code: \_\_\_\_\_

Annual Salary:

Annual Salary:

0-35,000  
36,000-65,000  
66,000-100,000  
100,000+

0-35,000  
36,000-65,000  
66,000-100,000  
100,000+

Check all that apply to your student

- Free of Reduce Lunch
- Foster Care
- Shelter Residence or Subsidized housing

**MEDICAL CONSENT:**

In the event of any medical emergency, Participant (check one and initial)

Does \_\_\_\_\_ does not \_\_\_\_\_ authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care that the District program supervisor(s) deems necessary for the safety and protection of the Participant.

Are you currently -under a physician's care for any illness or injury?    YES    NO

If yes, please explain

Are you currently taking any prescription drug?    YES    NO

If yes, please explain

Person to be contacted in emergency \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

I have read this Medical Consent and understand its terms. I execute it voluntarily with full knowledge of its significance.

\_\_\_\_\_  
Signature of Student or (if student is a minor) Parent or Guardian

\_\_\_\_\_  
Date



PASADENA AREA COMMUNITY COLLEGE DISTRICT  
PARTICIPANT GENERAL RELEASE AND ASSUMPTION OF RISK, HOLD  
HARMLESS AND INDEMNIFICATION AGREEMENT

Participant's Name \_\_\_\_\_  
Parent or Guardian's Name (if Participant is a minor) \_\_\_\_\_  
Phone ( \_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_

ACTIVITY: \_\_\_\_\_  
PASADENA CITY COLLEGE \_\_\_\_\_

I am an adult participant or the parent or legal guardian of a minor participant in the  
PASADENA CITY COLLEGE \_\_\_\_\_ ("Activity").

RELEASE AND ASSUMPTION OF RISK: In consideration of the permission granted by  
the Pasadena Area Community College District ("District") for participation in the  
Activity, I, \_\_\_\_\_ the undersigned, hereby release and  
discharge the Pasadena Area Community College District, its trustees, officers,  
employees and agents (herein collectively referred to as "District") from any and all  
liability, claims, losses, causes of action, suits, or judgments of any and every kind that I  
or my minor child, or my or his/her heirs, executors, administrators or assigns may have  
against the District, or that any other person or entity may have against the District for  
my death or the death of the minor participant arising from participation in the Activity,  
including but not limited to, personal injury, death and illness and loss or damage to  
property. I recognize that the Activity poses risk of injury or damage to the participant  
and that I or the minor participant have no obligation to participate in such Activity, and I  
knowingly and voluntarily choose to participate, or permit my minor child to participate,  
in the Activity and assume such risk.

INDEMNIFICATION: I further agree to hold harmless, defend and indemnify the District  
from any and all liability, claims, losses, causes of action, suits, or judgments of any and  
every kind that I, or my minor child, or my or his/her heirs, executors, administrators or  
assigns may have against the District, or that any other person or entity may have  
against the District arising from me or my minor child's participation in the Activity.  
I hereby authorize the District to provide transportation, food and/or lodging in  
conjunction with the Activity. If transportation during the event becomes necessary due  
to medical or any other reason, I agree to bear all costs of such transportation.

\_\_\_\_\_ Date \_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant or Parent/Guardian of Minor Participant

\_\_\_\_\_  
Print Name as Signed



PASADENA CITY COLLEGE STUDENT HEALTH SERVICES  
1570 E. Colorado Blvd. D-105. Pasadena, California 91106. 626-585-7244

MINOR AUTHORIZATION CONSENT FORM  
FOR MEDICAL TREATMENT &/OR COUNSELING

Student Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Person to notify in an emergency Relationship \_\_\_\_\_

Medical Insurance (include MediCal) \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Student's Date of Birth \_\_\_\_ Age \_\_\_\_ Male Female

The undersigned (parent / guardian) of \_\_\_\_\_, hereby  
(Print Student Name)

authorizes the medical and counseling staff of Pasadena City College and/or Student Health Services, as agents for the undersigned to consent to any diagnostic procedure (including x-rays) to the administration of any counseling, medical, surgical treatment, or to any hospital care when any or all of the foregoing is deemed advisable and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act.

This authorization is given in advance of any specific diagnosis, treatment or medical care being required and pursuant to the provisions of Section 25.9 of the California Civil Code.

Parent/Guardian Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Home Telephone Number: (\_\_\_\_) \_\_\_\_\_

Work Telephone Number: (\_\_\_\_) \_\_\_\_\_



# Media Release

## 5 Days of STEAM

Date(s) \_\_\_\_\_

I grant permission to Pasadena Area Community College District, on behalf of the Pasadena City College and its agents or employees, to use photographs, audio recordings, videotapes, film, or other content derived from any media capture taken of me on the date and at the location listed above for use in college publications such as recruiting brochures, newsletters, and magazines, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on Pasadena City College web sites or other electronic forms or media, and to offer them for use or distribution in other non-college publications, electronic or otherwise, without notifying me.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby understand and agree that the content gathered through my participation in events at Pasadena City College is the sole property of Pasadena City College, an educational institution, which has no commercial purpose in collecting, distributing, displaying, storing, or otherwise making use of this media.

I hereby indemnify and hold harmless Pasadena City College, the Pasadena Area Community College District, its employees, trustees, or other representatives, or any combination of the aforementioned individuals or groups respecting any claims that may arise as a result of the collection of this media content.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

Guardian signed \_\_\_\_\_ Date \_\_\_\_\_

(If person is under 18 years of age)

Print Guardian name \_\_\_\_\_





## DEPOSIT FORM

Date(s) of performance(s): Winter STEAM Boot Camp!

Pasadena City College and the parent(s)/guardian(s) of the student participating in the Winter STEAM Boot Camp acknowledge and agree that (i) a refundable deposit of \$25 is required to ensure your students spot in the winter boot camp, without the deposit your students spot is forfeited; (ii) the deposit will be refunded on the last day of the boot camp to the parent(s)/guardian(s) of students who attend ALL days of the summer academy. Since this is a cost-free boot camp we want to ensure full participation of all students. (iii) The deposit must be received before Friday, December 6, 2019, if the student is accepted into the program. We will only accept CASH.

Please submit your \$25 CASH deposit in person or by mail to:

c/o Jeanette Diaz

Pathways Outreach

Pasadena City College, V-104

1570 E. Colorado Blvd., Pasadena CA 91106

Parent/Guardian Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Parent/Guardian name \_\_\_\_\_

Print student name \_\_\_\_\_



Pasadena City College Winter STEAM Boot Camp  
Student/Parent Agreement Form

Student guidelines play a central role in the success of the Winter STEAM Boot Camp spirit and are grounds for immediate and automatic dismissal from the boot camp

1. Any form of fighting or malicious harassment against another individual.
2. Possession or sale or being under the influence of drugs (unless medically prescribed), alcohol or cigarettes.
3. Stealing
4. Falsifying information
5. Vandalism
6. Leaving a field trip site without permission from a staff member
7. Being off campus at any time without a staff member.
8. Sexual activity.
9. Public and private affection towards another student or staff.
10. Possession or use of firearms, weapons, or any form of fireworks.
11. Gambling.
12. Any other blatant disrespect towards staff or students.

Student Agreement

I, \_\_\_\_\_, have read the above and agree to abide by the program policies as started. I understand that if I violate any of these policies I will be dismissed from the Winter STEAM Boot Camp.

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(student signature)

(Date)

Parent/Guardian Agreement

I, \_\_\_\_\_, have read the above and understand the policies that govern the STEAM summer academy. I also understand that my son/daughter may be dismissed from the Academy if he/she violates any of the policies listed above.

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(student signature)

(Date)