

1.8.a

May 31, 2005

Ms. Anna Morrison, Chair Lane County Board of Commissioners Lane County Courthouse 125 East 8th Avenue Eugene, OR 97401 MM 05 MM

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.

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



2005 Rites of Passage Summer Academy Student Application & Medical Consent Form Student Name _____ First Name Last Name 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) ☐ Pan Asian American ☐ African American ☐ Umista Native American ☐ Puertas Abiertas Latino/Latina Parent /Guardian Name _____ First Name ______City_______State_____Zip_____ Address _____ Parent /Guardian Home Phone _____ Work Phone ____ E-mail Address _____ Emergency Contact _____ 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, _____ 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. DATE PARENT/GUARDIAN SIGNATURE 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 Display of Student Special Projects Public news media photos and interviews ... YES / NO including printing of class papersYES / NO Red Cross Safety TrainingYES / NO White Water RaftingYES / NO Participation in a research study survey of program quality and effectivenessYES / NO Date Signature of Student Date Signature of Parent/Gardian

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



Address	Last Name	First Name		MI	
Add 699	City	·	_ State	Zip	
Home Phone	E-mail Address				
Date of Birth	School	G	rade	Gender	
2005 Rites of Passage program □ African A □ Umista N	applying for: (Please cheomerican ative American	ck one)			
Parent /Guardian Name	Last Name	First Name		·Mi	•
Address	City		_ State	Zip	· · · · · · · · · · · · · · · · · · ·
Parent /Guardian Home Phone	Work Phone	E	-mail Addres	s	
Emergency Contact If Parent/Gu	Name	Relations	ship to Student	••	+ 2+
Medical Doctor	·				
Dentist	Phone	·	Address		
LIABILITY RELEASE I hereby give my permission the 2005 Rites of Passage Su	for my student,	e Community	College	to e	ngage in
I hereby give my permission the 2005 Rites of Passage Sul declare that I am the parent or legal ginjured or should require medical attent reached, I hereby authorize the Rites of acknowledge that I will be responsible by my insurance. I assume all risks and release, absolve and indemnify and agreensors, supervisors, and participants	uardian of the above named chition, I hereby request that you of Passage Summer Academy stated for any medical or hospital fees d hazards to such participation if the to hold harmless the Rites of some any claim arising out of according to the some some control of the some some control of the some some control of the some co	ild, and I have custo contact our family p iff to secure necessa or costs associated including transporta if Passage Summer cidental injury to my	dy and control on the sician or myse ry medical treatre with my child's tion to and from Academy, Lane (controlled).	f the child. In the lf. In the event wo ment for my child. treatment, which a the activities and Community Colleg	event my child i e cannot be I further are not covered hereby waive, e, its organizers,
I hereby give my permission the 2005 Rites of Passage Sull declare that I am the parent or legal ginjured or should require medical attent reached, I hereby authorize the Rites of acknowledge that I will be responsible by my insurance. I assume all risks and release, absolve and indemnify and agreement.	uardian of the above named chition, I hereby request that you of Passage Summer Academy stated for any medical or hospital fees d hazards to such participation if the to hold harmless the Rites of some any claim arising out of according to the some some control of the some some control of the some some control of the some co	ild, and I have custo contact our family p iff to secure necessa or costs associated including transporta if Passage Summer cidental injury to my	dy and control on the sician or myse ry medical treatre with my child's tion to and from Academy, Lane (controlled).	f the child. In the lf. In the event wo ment for my child. treatment, which a the activities and Community Colleg	event my child i e cannot be I further are not covered hereby waive, e, its organizers,
I hereby give my permission the 2005 Rites of Passage Sull declare that I am the parent or legal ginjured or should require medical attent reached, I hereby authorize the Rites of acknowledge that I will be responsible by my insurance. I assume all risks and release, absolve and indemnify and agreensors, supervisors, and participants	uardian of the above named chi tion, I hereby request that you of Passage Summer Academy sta for any medical or hospital fees d hazards to such participation i ree to hold harmless the Rites of s for any claim arising out of acc	ild, and I have custo contact our family p iff to secure necessa or costs associated including transporta if Passage Summer cidental injury to my	dy and control on the sician or myse ry medical treatr with my child's tion to and from Academy, Lane (a child.	f the child. In the lf. In the event wo ment for my child. treatment, which a the activities and Community Colleg	event my child i e cannot be I further are not covered hereby waive, e, its organizers,
I hereby give my permission the 2005 Rites of Passage Sul declare that I am the parent or legal ginjured or should require medical attent reached, I hereby authorize the Rites of acknowledge that I will be responsible by my insurance. I assume all risks and release, absolve and indemnify and agreements, supervisors, and participants. My signature indicates that I have	uardian of the above named chition, I hereby request that you of Passage Summer Academy stator any medical or hospital fees d hazards to such participation in the total harmless the Rites of for any claim arising out of accept the control of the read, understand, and accept the control of the read, understand, and accept the control of the read, understand, and accept the control of the control of the read, understand, and accept the control of the con	ild, and I have custo contact our family p iff to secure necessa or costs associated including transporta of Passage Summer cidental injury to my gree to the terms	College. dy and control of hysician or mysery medical treatr with my child's tion to and from Academy, Lane (or child. of the above	f the child. In the elf. In the event we ment for my child. treatment, which a the activities and community Colleg	event my child i e cannot be I further are not covered hereby waive, e, its organizers, VI LIABILITY.
I hereby give my permission the 2005 Rites of Passage Sul declare that I am the parent or legal ginjured or should require medical attent reached, I hereby authorize the Rites of acknowledge that I will be responsible by my insurance. I assume all risks and release, absolve and indemnify and agreement, supervisors, and participants. My signature indicates that I have PARENT/GUARDIAN SIGNATURE.	uardian of the above named chition, I hereby request that you of Passage Summer Academy stator any medical or hospital fees do hazards to such participation in the total harmless the Rites of for any claim arising out of accept the first of the read, understand, and agree the RITES OF PASSAGE	ild, and I have custo contact our family p iff to secure necessa or costs associated including transporta if Passage Summer cidental injury to my gree to the terms	College. dy and control of hysician or mysery medical treatr with my child's tion to and from Academy, Lane (or child. of the above	f the child. In the elf. In the event we ment for my child. treatment, which a the activities and community Colleg	event my child i e cannot be I further are not covered hereby waive, e, its organizers,
I hereby give my permission the 2005 Rites of Passage Sul declare that I am the parent or legal ginjured or should require medical attented reached, I hereby authorize the Rites of acknowledge that I will be responsible by my insurance. I assume all risks and release, absolve and indemnify and agreensors, supervisors, and participants. My signature indicates that I have PARENT/GUARDIAN SIGNATURE DO YOU GIVE PERMISSION TO (If Available, Please circle YES of Public news media photos and	uardian of the above named chition, I hereby request that you of Passage Summer Academy stator any medical or hospital fees do hazards to such participation if ree to hold harmless the Rites of for any claim arising out of acceptance and any claim arising of the Rites of the Ri	ild, and I have custo contact our family p iff to secure necessa or costs associated including transporta if Passage Summer cidental injury to my gree to the terms	dy and control of hysician or mysery medical treatr with my child's tion to and from Academy, Lane (child. of the above TE RAMS FOR T	f the child. In the elf. In the event winent for my child. treatment, which a the activities and community Colleg	event my child i e cannot be I further are not covered hereby waive, e, its organizers.
I hereby give my permission the 2005 Rites of Passage Sul I declare that I am the parent or legal ginjured or should require medical attent reached, I hereby authorize the Rites of acknowledge that I will be responsible by my insurance. I assume all risks and release, absolve and indemnify and agreements, supervisors, and participants. My signature indicates that I have PARENT/GUARDIAN SIGNATURE DO YOU GIVE PERMISSION TO (If Available, Please circle YES of	uardian of the above named chition, I hereby request that you of Passage Summer Academy stator any medical or hospital fees of hazards to such participation is ree to hold harmless the Rites of for any claim arising out of acceptance and the passage of the Rites of the read, understand, and again arising out of acceptance. THE RITES OF PASSAGE or NO to the following actinterviews YES / NO YES / NO YES / NO	ild, and I have custo contact our family p iff to secure necessa or costs associated including transporta if Passage Summer cidental injury to my gree to the terms SUMMER PROGIVITIES) Public Display	dy and control of hysician or mysery medical treatmy with my child's tion to and from Academy, Lane Cohild. of the above TE RAMS FOR T of Student S ting of class p	f the child. In the elf. In the event women for my child. In the activities and community Collegen RELEASE FROM THE FOLLOWING pecial Projects papers	event my child is e cannot be I further are not covered hereby waive, e, its organizers I LIABILITY.
I hereby give my permission the 2005 Rites of Passage Sul I declare that I am the parent or legal ginjured or should require medical attent reached, I hereby authorize the Rites of acknowledge that I will be responsible by my insurance. I assume all risks and release, absolve and indemnify and agreements, supervisors, and participants. My signature indicates that I have PARENT/GUARDIAN SIGNATURE DO YOU GIVE PERMISSION TO (If Available, Please circle YES of Public news media photos and Red Cross Safety Training	uardian of the above named chition, I hereby request that you of Passage Summer Academy stator any medical or hospital fees of hazards to such participation is ree to hold harmless the Rites of for any claim arising out of acceptance and the passage of the Rites of the read, understand, and again arising out of acceptance. THE RITES OF PASSAGE or NO to the following actinterviews YES / NO YES / NO YES / NO	ild, and I have custo contact our family purific secure necessary or costs associated including transportation of Passage Summer codental injury to my pree to the terms SUMMER PROGRAMMENT DISPLAY including printicipation in Participation in the contact of the terms.	dy and control of hysician or mysery medical treatmy with my child's tion to and from Academy, Lane Cohild. of the above TE RAMS FOR T of Student S ting of class p	f the child. In the elf. In the event women for my child. In the activities and community Collegen RELEASE FROM THE FOLLOWING pecial Projects papers	event my child i e cannot be I further are not covered hereby waive, e, its organizers, M LIABILITY.
I hereby give my permission the 2005 Rites of Passage Sul I declare that I am the parent or legal ginjured or should require medical attent reached, I hereby authorize the Rites of acknowledge that I will be responsible by my insurance. I assume all risks and release, absolve and indemnify and agreements, supervisors, and participants. My signature indicates that I have PARENT/GUARDIAN SIGNATURE DO YOU GIVE PERMISSION TO (If Available, Please circle YES of Public news media photos and Red Cross Safety Training	uardian of the above named chition, I hereby request that you of Passage Summer Academy stator any medical or hospital fees of hazards to such participation is ree to hold harmless the Rites of for any claim arising out of acceptance and the passage of the Rites of the read, understand, and again arising out of acceptance. THE RITES OF PASSAGE or NO to the following actinterviews YES / NO YES / NO YES / NO	ild, and I have custo contact our family purific secure necessary or costs associated including transportation of Passage Summer codental injury to my pree to the terms SUMMER PROGRAMMENT DISPLAY including printicipation in Participation in the contact of the terms.	dy and control of hysician or mysery medical treatr with my child's tion to and from Academy, Lane (or child. of the above TE GRAMS FORT of Student Sting of class parts a research stality and effective and control or child.	f the child. In the elf. In the event women for my child. In the activities and community Collegen RELEASE FROM THE FOLLOWING pecial Projects papers	event my child i e cannot be I further are not covered hereby waive, e, its organizers, M LIABILITY.

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



2005 Rites of Passage Summer Academy Student Application & Medical Consent Form Student Name Last Name First Name State Zip Address Home Phone E-mail Address Grade _ School Gender Date of Birth 2005 Rites of Passage program applying for: (Please check one) ☐ African American ☐ Pan Asian American ☐ Puertas Abiertas Latino/Latina ☐ Umista Native American Parent /Guardian Name _ First Name Last Name City Address Parent /Guardian ____ Work Phone Home Phone ____ Emergency Contact ____ Emergency Contact If Parent/Guardian Unavailable/ Phone Phone _____Address_ Medical Doctor Dentist 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, 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 including printing of class papersYES / NO Red Cross Safety Training YES / NO White Water RaftingYES / NO Participation in a research study survey of program quality and effectivenessYES / NO Signature of Student 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



	Last Name	First Name	MI	
Address	City	State	Zip	
Home Phone	E-m	E-mail Address		
Date of Birth	School	Grade	Gender	
2005 Rites of Passa	ige program applying for: (Please che	ck one)		
	☐ African American		0	
Parant (Guardian N	Umista Native American	☐ Puertas Abiertas Latin	o/Latina	
raieiit/Guaitilaii N	ameLast Name	First Name	MI	
Address	City	State	Zip	
Parent /Guardian	·			
Home Phone	Work Phone	E-mail Addres	ss	
Emergency Contac	tName	Relationship to Student		
	Name t If Parent/Guardian Unavailable/ Phor			
Medical Doctor	Phone	Address		
Dentist	Phone	Address		
injured or should require reached, I hereby autho acknowledge that I will by my insurance. I assorelease, absolve and inc	parent or legal guardian of the above named chine medical attention, I hereby request that you or rize the Rites of Passage Summer Academy stable responsible for any medical or hospital feesume all risks and hazards to such participation is demnify and agree to hold harmless the Rites cand participants for any claim arising out of accounts.	contact our family physician or myse iff to secure necessary medical treatr or costs associated with my child's including transportation to and from if Passage Summer Academy, Lane (elf. In the event we cannot be ment for my child: I further treatment, which are not covered the activities and hereby waive,	
My signature indica	tes that I have read, understand, and ag	ree to the terms of the above	RELEASE FROM LIABILITY.	
PARENT/GUARDIA	N SIGNATURE	DATE		
	N SIGNATURE MISSION TO THE RITES OF PASSAGE		HE FOLLOWING:	
DO YOU GIVE PERI		SUMMER PROGRAMS FOR T	HE FOLLOWING:	
DO YOU GIVE PERI	MISSION TO THE RITES OF PASSAGE	SUMMER PROGRAMS FOR T	•	
DO YOU GIVE PERI (If Available, Please Public news media	MISSION TO THE RITES OF PASSAGE e circle YES or NO to the following act	SUMMER PROGRAMS FOR T ivities) Public Display of Student S	pecial Projects	
DO YOU GIVE PERI (If Available, Please Public news media Red Cross Safety To	MISSION TO THE RITES OF PASSAGE e circle YES or NO to the following act photos and interviews YES / NO	SUMMER PROGRAMS FOR T ivities) Public Display of Student S including printing of class p Participation in a research s	pecial Projects papersYES / NO	
DO YOU GIVE PERI (If Available, Please Public news media Red Cross Safety To	MISSION TO THE RITES OF PASSAGE e circle YES or NO to the following act photos and interviewsYES / NO raining YES / NO g	SUMMER PROGRAMS FOR T ivities) Public Display of Student S including printing of class p Participation in a research s	pecial Projects papersYES / NO	