

# Overview

(The Contents of This PowerPoint)



- **Trail Building Course Progression**
  - ORL 045 Basic Trail Building Course Description (NorCal New Camper)
  - ORL 046 Advanced Trail Building Course Description (NorCal 2<sup>nd</sup> year returning)
  - ORL 047 Trail Building Crew Leadership Course Description (NorCal 3<sup>rd</sup> Year)
- **How to Apply Online to Feather River College**
- **High School Co-Enrollment Form**
- **Feather River College's Liability and Medical Consent Form**
- **Checklist of Necessary Enrollment Tasks**



## ORL 045 Basic Trail Building Techniques: (NorCal New Camper)

### **Catalog Description:**

Learn to build low maintenance trails in a safe and efficient manner. This class is suitable for students who are interested in trail building jobs or for those wishing to build trails on private land.

### **Course Topic Outline:**

- Trail Building Safety Techniques
- Trail Maintenance
- Brushing and Scouting
- Tread and Drainage Construction
- Basic Saw Crew Training
- Hand Tool Field Maintenance

### **Major Course Goals:**

Students will be inspired to build low maintenance trails using safe and effective techniques.

### **Student Learning Outcomes:**

Identify and implement trail strategies contributing to trail and natural resource sustainability

Select, utilize, and maintain a variety of tools used for basic trail construction

Demonstrate an ability to assess trail conditions, trail needs, and safety considerations



## ORL 046 Advanced Trail Building Techniques: (NorCal 2<sup>nd</sup> Year Camper)

### **Catalog Description:**

Students will learn advanced techniques related to the use of technical equipment to build low maintenance trails in a safe and efficient manner. This class is most suitable for students interested in building mountain trails on public lands.

### **Course Topic Outline:**

- Safe Use of Technical Equipment
- Grip Hoist
- Crosscut Saw
- Chain Saw
- Pionjar
- Boulder Busting
- Rock Structures
- Building Stairs
- Grade Reduction
- Tread Elevation



### **Major Course Goals:**

Students will be inspired to use increasingly technical skills and techniques to construct and improve low maintenance trails.

### **Student Learning Outcomes:**

Demonstrate safe, proper and efficient use of a variety of mechanized and motorized tools used for trail construction

Safely conduct a variety of activities related to the use of rock (e.g. walls, drainage structures, elevated tread, etc...)

Utilize techniques consistent with protecting against future trail maintenance needs and user conflicts

## ORL 047 Trail Building Crew Leadership: (NorCal 3<sup>rd</sup> Year Camper)

### **Catalog Description:**

This class is designed for students who have demonstrated strong trail building skills. Leading trail crews requires a variety of leadership and management skills. Students will learn skills related to design, tool care, risk management, and a variety leadership and management skills such as communication, motivation, and group norm setting.

### **Course Topic Outline:**

- Risk Management
- Job Hazard Analysis
- Teaching Tool Care
- Work Crew Leadership and Management
- Basic Project Design
- Determination of Work Crew Needs
- Safety Awareness

### **Major Course Goals:**

Students will utilize trail building skills and experiences and will expand their skills into teaching them to others and leading crews through the process of trail design and implementation.

### **Student Learning Outcomes:**

Create communicate and implement an effective risk management plan related to trail construction

Identify tools, equipment and human resources needed to complete specific tasks

Demonstrate principles related to motivation and efficient use of crew time

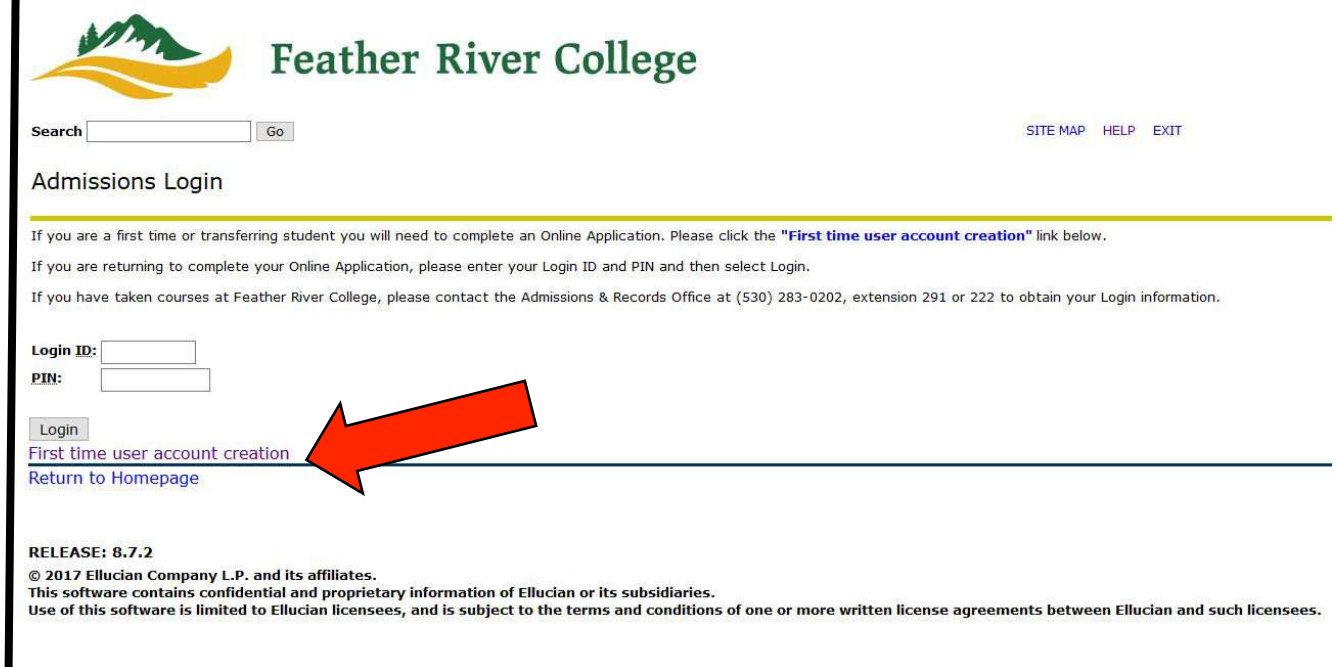
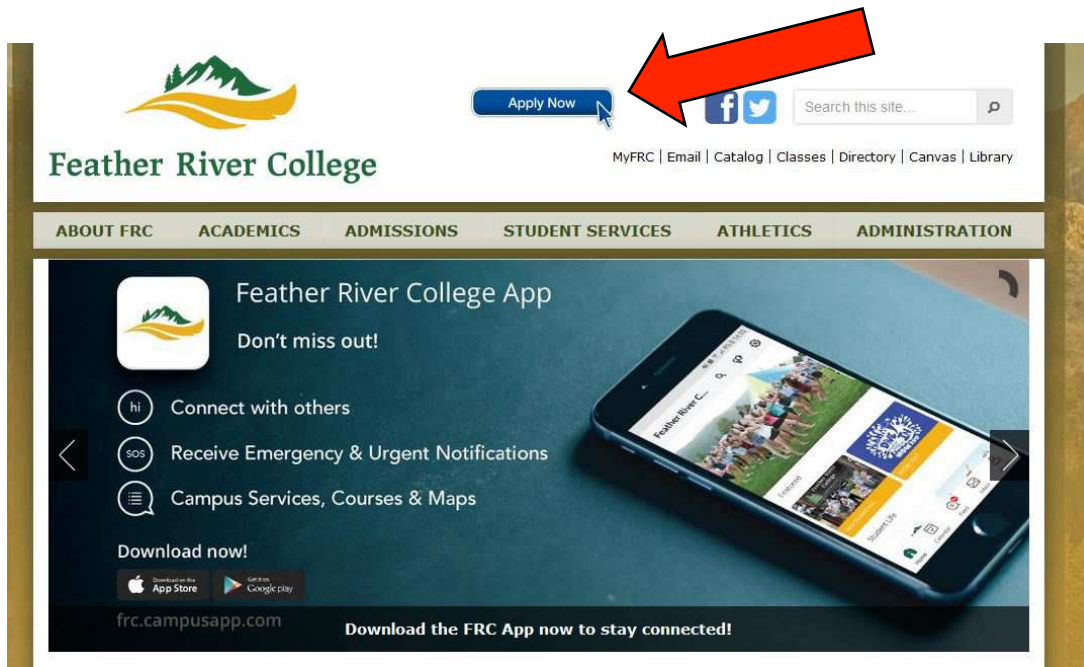


# How to Apply:

Step 1: Visit Feather River College's Website at [www.frc.edu](http://www.frc.edu)

Step 2: Click on "Apply Now" button at the top of the homepage (see image lower left)

Step 3: Create User Account and Follow onscreen prompts (see image lower right)




# High School Co-Enrollment Form:

Step 1: Fill out page 3 in its entirety

Step 2: Obtain the Following Required Signatures on page 4 (see image below)

**Pg 3:**

 **ADMISSIONS & RECORDS OFFICE**  
570 Golden Eagle Avenue  
Quincy, CA 95971  
(530) 283-0202  
Fax: (530)-283-9961

**High School Co-Enrollment Student Permit/Registration Form**

Date \_\_\_\_\_ FRC ID # or SS # \_\_\_\_\_

\_\_\_\_\_  
Last Name First Initial

Mailing Address: PO Box/Street Address City State Zip

Phone ( ) - Email Address \_\_\_\_\_

Grade Level \_\_\_\_\_ Name of School \_\_\_\_\_

Semester for which you are registering:  Fall  Spring  Summer '20

**RESIDENCY:**  
If you are **19 or OLDER**, answer questions 1-4 as they pertain to yourself. If you are **UNDER 19** and not married, answer these questions as they pertain to your parents.

1. Have YOU lived outside California during the last two years? <input type="checkbox"/> YES <input type="checkbox"/> NO	1. Have your PARENTS lived outside California during the last two years? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. In the last two years have YOU registered to vote or petitioned for divorce in a state other than California? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. In the last two years have your PARENTS registered to vote or petitioned for divorce in a state other than California? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. In the last two years, have YOU declared non-residence for income tax purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO	3. In the last two years, have your PARENTS declared non-residence for income tax purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. In the last two years, have YOU attended a state college or university as a resident of another state? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. In the last two years, have YOU attended a state college or university as a resident of another state? <input type="checkbox"/> YES <input type="checkbox"/> NO

**U.S. Citizen**  Yes If you are **NOT** a U.S. Citizen: Alien Registration # \_\_\_\_\_ Date Issued: \_\_\_\_\_  
2. Permanent Resident  
3. Temporary Resident (Amnesty)  
4. Refugee/Asylum  
5. Student Visa (F-1, M-1, VISA)  
6. Other Status: \_\_\_\_\_

If not a U.S. Citizen, **COUNTRY** of permanent address: \_\_\_\_\_  
If not a California resident, **STATE** of permanent address: \_\_\_\_\_  
If not a Plumas County resident, **COUNTY** of permanent address: \_\_\_\_\_

**Is English your primary language?**  YES  NO **GENDER:**  M=Male  F=Female **Birth Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**Student Ethnicity:**

A. Asian	F. Filipino	P. Pacific Islander
AC. Chinese	H. Hispanic	PG. Guamanian
AI. Asian Indian	HM. Mexican, Mexican American, Chicano	PH. Hawaiian
AJ. Japanese	HR. Central American	PS. Samoan
AK. Korean	HS. South American	PX. Other Pacific Islander
AL. Laotian	HW. White Non-Hispanic	W. White Non-Hispanic
AM. Cambodian	HY. Other Hispanic	WD. Decline to state
AV. Vietnamese	N. American Indian	
AX. Other Asian	N. Alaskan Native	
B. African-American	O. Other Non-White	

PLEASE COMPLETE REVERSE SIDE →

If taking academic courses such as English or Math an Assessment Test is required.

**Pg 4:**

Please contact the Assessment Test Coordinator at (530) 283-0202 ext. 313 to schedule an appointment.  
(For non-academic courses such as Health & Exercise, Theatre, etc., assessment may be waived.)

Course #	CRN#	Course Title	Day	Time	Units

Assessment Waived

**APPROVAL OF ASSESSMENT TEST ADMINISTRATOR**

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

**APPROVAL OF FRC COUNSELOR**

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

**APPROVAL OF PARENT / GUARDIAN**

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

**APPROVAL OF SCHOOL PRINCIPAL**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Initials of Principal: \_\_\_\_\_

**Summer Concurrent Enrollment Limitations:**  
Per Ed Code 49830 (d)(2) please verify that enrollment is not more than 5% of total number of pupils who have completed this grade level immediately prior to Summer.  Verified

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(for students below 11<sup>th</sup> grade)

I certify that the information on this application is correct, and I understand that falsification may result in my dismissal from Feather River College. I understand that the information on this form and my final grades/transcripts will be made available to my school official.

**STUDENT**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Due to higher education rules concerning confidentiality of college students, registration for courses is to be conducted personally by the High School student not by a proxy. Please proceed to the Admissions and Records Office to officially register and pay your fees.

**APPROVAL OF REGISTRAR**

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

**OFFICE USE:**

SOAHOLD Admissions \_\_\_\_\_ Date: \_\_\_\_\_

Revised 7.8.16, 8.22.16 LH

Parent/Guardian →

High School Principal →

Student →

# Liability and Medical Consent:

Pg 1:

Feather River Community College District  
**STUDENT TRAVEL FORM**  
**ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**  
**RULES, REQUIREMENTS, RESPONSIBILITIES & MEDICAL INFORMATION**

Completion of this form is required by State regulation and District policy for all student travel, excursions, field trips, activities and tours. **If the participating student is under 18 years of age, this form must be completed and signed by the participant and the participant's parent or legal guardian.**

California Code of Regulations, Title 5, Section 55450 provides, in part, as follows: "All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of students taking out-of-state field trips or excursions shall sign a statement waiving such claims."

The District has granted \_\_\_\_\_ (herein after "Participant") permission to participate in \_\_\_\_\_ trip, event, class or activity: \_\_\_\_\_ scheduled for: \_\_\_\_\_ Date(s)

**ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury and/or illness to individuals who participate. I understand and acknowledge that some of the injuries and/or illness which may result from participating in these activities include, but are not limited to, the following: sprains, strains, fractured bones, unconsciousness, head and/or back injuries, paralysis, loss of eyesight, communicable diseases, blood borne pathogens and/or death.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks, which may be associated with participation in such activities.

I understand, acknowledge and agree that the District, its employees, officers, agents or volunteers, shall not be liable for any injury and/or illness suffered by me which is incident to and/or associated with preparing for and/or participating in the activity(ies).

I agree to hold harmless, defend and indemnify the District from any and all liability, resulting from, or in any manner arising out of my activity(ies).

**RULES AND REQUIREMENTS**

The Participant further agrees to accept all the rules and requirements of the trip, observe the program schedules, and to follow the instructions given by supervisory personnel and grants the right to terminate participation in the program if it is determined that conduct is detrimental to the best interests of the group, in which event return home shall be at personal expense. Any violation of District rules or regulations may be cause for suspension or expulsion from the college, subject to the District student due process procedure upon return.

I hereby acknowledge and understand that unless specifically advised otherwise, the District is not providing the transportation and it is my responsibility to arrange for my transportation to and from the activity. If the District is providing transportation but I do not use the transportation, I am responsible to make my own arrangements and the District assumes no responsibility or liability of my kind. During any transportation in any private or personal vehicle, I further understand that: 1. The driver of the vehicle in which I am riding, either as driver or passenger, is not driving on behalf or as an agent of the District, and the District has not verified the driving record of the driver, the liability insurance on the vehicle, or the condition of the vehicle; 2. The District is in no way responsible, nor does the District assume liability, for any injury or loss, which may result from my transportation; 3. Although the District may assist in coordinating the transportation and/or recommend travel time, routes, car pooling, or caravanning, any and all such recommendation or assistance provided is not mandatory.

**RESPONSIBILITY**

The Participant fully recognizes and agrees that the District cannot and will not be held responsible for needs or well-being when not under the direct supervision of District personnel during the activity.

(over)



Pg 2:

**MEDICAL CONSENT AND DISCLOSURE FORM:**

**Consent:** Participant has no known medical condition(s), which may pose a risk to the health and safety of others or me by participating in the activity or activities. Participant agrees to advise the District in writing of any medical, physical or health condition that may be affected or in any way jeopardized by participating in a field trip, excursion or activity. In the event of any medical emergency, Participant (Initial one) does \_\_\_\_\_, does not \_\_\_\_\_ authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, \_\_\_\_\_ hospital care \_\_\_\_\_ the District program supervisor deems necessary for the safety and protection of the Participant.

**Disclosure:** Please share with program faculty any medical concerns that you should be aware of. The list of medical concerns includes, but is not limited to, the following:

- Back problems
- Knee problems
- Any prescription medications
- Diabetes
- Epilepsy (or knowledge of previous seizures)
- Pregnancy
- Allergies
- Asthma
- Heart problems
- Orthopedic issues
- Loss of consciousness
- Others

Use the space below to share any pertinent medical information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

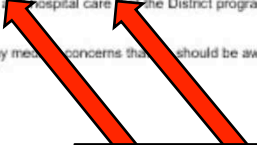
I have read this Acknowledgment and Assumption of Potential Risk and understand its terms. I have disclosed all known medical concerns. I execute it voluntarily and with full knowledge of its significance.

**Signature** of Participant \_\_\_\_\_ Date: \_\_\_\_\_  
Required of all participants, regardless of age)

**AND** if Participant is under 18 years of age:

**Signature** of Participant's parent or legal guardian \_\_\_\_\_ Date: \_\_\_\_\_

Initial one or the other



# Liability and Medical Consent (Cont.):

Pg 3:

Feather River Community College District  
**RELEASE OF LIABILITY AND MEDICAL CONSENT FORM**  
Hazardous Activities Class

I, the undersigned, certify that I desire to participate in the following \_\_\_\_\_ (fill in):  
Semester & Year (Example: Fall 2003) \_\_\_\_\_

Course No. _____	Course Name _____	Instructor _____	Course Index # _____
Course No. _____	Course Name _____	Instructor _____	Course Index # _____
Course No. _____	Course Name _____	Instructor _____	Course Index # _____

I understand that participation in this class and its activities is voluntary. It is further understood that the class and its activities, by their very nature, pose a high degree of risk of injury or illness, including death, and that I willingly and knowingly wish to participate in spite of these risks.

In consideration of the benefits provided by the Feather River Community College District, I hereby agree that neither I, my successors, assigns, nor anyone acting on my behalf will make a claim against or sue the SCHOOL DISTRICT, its officers, agents, employees, or volunteers for injury or damage resulting from the condition of any facility, or the negligence, carelessness or other acts howsoever caused by the DISTRICT or any of its officers, agents, employees or volunteers as a result of my participation in the class, and its activities.

In addition, I hereby release the DISTRICT, its officers, agents, employees and volunteers from all claims or lawsuits that I, my successors, assigns, or anyone acting on my behalf may now have or hereafter at any time have for injury or damage: 1) Resulting from the dangerous or other condition of any DISTRICT facility or property; 2) Suffered by me while participating in or traveling to and from, the class and its activities; or 3) Suffered by me in any other activity associated with the class and its activities.

I agree that the DISTRICT makes no representations or warranties as to the repair or condition of the property, equipment or facilities, which I will be using, and I take such property, equipment and facilities AS IS. I further agree that it shall be my obligation, not the DISTRICT's, to assure that the property, equipment and facilities are in proper and safe condition for the purpose anticipated herein; and that it shall be my obligation and duty, and not the DISTRICT's, to inspect such property, equipment and facilities before they are used, and to take affirmative steps to repair, or where necessary, warn in order to prevent injury to person or property.

I have carefully read this agreement, and fully understand its contents. I am aware that this is a Release of Liability, Medical Consent Form and a legally binding contract between the Feather River Community College District and me, and I sign it of my own free will.

**MEDICAL CONSENT**  
Participant has no known medical condition(s), which may pose a risk to the health and safety of Participant or others by participating in the activities. Participant agrees to advise the District in writing of any medical, physical or health condition that may be affected or in any way jeopardized by participating in the activities. In the event of any medical emergency, Participant authorizes and consents to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that the District program supervisor deems necessary for the safety and protection of the Participant.

Participant's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's (Adult Student) signature: \_\_\_\_\_

If student is a MINOR,  
signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**(over)**

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Pg 4:

Feather River Community College District  
**RELEASE OF IMAGES AND MEDIA FORM**

I grant permission to Feather River College and its employees and agents, to take and use visual images of me. Visual images are any type of photographs, digital images, drawings, renderings, video recordings or accompanying written descriptions. I agree that the photographer owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such college sponsored web sites, publications, promotions, advertisements, and posters, as well as for non-college uses. I waive any rights to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I release FRC and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking or use the images, or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing. I understand its content, and I freely accept the terms.

Printed Name \_\_\_\_\_ Telephone or email address \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Office Use Only: \_\_\_\_\_

Project Name: \_\_\_\_\_

Photographer Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Notes: \_\_\_\_\_



# Checklist of Necessary Enrollment Tasks:

- I have applied to be a Feather River College student using the online registration process
- I have filled out page 3 of the “High School Co-Enrollment Form” as well as obtained the listed signatures on Page 4
- I have read and understand the Feather River College Student Travel Form (pg.1), Medical Consent and Disclosure Form (pg.2), Release of Liability Form (pg.3), and Image Use Release Form (pg.4)