



ocapica

OCAPICA Project C.A.L. 24 Application 2005

Please Print or Type

All information is kept confidential

General Information

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Primary Telephone: (____) _____ Secondary Telephone: (____) _____

Gender: Female Male Age: ____ Date of Birth: _____

Education

2005-2006 School Attending: _____ Grade Level: _____

Student Information

Please answer the following questions on additional sheet of paper.

1. We would like to know more about YOU. In a one page essay, please briefly describe yourself (interests, talents, hobbies, personal philosophy), any activities you have participated in, and anything interesting about you that you would like to share.
2. What are some issues in the community that are important to you and why?
3. What do you see yourself doing in five years?
4. If you were a superhero, what superpower would you have and why?
5. If you had all the money in the world, what would you do with it?
6. Who are your role models and why?

The **DEADLINE** to submit this application is Thursday, JUNE 30, 2005. Please submit to:

Jason Lacsamana
OCAPICA
12900 Graden Grove Blvd. Suite 214A
Garden Grove, CA 92843

Phone #: 714-636-9095
Fax #: 714-636-8828
Email: jjlacs@ocapica.org

Statistical Information

Information will be used for purposes of statistical analysis only. It is not used in the admissions process. Providing this information is voluntary.

Ethnic Identity - Please specify ethnic group(s), i.e. Vietnamese, Mexican, Korean, Pilipino, Samoan, Salvadoran, etc.

African American White/Anglo Native American/Am. Indian Native Hawaiian/Pacific Islander

Asian American Latino/Hispanic Other (please specify)

Family Information

	Mother	Father
Name:		
Parent(s) Occupation:		
Parents' Highest Level of Formal Education: (Please circle appropriate level)	Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 Bachelor's Degree Graduate School Master's Doctorate's Other	Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 Bachelor's Degree Graduate School Master's Doctorate's Other
Primary Language spoken at Home:		

Signature

If accepted, I agree to fully participate and commit to the Orange County Asian & Pacific Islander Community Alliance (OCAPICA) Project C.A.L. 24 Program for its seven-week duration.

Signature of Applicant (in ink) _____ Date of Application: _____

Internal Office Use Only

Date Received:	Received by:	Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
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OCAPICA Photograph Release Form

This agreement is made and entered into as of July 1st through October 31, 2005, by and between the Orange County Asian & Pacific Islander Community Alliance (OCAPICA), with offices at 12900 Garden Grove Blvd., Suite 214A Garden Grove, CA 92843 and _____ participant/child's name .

I hereby grant permission for OCAPICA to use photographs for use in any and all media and methods of transmission and/or distribution now or hereafter known, including but not limited to film, print, video, computer, Worldwide Web, Internet Website, Email, FTP, computer network, and digital reproduction and distribution, for illustration, art promotion, advertising, trade, sales, or any other purpose whatsoever.

I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to organization or unknown, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur in relation to the finished product.

I hereby agree to hold harmless OCAPICA from and against any claims, and waive any right to royalties or other compensation arising from or related to the use of the photographs.

PERMISSION GRANTED FOR THE USE REQUESTED ABOVE:

[Parent/Guardian's Signature]

[Name]

[Date]



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Parent/Guardian Consent Form

Student Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

I, the parent or guardian of the above-named child, hereby register him/her for participation in the Project C.A.L. 24 / Afterschool Program and fully agree to the rules and regulations of the Orange County Asian and Pacific Islander Community Alliance (OCAPICA) and do hereby release OCAPICA and its directors, representatives, employees, and volunteers from any liability. I, the parent or guardian, release OCAPICA from all responsibilities from injuries of any nature incurred while participating in the Project C.A.L. 24 / Afterschool Program. I understand that my child will be supervised by a professional at all times, and that medical insurance is my responsibility.

Emergency Medical Treatment

In the event _____ (student's name) becomes ill or sustains an injury while in the care of or under the supervision of the Project C.A.L. 24 / Afterschool Program coordinators and volunteers or other OCAPICA representatives, they are given permission to administer first aid for his/her relief. If it is not practical to return him/her to us to receive our instructions for his/her care, consent is given to any licensed physician and/or surgeon called or to whom our child is taken for treatment, to administer such treatments, drugs, and medicines and to perform such surgical procedures as he/she shall deem the existing emergency or injury requires for the relief of pain and to preserve his/her life and health.

Family Doctor: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Allergies (if any): _____

Name(s) of any medication currently taken: _____

- I, the parent/guardian, am the primary contact OR
- The emergency contact listed below is the primary contact:

In case parent/guardian cannot be reached in an emergency, please contact:

Name: _____

Relationship: _____ Phone: _____

I HAVE READ, UNDERSTOOD, AND AGREE TO ALL OF THE ABOVE.

Name of parent/guardian (Please print)

Date

Parent/Guardian's Signature