



7.8.a

May 31, 2005

JUL 02 2005

Ms. Anna Morrison, Chair
Lane County Board of Commissioners
Lane County Courthouse
125 East 8th Avenue
Eugene, OR 97401

Dear Commissioner Morrison:

The purpose of this letter is two-fold. First, I would like to take this opportunity to thank you and your colleagues of the Lane County Board of Commissioners for your past, generous support of the Rites of Passage Summer Programs at Lane Community College. Second, we are requesting financial support for the 2005 Rites of Passage Summer Programs at Lane Community College in the amount of \$2,500 from the commissioners' contingency fund.

This year's Rites of Passage Summer Programs will serve 80 middle school and high school students of color in Lane County. The mission of our programs is to develop and build positive self-image and self-esteem among this population of under-represented youth in our community. As you know, African American, Native American, Latino/Latina American, and Pan Asian American youth are currently grappling with the challenges of the preparation and achievement gaps in our public school systems. For the past 10 years the Rites of Passage Summer Programs have successfully served these students, helping them to find a sense of self and purpose as a foundation for personal and academic success.

The Rites of Passage Summer Programs are supported by Lane Community College; a grant from the Oregon University System GEAR-UP program; the Bethel, Eugene, and Springfield school districts and a number of private donors. The Lane County Board of Commissioners contribution will go a long way in helping our students achieve their personal and academic goals.

We appreciate your consideration of this request.

Sincerely,

A handwritten signature in cursive script that reads "Greg Evans".

Greg Evans, B.S., M.Ed.
Office of Student Life and Leadership Development
Lane Community College

Cc: Commissioner Bill Dwyer
Commissioner Bobby Green, Sr.
Commissioner Faye Stewart
Commissioner Peter Sorenson

Enclosure

2005 Rites of Passage Summer Academy at Lane Community College African American Program

Tuesday, July 5, 2005 – Friday, August 5, 2005



Sponsored by:

**Lane Community College
Office of Student Life and Leadership Development
Student Services Building #1, Room 206
4000 East 30th Avenue
Eugene, Oregon 97405-0640**

541-463-5276 • www.lanecc.edu



2005 Rites of Passage Summer Academy Student Application & Medical Consent Form

Student Name _____

_____ Last Name _____ First Name _____ MI _____
Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

Date of Birth _____ School _____ Grade _____ Gender _____

2005 Rites of Passage program applying for: (Please check one)

☐ African American

☐ Pan Asian American

☐ Umista Native American

☐ Puertas Abiertas Latino/Latina

Parent /Guardian Name _____

_____ Last Name _____ First Name _____ MI _____
Address _____ City _____ State _____ Zip _____

Parent /Guardian

Home Phone _____ Work Phone _____ E-mail Address _____

Emergency Contact _____

Name

Relationship to Student

Emergency Contact If Parent/Guardian Unavailable/ Phone _____

Medical Doctor _____ Phone _____ Address _____

Dentist _____ Phone _____ Address _____

Please indicate any medical conditions, medications, allergies, and/or special conditions that the Rites of Passage staff should be aware of: _____

LIABILITY RELEASE

I hereby give my permission for my student, _____ to engage in the 2005 Rites of Passage Summer Academy at Lane Community College.

I declare that I am the parent or legal guardian of the above named child, and I have custody and control of the child. In the event my child is injured or should require medical attention, I hereby request that you contact our family physician or myself. In the event we cannot be reached, I hereby authorize the Rites of Passage Summer Academy staff to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's treatment, which are not covered by my insurance. I assume all risks and hazards to such participation including transportation to and from the activities and hereby waive, release, absolve and indemnify and agree to hold harmless the Rites of Passage Summer Academy, Lane Community College, its organizers, sponsors, supervisors, and participants for any claim arising out of accidental injury to my child.

My signature indicates that I have read, understand, and agree to the terms of the above RELEASE FROM LIABILITY.

PARENT/GUARDIAN SIGNATURE

DATE

DO YOU GIVE PERMISSION TO THE RITES OF PASSAGE SUMMER PROGRAMS FOR THE FOLLOWING:

(If Available, Please circle YES or NO to the following activities)

Public news media photos and interviews ... YES / NO

Public Display of Student Special Projects

Red Cross Safety Training YES / NO

including printing of class papers YES / NO

White Water Rafting YES / NO

Participation in a research study survey

of program quality and effectiveness YES / NO

Signature of Student

Date

Signature of Parent/Gardian

Date

**2005 Rites of Passage Summer Academy
at Lane Community College
Umista Native American Program**

Tuesday, July 5, 2005 – Friday, August 5, 2005



Sponsored by:

**Lane Community College
Office of Student Life and Leadership Development
Student Services Building #1, Room 206
4000 East 30th Avenue
Eugene, Oregon 97405-0640
541-463-5276 • www.lanecc.edu**



an equal opportunity/affirmative action institution committed to cultural diversity
and compliance with the Americans with Disabilities Act

2005 Rites of Passage Summer Academy Student Application & Medical Consent Form

Student Name _____
Last Name First Name MI

Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

Date of Birth _____ School _____ Grade _____ Gender _____

2005 Rites of Passage program applying for: (Please check one)

☐ African American

☐ Pan Asian American

☐ Umista Native American

☐ Puertas Abiertas Latino/Latina

Parent /Guardian Name _____
Last Name First Name MI

Address _____ City _____ State _____ Zip _____

Parent /Guardian

Home Phone _____ Work Phone _____ E-mail Address _____

Emergency Contact _____

Name

Relationship to Student

Emergency Contact If Parent/Guardian Unavailable/ Phone _____

Medical Doctor _____ Phone _____ Address _____

Dentist _____ Phone _____ Address _____

Please indicate any medical conditions, medications, allergies, and/or special conditions that the Rites of Passage staff should be aware of: _____

LIABILITY RELEASE

I hereby give my permission for my student, _____ to engage in the 2005 Rites of Passage Summer Academy at Lane Community College.

I declare that I am the parent or legal guardian of the above named child, and I have custody and control of the child. In the event my child is injured or should require medical attention, I hereby request that you contact our family physician or myself. In the event we cannot be reached, I hereby authorize the Rites of Passage Summer Academy staff to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's treatment, which are not covered by my insurance. I assume all risks and hazards to such participation including transportation to and from the activities and hereby waive, release, absolve and indemnify and agree to hold harmless the Rites of Passage Summer Academy, Lane Community College, its organizers, sponsors, supervisors, and participants for any claim arising out of accidental injury to my child.

My signature indicates that I have read, understand, and agree to the terms of the above RELEASE FROM LIABILITY.

PARENT/GUARDIAN SIGNATURE

DATE

DO YOU GIVE PERMISSION TO THE RITES OF PASSAGE SUMMER PROGRAMS FOR THE FOLLOWING:

(If Available, Please circle YES or NO to the following activities)

Public news media photos and interviews ... YES / NO

Red Cross Safety Training ... YES / NO

White Water Rafting ... YES / NO

Public Display of Student Special Projects

including printing of class papers ... YES / NO

Participation in a research study survey

of program quality and effectiveness ... YES / NO

Signature of Student

Date

Signature of Parent/Gardian

Date

**2005 Rites of Passage Summer Academy
at Lane Community College
Pan Asian American Program**

Tuesday, July 5, 2005 – Friday, August 5, 2005



Sponsored by:

**Lane Community College
Office of Student Life and Leadership Development
Student Services Building #1, Room 206
4000 East 30th Avenue
Eugene, Oregon 97405-0640**

541-463-5276 • www.lanecc.edu



2005 Rites of Passage Summer Academy Student Application & Medical Consent Form

Student Name _____ Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

Date of Birth _____ School _____ Grade _____ Gender _____

2005 Rites of Passage program applying for: (Please check one)

☐ African American

☐ Pan Asian American

☐ Umista Native American

☐ Puert@s Abiertas Latino/Latina

Parent /Guardian Name _____ Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Parent /Guardian

Home Phone _____ Work Phone _____ E-mail Address _____

Emergency Contact _____ Name _____ Relationship to Student _____

Emergency Contact If Parent/Guardian Unavailable/ Phone _____

Medical Doctor _____ Phone _____ Address _____

Dentist _____ Phone _____ Address _____

Please indicate any medical conditions, medications, allergies, and/or special conditions that the Rites of Passage staff should be aware of: _____

LIABILITY RELEASE

I hereby give my permission for my student, _____ to engage in the 2005 Rites of Passage Summer Academy at Lane Community College.

I declare that I am the parent or legal guardian of the above-named child, and I have custody and control of the child. In the event my child is injured or should require medical attention, I hereby request that you contact our family physician or myself. In the event we cannot be reached, I hereby authorize the Rites of Passage Summer Academy staff to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's treatment, which are not covered by my insurance. I assume all risks and hazards to such participation including transportation to and from the activities and hereby waive, release, absolve and indemnify and agree to hold harmless the Rites of Passage Summer Academy, Lane Community College, its organizers, sponsors, supervisors, and participants for any claim arising out of accidental injury to my child.

My signature indicates that I have read, understand, and agree to the terms of the above RELEASE FROM LIABILITY.

PARENT/GUARDIAN SIGNATURE

DATE

DO YOU GIVE PERMISSION TO THE RITES OF PASSAGE SUMMER PROGRAMS FOR THE FOLLOWING:

(If Available, Please circle YES or NO to the following activities)

Public news media photos and interviews . . . YES / NO

Public Display of Student Special Projects

Red Cross Safety Training YES / NO

including printing of class papers YES / NO

White Water Rafting YES / NO

Participation in a research study survey

of program quality and effectiveness YES / NO

Signature of Student

Date

Signature of Parent/Gardian

Date

2005 Rites of Passage Summer Academy at Lane Community College Puertas Abiertas Program

Tuesday, July 5, 2005 – Friday, August 5, 2005



Sponsored by:

**Lane Community College
Office of Student Life and Leadership Development
Student Services Building #1, Room 206
4000 East 30th Avenue
Eugene, Oregon 97405-0640**

541-463-5276 • www.lanecc.edu



2005 Rites of Passage Summer Academy Student Application & Medical Consent Form

Student Name _____
Last Name First Name MI
Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

Date of Birth _____ School _____ Grade _____ Gender _____

2005 Rites of Passage program applying for: (Please check one)

- ☐ African American ☐ Pan Asian American
☐ Umista Native American ☐ Puertas Abiertas Latino/Latina

Parent /Guardian Name _____
Last Name First Name MI
Address _____ City _____ State _____ Zip _____

Parent /Guardian

Home Phone _____ Work Phone _____ E-mail Address _____

Emergency Contact _____
Name Relationship to Student

Emergency Contact If Parent/Guardian Unavailable/ Phone _____

Medical Doctor _____ Phone _____ Address _____

Dentist _____ Phone _____ Address _____

Please indicate any medical conditions, medications, allergies, and/or special conditions that the Rites of Passage staff should be aware of: _____

LIABILITY RELEASE

I hereby give my permission for my student, _____ to engage in the 2005 Rites of Passage Summer Academy at Lane Community College.

I declare that I am the parent or legal guardian of the above named child, and I have custody and control of the child. In the event my child is injured or should require medical attention, I hereby request that you contact our family physician or myself. In the event we cannot be reached, I hereby authorize the Rites of Passage Summer Academy staff to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's treatment, which are not covered by my insurance. I assume all risks and hazards to such participation including transportation to and from the activities and hereby waive, release, absolve and indemnify and agree to hold harmless the Rites of Passage Summer Academy, Lane Community College, its organizers, sponsors, supervisors, and participants for any claim arising out of accidental injury to my child.

My signature indicates that I have read, understand, and agree to the terms of the above RELEASE FROM LIABILITY.

PARENT/GUARDIAN SIGNATURE

DATE

DO YOU GIVE PERMISSION TO THE RITES OF PASSAGE SUMMER PROGRAMS FOR THE FOLLOWING:

(If Available, Please circle YES or NO to the following activities)

Public news media photos and interviews . . . YES / NO	Public Display of Student Special Projects
Red Cross Safety Training YES / NO	including printing of class papers YES / NO
White Water Rafting YES / NO	Participation in a research study survey
	of program quality and effectiveness YES / NO

Signature of Student

Date

Signature of Parent/Gardian

Date