



# Chevron Science Camp 2023 Application

Please answer all questions below and return to the West Hills College Coalinga-MESA Lab located in building G2 where Zachary Soto MESA Director is located. *Complete all 4 pages of this application, incomplete applications will not be accepted.* Applications will be accepted through May 31<sup>st</sup>, 2023, before 12pm. *20 students will be chosen for each camp by drawing.* (559-934-2762) zacksoto@whccd.edu

## Student Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

- Camp #1 – July 3, 2023, through July 7, 2023, entering 2nd & 3rd Grade.
- Camp #2 – July 10, 2023, through July 14th, 2023, entering 4th & 5th Grade.
- Camp #3 – July 17, 2023, through July 21, 2023, entering 6th & 7th Grade.

## Parent/Guardian Information

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Home Phone/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Home Phone/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## Emergency Contact Information

1) Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Home Phone/Cell Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

2) Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Home Phone/Cell Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

## Career Information - To Be Completed by Student

What do you want to do when you grow up?

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

What are three words that come to mind when you think of STEM?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Important Additional Information Required. Release Consent Form Please sign the attached Consent Form.**

## Signature

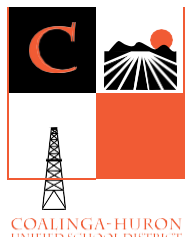
By signing below, I confirm that the above stated information provided by me is true and correct to the best of my knowledge. Incomplete applications will not be considered for the summer camp.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



**WEST HILLS COLLEGE**  
**COALINGA**





**Medical Information (Confidential Use Only)**

**Student Information (PLEASE PRINT) \*Please use student's legal name.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender  M  F

Date of Birth \_\_\_\_\_

Address/City/State \_\_\_\_\_

Telephone No. \_\_\_\_\_ Work No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

**I. Medical Insurance Information**

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**II. Students Health Conditions (Check any which may apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Allergic<br>Reaction/Allergies | <input type="checkbox"/> Head Injuries                | <input type="checkbox"/> Vision (partially sighted/blind)<br>Other (specify) _____ |
| <input type="checkbox"/> Arthritis                      | <input type="checkbox"/> Hearing Loss (Specify) _____ |  |
| <input type="checkbox"/> Asthma                         | <input type="checkbox"/> Hemophilia                   |  |
| <input type="checkbox"/> Cerebral Palsy                 | <input type="checkbox"/> High Blood Pressure          |  |
| <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Multiple Sclerosis           |  |
| <input type="checkbox"/> Epilepsy                       | <input type="checkbox"/> Muscular Dystrophy           |  |
| <input type="checkbox"/> Fainting Spells                | <input type="checkbox"/> Neurological Problems        |  |
| <input type="checkbox"/> Gynecological Problems         |   |  |

Does the student have any allergies? If so, please list. \_\_\_\_\_

**Emergency Contact information (Please Print Clearly)**

Parent \_\_\_\_\_ Phone No. \_\_\_\_\_

Other (Relationship) \_\_\_\_\_ Phone No. \_\_\_\_\_

Other (Relationship) \_\_\_\_\_ Phone No. \_\_\_\_\_

***By signing below, I understand and agree that in case of an accident or serious illness which requires immediate attention, you are authorized to take whatever steps are necessary to ensure the health and safety of my child***

Signature & Relationship \_\_\_\_\_

Date \_\_\_\_\_

**Release and Medical Consent**

My child, \_\_\_\_\_, has my permission to participate in the West Hills Community College Community Education program and I release West Hills Community College District and any presenters and assistants from any liability arising from my son's or daughter's participation in said programs. I understand that West Hills Community College District does not provide health and medical insurance for the participants. Consent is hereby given to the College presenters and/or supervisors to give and seek medical aid as required in the case of emergency.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



# Release for Promotional Materials

**Name of Event: Chevron Science Camp 2023**

I do hereby consent to my participation in a marketing project for West Hills Community College District. I agree that I might be interviewed, questioned, make comments, be photographed, videotaped, or otherwise recorded, etc. for use and distribution of marketing materials for and by West Hills Community College District, without charge.

I hereby represent and certify that I am over eighteen years of age or the parent of the designated minor child or ward and that on behalf of myself, my child or ward, I hereby forever release and discharge the West Hills Community College District and its board, officers, employees and agents from any and all claims, actions and demands arising out of or in connection with the use of said promotional or marketing materials including any photograph, film, or videotape, this release includes, without limitation, any and all claims for invasion of privacy and libel.

Nothing contained here shall in any way obligate West Hills Community College District to use any of the rights granted hereunder or to prepare, produce, exhibit, distribute or exploit the interview and/or the Program, or to otherwise use any of the rights granted herein. West Hills Community College District shall have the right to assign this agreement, and any of the rights, hereunder, in whole or in part, to any person, firm, or corporation or other third party for the use and distribution of promotional or marketing materials for the West Hills Community College District only.

I have read the foregoing release, authorization, and agreement before affixing my signature below, and warrant that I fully understand the contents thereof.

Print Student Name \_\_\_\_\_ Date \_\_\_\_\_

Signature or Parent Signature if Minor Student \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

## **Release Agreement for Adult Model(s) – for U.S. use only**

I hereby irrevocably consent without royalty or other compensation of any kind, to the use, for any lawful purpose, including but not limited to advertising and trade purposes, by Chevron U.S.A. Inc., its subsidiary- ies, affiliated companies, and successors-in-interest (hereinafter referred to as “Chevron”) of my name, voice and any portraits, likeness, pictures, images, video, film, and photographs of me (hereinafter “Images”) taken

by or on behalf of Chevron and reproductions of the same in any form, in any medium, including on the World Wide Web, hereby releasing Chevron from all liability arising from use of Images including what I might deem misrepresentation of me by virtue of distortion, optical illusions or faulty mechanical reproductions. I agree that all such Images whether plates, transparency- negatives, film, video, audio, electronic, digital, and/or any medium now or hereafter utilized connected therewith are and shall remain the property of Chevron. All copyrights, rights of publicity and other intellectual property rights in Images shall belong to Chevron, and if requested, I will execute any additional agreements to evidence these rights. I further agree to the use of statements made by me about Chevron and its various activities for advertising and trade purposes by Chevron.

I acknowledge that this release constitutes the entire understanding with the above parties, all prior understandings, if any, being merged herein.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Student’s Name(Print) \_\_\_\_\_

Witness \_\_\_\_\_ Job Title \_\_\_\_\_

Date \_\_\_\_\_

(Can be photographed)

\_\_\_\_\_  
Chevron Fun Physical Science Camp, West Hills Community College District





# Rider Amendment to Release for Promotional Materials

*Name of Event: Chevron Science Camp*

The following terms are hereby incorporated and made a part of the attached Release for Promotional Materials related to the Chevron Fun Physical Science Camp (“Release”), to replace, amend, or supplement the terms thereof. In the event of any conflict between the terms of this Rider Amendment (“Rider”) and the terms of the Release, the terms of this Rider shall control.

1. Chevron U.S.A. Inc., its subsidiaries, affiliated companies, and successors-in-interest (hereinafter referred to as “Chevron”) is hereby added as a beneficiary of the Release to the same extent as West Hills Community College District (“West Hills”). Without limiting the generality of the preceding sentence, all consents, authorizations, agreements, representations, releases, discharges, and rights I expressed, made, or granted in the Release shall apply to and for the benefit of Chevron to the same extent that they apply to and for the benefit of West Hills.
2. The release and discharge in the second paragraph of the Release shall apply to West Hills, Chevron, and their respective boards, officers, employees, and agents.
3. I hereby irrevocably consent without royalty or other compensation of any kind, to the use, for any lawful purpose, including but not limited to advertising, public relations and trade purposes, by Chevron of any portraits, likeness, pictures, images, video, film and photographs of me (hereinafter “Images”) taken by or on behalf of West Hills or Chevron and reproductions of the same in any form, in any medium, including on the World Wide Web, hereby releasing Chevron from all liability arising from use of Images including what I might deem misrepresentation of me by virtue of distortion, optical illusions or faulty mechanical reproductions. I agree that all such Images whether plates, transparencies, negatives, film, video, audio, electronic, digital, and/or any medium now or hereafter utilized connected therewith are and shall remain the property of Chevron. All copyrights, rights of publicity and other intellectual property rights in Images shall belong to Chevron, and if requested, I will execute any additional agreements to evidence these rights. I further agree to the use of statements made by me about Chevron and its various activities for advertising, public relations and trade purposes by Chevron.

I acknowledge that the Release, as amended by this Rider, constitutes the entire understanding with the above parties, all prior understandings, if any, being merged herein. I have read this Rider before signing it, and I warrant that I fully understand its contents.

Minors Signature \_\_\_\_\_ Print Minor’s Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Print Parent’s Name \_\_\_\_\_

Date \_\_\_\_\_

