Overview

(The Contents of This PowerPoint)



- 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





How to Apply to Feather River College:

Step 1: Visit Feather River College's Website at www.frc.edu

Step 2: Hover over the admissions tab, then click on the "Apply Now" button (see image lower left)

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

Step 4: Use your new student ID# to enroll in the classes you are interested in Contact admission and records if you have any enrollment issues: (530) 283-0202 x222



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)

ADMISSIONS & RECORDS OFFICE 570 Colden Eagle Avenue	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.)
Quincy, CA 55971 Feather River College (\$30) 283-0202 Fax: (\$30)-283-9961		Course # CRN# Course Title Day Time
High School Co-Enrollment Student Permit/Registration Form		
Date FRC ID # or SS #:		Assessment W
		APPROVAL OF ASSESSMENT TEST ADMINISTRATOR
Last Name First Initial		Signature: Date:
Mailing Address PO Box/Street Address City State Zip		
Phone () - Email Address		APPROVAL OF FRC COUNSELOR
Grade Level Name of School		Signature: Date:
Semester for which you are registering: I Fall I Spring I Summer 20	Daront/Cuardian	APPROVAL OF PARENT / GUARDIAN
If you are 19 or OLDER, answer questions 1-4 as they If you are UNDER 19, and not married, answer these questions		Signature: Date:
Have YOU lived outside California during the last. YES INO I. Have your PARENTS lived outside California during the I YES INO last how years?		APPROVAL OF SCHOOL PRINCIPAL
In the last two years have YOU registered to vote or politiceed for divorce in a state other than California? YES NO or politiceed for divorce in a state other than California? YES NO	High School Dringing	Signature: Date: Summer Concurrent Eurollment Limitations: Initials of Principal:
3. In the last two years, have YOU declared non-residence 3. In the last two years, have your PARENTS declared non- for income tax purposes? □ YES □ NO residence for income tax purposes? □ YES □ NO		Per Ed Code 48800 (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. Uverified
4. In the last two years, have YOU attended a state college or university as a resident of another state? □ YES □ NO 6. In the last two years, have YOU attended a state college or university as a resident of another state? □ YES □ NO		
U.S. Citizen I Yes If you are NOT a U.S. Citizen: If not a U.S. Citizen, COUNTRY of permanent address:		Instructor's Signature: (for students below 11 th grade) Date:
Alien Registration #		I certify that the information on this application is correct, and I understand that falsification may re-
Date issued: If not a California resident, <u>STATE</u> of permanent address: 2Permanent Resident		my dismissal from Feather River College. I understand that the information on this form and m
3 Temporary Resident (Ammesty) 4 Refugee/Asylum If not a Plumas County resident, <u>COUNTY</u> of permanent address.		
5 Staden Visa (F-1, M-1, VISA) 6 Other Status		SIUDENI
Is English your primary language? GENDER: M=Male Birth Date: / /	Churchauch	Due to higher education rules concerning confidentiality of college students, registration for course is to be conducted nercours by by the High School student not by a prove
Student Ethnicity:	Student	Please proceed to the Admissions and Records Office to officially register and pay your fees.
A		APPROVAL OF REGISTRAR
AJ Inpunese American, Chicano PS Samoan AK Korsen HR Central American PX Other Pacific Islander		
AuLaonan HSSouth/Amentan WWhite/Non-Stupanic AMCambodian HXOther Hispanic XDDecline to state AVVetamases NAmerican Indian		Signature: Date:
AXOther Asian N		OFFICE USE:
		L SOAHOLD Auussous Date.

Liability and Medical Consent:

<u>Pg 1:</u>

	STUDENT TRAVEL FORM		
ACKNOWLED	3MENT AND ASSUMPTION OF POTENTI	IAL RISK	
RULES, REQUIREM	ENTS, RESPONSIBILITIES & MEDICAL I	NFORMATION	1
ampletion of this form is required by State urs. If the participating student is und id the participant's parent or legal gus	regulation and District policy for all student travel, e er 18 years of age, this form must be completed rdian.	excursions, field trips, activities and and algned by the participant	
alifornia Code of Regulations, Title 5, Sec all be deemed to have waived all claims curring during or by reason of the field tri ardians of students taking out-of-state fie	ion 55450 provides, in part, as follows: "All person against the District or the State of California for injur p or excursion. All adults taking out-of-state field trip Id trips or excursions shall sign a statement waiving	is making the field trip or excursion ry, accident, illness, or death as or excursions and all parents or g such claims."	
e District has granted	pr	ermission to participate in	
675	(herein after "Participant")		
p, event, class or activity:	scheduled for	r	1
		Date(s)	
CKNOWLEDGMENT AND ASSUMP	TION OF POTENTIAL RISK		
inderstand and acknowledge that these dividuals who participate. I understan rticipating in these activities include, bu sad and/or back injuries, paralysis, loss of	ccivities, by their very nature, pose the potential in I and acknowledge that some of the injuries and are not limited to, the following: sprains, strains, eyesight, communicable diseases, blood borne pat	sk of serious injury and/or illness to d/or illness which may result from fractured bones, unconsciousness, thogens and/or death.	
inderstand and acknowledge that in orde d all potential risks, which may be assoc	r to participate in these activities, I agree to assur ated with participation in such activities.	ne liability and responsibility for any	
inderstand, acknowledge and agree tha ury and/or illness suffered by me which is	the District, its employees, officers, agents or vol incident to and/or associated with preparing for an	lunteers, shall not be liable for any d/or participating in the activity(ies).	
gree to hold harmless, defend and inde e activity(les).	nnify the District from any and all liability, resulting	from, or in any manner arising out	
ULES AND REQUIREMENTS			
e Participant further agrees to accept al	I the rules and requirements of the trip, observe th	e program schedules, and to follow	
e instructions given by supervisory perso nduct is detrimental to the best interests strict rules or regulations may be cause f ocedure upon return.	vnel and grants the right to terminate participation in of the group, in which event return home shall be at or suspension or expulsion from the college, subject	n the program if it is determined that t personal expense. Any violation of at to the District student due process	
ereby acknowledge and understand that d it is my responsibility to arrange for my st use the transportation, I am responsible y kind. During any transportation in any wich I am riding, either as driver or pass	t unless specifically advised otherwise, the District transportation to and from the activity. If the District to make my own arrangements and the District ass private or personal vehicle, I further understand # enger, is not driving on behalf or as an agent of 4	t is not providing the transportation of is providing transportation but I do sumes no responsibility or liability of hat: 1. The driver of the vehicle in the District, and the District has not	

RESPONSIBILITY

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

aravanning, any and all such recommendation or assistance provided is not mandatory.

(over)

<u>Pg 2:</u>

IEDICAL 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 articipating in the activity or activities. Participant agrees to advise the District in writing of any medical, physical or health ondition that may be affected or in any way jeoparticed by participating in a field trip, excursion or activity. In the event of any redical emergency, Participant (Initial one) does ____, does not _____ authorize and consent to any x-ray examination, anesthetic, redical, dental or surgical diagnosis or treatment, are rospital care write District program supervisor deems necessary for the afety and protection of the Participant.

should be aware of. The list of medical concerns

Initial one or the other

Isclosure: Please share with program faculty any med concerns the soludes, 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

ise the space below to share any pertinent medical information:

Liability and Medical Consent (Cont.):

Pg 4:



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 itness, 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 behaf 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 DISTRICTs, 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 <u>Release of Liability, Medical Consent Form</u> 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/quardian:	Date:	
Fersectle-002003		(over)

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.

rinted Name	Telephone or em	Telephone or email address	
Signature	Date		
Address	City	Zip	-
Office Use Only:			
Project Name: Photographer Name:[Notes:	_Signature:		

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)