

Contra Costa Community College 2600 Mission Bell Drive San Pablo, CA 94806

Contra Costa Community College District Contra Costa Community College

Student Agreement

Name (Please print)	Student ID #
Telephone	Email Address
Street Address	City, State, Zip
Dates of Conference	Location of Conference

I understand that I am attending this conference as a representative of my college and that my expenses are paid in full or part by the college and/or the Associated Students Union/Inter Club Counsel. I understand that I am expected to conduct myself in a responsible manner and agree to the following:

- I am currently enrolled at the respective college I am representing.
- No unauthorized personal vehicles are permitted to be driven to the conference without the approval of the advisor/designee.
- I am aware that the California State Education Code and the policies of my District prohibit possession or use of alcoholic beverages during the college function, regardless of attendee's age. (Prescriptions should be registered when turning in your application, for your own protection).
- I understand that no inappropriate behavior will be permitted, nor any behavior that would endanger the undersigned, or others. I also understand that I am responsible for any damages I cause to any facility while attending this conference.
- I agree I will not invite any outside visitors to participate in conference activities without having obtained prior approval from my advisor/designee.
- I understand that this is an official field trip and that I am required to attend all possible work sessions.
- I understand that any infraction may result in possible disciplinary action and immediate dismissal from the conference and that I will then become responsible for making other arrangements for my return to the college.
- All participants must stay within the designated areas announced.
- Any exceptions must be approved by the advisor/designee one week prior to the event date.

In addition, I understand that this Student Agreement Form must be turned in by the time designated by the advisor/designee and before the event date.

Signature of Student	Signature of Advisor/Designee
Print Name of Student	Print Name of Advisor/Designee
Date	Date