

The Latino Leadership and College Experience Camp Permission Packet

**CHECKLIST**

All **DOCUMENTS including this page** must be completed and turned in during an LLCEC Orientation Workshop. Participation will be finalized on a first come, first served basis.

Se debe entregar todo los **DOCUMENTOS incluso esta página** durante el taller de orientación. Se finalizará y confirmará participación de los invitados en la orden de llegada.

\_\_\_\_\_ **1. Attend orientation workshop / Asiste al taller de orientación (date):** \_\_\_\_\_

\_\_\_\_\_ **2. Complete all permission forms / Completa todos los permisos y formas:**

Parent and students must sign the following forms/ Se requieren las firmas de padres y estudiante en cada documento:

- Permission and Medical Release Form/Permisio y Autorización Medica (Top of page 2)*
- Medical Information/ Información Medica (page 2-3)*
- KCTCS Excess Insurance for Camps (page 4-5)*
- Photo and Media Release/ Permisio de Foto y Publicaciones en los medios (page 6)*
- Attendance Agreement/Acuerdo de Asistencia (page 7)*
- Code of Conduct/ Código de Conducta (page 8)*
- Student Survey / Encuesta estudiantil (page 9)*

\_\_\_\_\_ **3. Pay Non-Refundable Participation Fee /Paga la tarifa de participación de:**

**For office use only:**

Name of student: \_\_\_\_\_

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

All materials complete: YES NO

\_\_\_\_\_ Permission Forms: Parent and student signatures (\_\_\_\_)

\_\_\_\_\_ Participation Fee Included (Non-refundable)

Check Number: \_\_\_\_\_ Cash \_\_\_\_\_ Online Credit/Debit Card \_\_\_\_\_

**NOTES:**

1: LLCEC 2019 Name of Participant/ Nombre de participante: \_\_\_\_\_

**Permission and Medical Release Forms / Permiso y Autorización Médica**

I, the parent or legal guardian of \_\_\_\_\_, will not hold Bluegrass Community and Technical College, University of Kentucky nor their members, employees or volunteers responsible for any accident or injury incurred by the named youth participant above while he/she is participating in any activity sponsored during this college preparation camp or while being transported to and from any activity sponsored by the camp. This agreement and medical information will be valid from this point on or until the parent or legal guardian of the named youth change it in writing and is received by the host institution of such events or activities.

Yo, el padre o tutor legal de \_\_\_\_\_, no hago responsables a Bluegrass Community and Technical College, la Universidad of Kentucky, ni a sus miembros, a sus empleados y a sus voluntarios, por ningún accidente ni herida sufrida por el joven nombrado aquí mientras esté participando en cualquier actividad auspiciada o facilitada por BCTC ni mientras el campamento de preparación universitaria. Ni tampoco les hago responsables por ningún accidente mientras el transporte, que sea de ida y vuelta de cualquier actividad auspiciada o facilitada por la administración del campamento. Esta disposición estará vigente hasta que los padres de familia o el tutor legal del joven nombrado anteriormente la cambien en escrito y sea recibida por la institución auspiciadora o facilitadora de tales eventos o actividades.

Signature of parent or legal guardian/ Firma de padre de familia o tutor legal:		Date/Fecha	
Signature of Witness/Testigo:		Date/Fecha	

If a medical emergency occurs, we, the staff of the Latino Leadership and College Experience Camp of Bluegrass Community and Technical College, University of Kentucky and our partners will make every possible effort to contact the parents or legal guardian of the student in order to approve any medical treatment needed due to the emergency. We ask you sign this permission form so that we can treat or provide medical services to your child, in the event we are not able to locate the parent or legal guardian.

This is to certify to all the medical staff that I, the parent or legal guardian of \_\_\_\_\_, through this form gives authorization and consent to give emergency medical treatment to the above named youth and that we assume responsibility for all expenses incurred for the said emergency medical services.

Si ocurre una emergencia médica, nosotros, el personal del Programa de Preparación Universitaria de Bluegrass Community and Technical College, University of Kentucky y nuestros socios hará todo lo posible para ponerse en contacto con los padres de familia o con el tutor legal del estudiante para que aprueban el tratamiento de emergencia. En caso que no podamos localizarlos, les pedimos que firmen este permiso para el tratamiento de emergencia.

Esto es para certificar a todo el personal médico que soy el padre legal o tutor legal de \_\_\_\_\_, y que por medio de este formulario doy mi autorización y consiento a todos que se le den servicios de emergencia al joven nombrado anteriormente y que asumo responsabilidad total de los gastos incurridos debido a dicho servicio médico de emergencia.

Signature of parent or legal guardian/ Firma de padre de familia o tutor legal:		Date/Fecha	
Signature of Witness/Testigo:		Date/Fecha	

2: LLCEC 2019 Name of Participant/ Nombre de participante: \_\_\_\_\_

**Medical Information/ Información médica**

Do you have any food or medical allergies? If so, please describe.

¿Tienes alergias a comidas o medicinas? ¿Y, si es así, descríbelas a continuación?

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Do you take any medications? If so, please provide type of medicine, dosage and frequency.

¿Tomas medicinas? Y, si es así, favor de elaborar detalladamente los nombres de ellas, la dosis y la frecuencia con que las tomas.

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Name of doctor or clinic of choice / Nombre del médico o clínica preferidos.

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Telephone Number / Telefono: \_\_\_\_\_

Emergency Contact Information/ Información de contacto en el caso de emergencia:

Name/Nombre: \_\_\_\_\_ Teléfono/ Phone #: \_\_\_\_\_

Address/Domicilio: \_\_\_\_\_

Relationship/Parentesco: \_\_\_\_\_

Does the participant have any physical or emotional limitations or concerns that of which staff should be aware?

¿Tiene el/la participante alguna limitación o preocupación física o emocional de la cual los directores deben saber?

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3: LLCEC 2019 Name of Participant/ Nombre de participante: \_\_\_\_\_

**Kentucky Community and Technical College System  
Excess Insurance for Camps/Conferences/Field Trips  
Summary of Coverage**

**Insurance Carrier**      Ash Group (Axis Global)

**Coverage**      Insurance coverage is on an **excess** basis only. The participants' personal health insurance policy will be primary and provide coverage for accident. The **excess** policy will cover any out-of-pocket expense not paid by the participants' personal insurance up to the limits of the policy listed below. (This includes payment of the deductible and coinsurance amounts if applied under the participants' personal policy.) The benefit period is 52 weeks from the date of an injury. The first expense must be incurred within 90 days of the accident and care is medically necessary. If the participant does not have personal health insurance coverage, this **excess** policy will pay first dollar, up to the limits of this policy. Pre-existing conditions are not covered. A pre-existing condition is any condition for which a prudent person should have sought treatment or was treated in the previous six months.

<b>Coverage Benefits &amp; Limits</b>	Accident Medical Expense ( <b>Excess</b> )	\$25,000
	Accident Dental Expense ( <b>Excess</b> )	URC*
	Physical Therapy	URC*
	Deductible	None
	AD&D Principle Sum	\$15,000

\*UC = Usual & Customary

**Consent to Medical Treatment/Insurance Statement**

It is understood that authority is given to the Kentucky Community and Technical College System, or anyone they may designate, to have my son/daughter treated for injuries they incur during a designated camp, conference, or field trip activity with the college.

I understand that I will be notified if a health problem arises, but in the event I cannot be reached by telephone, I hereby give KCTCS, or anyone they may designate, permission to seek medical treatment for the participant named below, including surgery (on an emergency basis) or additional advanced treatments (MRI, lab tests, etc.) as deemed necessary by competent medical personnel.

I am aware that, as the adult participant, or as the parent or legal guardian of the participant named below, I will be responsible for any expenses incurred outside of the limits provided by the Kentucky Community and Technical College System's Camps/Conferences/Field Trips Policy. I also understand that the System insurance coverage is on an "excess" basis only. The excess policy will cover any out-of-pocket expense not paid by the participant's personal insurance up to the limits of the policy listed above.

Date	Name of Participant	Signature (Parent or Guardian if claimant is a minor)
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Emergency Contact (if other than parent) Name: \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

4: LLCEC 2019 Name of Participant/ Nombre de participante: \_\_\_\_\_  
New General

Kentucky Community and Technical College System  
Camps, Conferences & Field Trips  
Medical Insurance Information Form

Participant Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apt.#

\_\_\_\_\_  
City State Zip Code

Participant's Social Security No. (optional): \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Business phone: mother: \_\_\_\_\_ step mother: \_\_\_\_\_

father: \_\_\_\_\_ step father: \_\_\_\_\_

Home phone mother: \_\_\_\_\_ step mother: \_\_\_\_\_

father: \_\_\_\_\_ step father: \_\_\_\_\_

Neighbor or Relative (Other than parent/guardian): Phone: \_\_\_\_\_

**Primary Insurance Information**

**Parent's Insurance Covering Participant**

Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

**Second Parent's Insurance (if participant is also covered under this policy)**

Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

**Check and sign if participant has no health coverage.**

There is no health insurance coverage for this participant at this time.

Signature Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**You must submit a copy of the front and back of all insurance and Rx identification cards covering participants, if applicable.**

5: LLCEC 2019 Name of Participant/ Nombre de participante: \_\_\_\_\_



Office of Public Information and Marketing  
470 Cooper Drive - 211 Oswald Building  
Lexington, KY 40506

### PHOTO AND MULTIMEDIA RELEASE FORM

I understand and agree to allow my name, photograph, story and video/audio to be used in any number of marketing purposes and communication vehicles for the promotion of the college. This may include, but is not limited to, magazine articles, web features, national and regional advertising on TV, online, radio, newspapers, and outdoor properties.

I understand that images and recordings will become the property of the college.

Name: \_\_\_\_\_  
Please Print

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

Parental signature (if under 18):

Name: \_\_\_\_\_  
Please Print

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

If applicable:

Major/Program of Study: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Hometown Newspaper: \_\_\_\_\_

BCTC is an equal opportunity employer and education institution.

6: LLCEC 2019 Name of Participant/ Nombre de participante: \_\_\_\_\_  
New General

**Attendance Agreement / Acuerdo de Asistencia**

By completing this application, you are agreeing to participate in all the activities, events and meetings that comprise the 2019 Leadership and College Experience Camp. Failure to attend the camp or failure to give notice of no attendance in a timely manner will result in dismissal from the College Experience Program and all activities that make up the programs yearly initiatives which include scholarship programs, individualized academic counseling, college fairs and more. The camp is valued at \$350.00 per participant. The camp is offered at a minimal cost to youth currently enrolled in high school. **Please make checks/money orders payable to BCTC Foundation.** Payment must be made at LLCEC Orientation Workshop in order to confirm participation.

Completar esta solicitud resulta de ponerte de acuerdo con la participación en cada actividad, evento y reunión en qué consiste el Campamento de Liderazgo y Experiencia Universitaria de 2019. No asistir al campamento o no dar excusa o razones de no asistir al campamento de una manera oportuna, puede resultar de la despedida del programa de Liderazgo y Experiencia Universitaria y cada actividad en qué consiste la iniciativa anual la cual incluye programas de becas, asesoramiento individualizado, ferias de universidades y más. El valor del campamento por cada participante es \$350.00. Se ofrece el campamento a un costo mínimo a jóvenes que están inscritos en la escuela preparatoria. **Favor de escribir cheques u órdenes de dinero en nombre de BCTC Foundation. Favor de traer el pago al taller de orientación para confirmar la participación.**

Signature of parent or legal guardian/ Firma de padre de familia o tutor legal:		Date/Fecha	
Signature of Student/Firma de estudiante:		Date/Fecha	

**Important Dates /Fechas importantes:**

Sunday, July 21<sup>st</sup> , 2019 at 1 pm                      First Day of Camp  
El Domingo 21 de Julio de 2019 a la 1 pm                      Primer día del campamento

7: LLCEC 2019 Name of Participant/ Nombre de participante: \_\_\_\_\_  
New General

**Code of Conduct/ Código de conducta**

1. Each participant should treat with respect and courtesy all participants, adults, volunteers, instructors and all staff and administration of BCTC and the Leadership and College Experience Program.  
Se debe tratar con respeto y cortesía a todos los participantes, adultos, voluntarios, instructores y personal docente y administración de BCTC y del programa de liderazgo y experiencia universitaria.
2. Vocabulary should be appropriate and respectful for all. The use of obscene language is not permitted for any reason.  
El vocabulario debe ser adecuado y respetuoso para los demás. No se permite el uso de palabras obscenas.
3. Harassment, intimidation, threats, coarse jokes, discriminatory language, rough play or disobedience will not be tolerated.  
No se tolerará el acoso, intimidación, amenazas, burlas, vocabulario discriminatorio, juego duro o desobediencia.
4. In regards to the dorm stay, participants should respect the establish schedules. Men are prohibited from entering places designated as “Women only”, and the women should not enter places designated as “Men Only.”  
Participants are prohibited from leaving the dorms without being accompanied by camp volunteers or staff.  
En cuanto a la estancia de noche, los participantes deben respetar los horarios establecidos. Los hombres tienen prohibido la entrada a las áreas designadas “solo para mujeres” y las mujeres no deben entrar en las áreas designadas “solo para hombres.” No se debe salir de los dormitorios sin ser acompañados por los voluntarios y/o personal docente del campamento.
5. Failure to following these basic rules could result in dismissal from the camp.  
No seguir estas reglas básicas podría resultar de ser despedido del campamento.

Signature of parent or legal guardian/ Firma de padre de familia o tutor legal:		Date/Fecha	
Signature of Student/Firma de estudiante:		Date/Fecha	

8: LLCEC 2019 Name of Participant/ Nombre de participante: \_\_\_\_\_



Please complete this survey. All the information will remain confidential.

Birth date: \_\_\_\_\_ Gender Identity: Male Female

What pronouns do you prefer: HE/HIM SHE/HER THEY/THEM Non-binary Other: \_\_\_\_\_

- 1. Are you interested in careers in education? Would you like to be a teacher? YES NO
- 2. Are you interested in careers in STEM (Science, technology, engineering and math)? YES NO
- 3. Are you interested in careers in Social Work or Social Services? YES NO
- 4. Are you interested in careers in Law, Justice or Political Sciences? YES NO
- 5. Is there an adult in your life that is helping you understand college? YES NO

Who helps you? \_\_\_\_\_

- 6. Who is the most important role model/ support in your life?  
 A. Parents B. Teacher / Mentor C. Friends D. Relatives  
 E. Other: \_\_\_\_\_

- 7. Did you know that ALL students that graduate from Kentucky high schools can go to college? (regardless of age, immigration status, national origin and English ability)  
 YES NO

- 8. What is the biggest problem facing youth today? (Pick only one; the one you think is the biggest problem)  
 A. Immigration Issues B. Gangs and Youth Violence C. The Environment  
 D. The Economy E. Racism F. Other: \_\_\_\_\_

- 9. What do you think the main cause of high school dropout is?  
 A. Immigration status B. Money/Financial Problems C. Lack of Support at home  
 D. Lack of support from teachers/don't feel like they belong at school  
 E. School is boring, not challenging enough F. Gangs G. Other: \_\_\_\_\_

10. Tough questions: make a list of 3-5 questions you wish you had the answers to:

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11. What language do you prefer? ENGLISH SPANISH FRENCH ARABIC

NEPALESE KIRWANDAN SWAHILI

OTHER: \_\_\_\_\_

9: LLCEC 2019 Name of Participant/ Nombre de participante: \_\_\_\_\_