



CALIFORNIA LEGISLATIVE BLACK CAUCUS

## African American Leaders for Tomorrow – Code of Conduct Agreement

July 8 – 11, 2020 CSU Dominguez Hills Campus

I, \_\_\_\_\_, agree to be courteous and respectful at all times to my fellow AALT participants, staff, and volunteers. I will be respectful to other people’s property. I will refrain from insulting, defaming, abusing threatening or harassing others. I will not make damaging insinuations relating to a person’s age, gender, ethnicity, religion or sexual orientation. I will not engage in hate speech, even if religiously motivated. Hate speech includes claiming that a person deserves violence, or any speech intended to dehumanize or degrade them. I will not be aggressive, violent nor harass other members. I agree not to speak nor display words, images, or information that is vulgar, obscene, graphically violent, graphically sexual, or harms others in any way. I will not solicit nor promote the use of illegal substances, promote illegal activity, including underage drinking or discuss illegal activities with the intent to commit them. I will be on my best behavior, follow instructions from staff and not be disruptive. I will be fully engaged in all the activities I am participating in. I also agree to report any unapproved behavior to AALT staff members. If at any given time I do not follow this Code of Conduct Agreement, I understand I will be sent home at my/my guardian’s own expense. Staff of AALT will not be responsible for any of my expenses.

I have read, understand, and agree to the policies as presented to me.

\_\_\_\_\_  
Student’s Printed Name

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian’s Printed Name

\_\_\_\_\_  
Guardian’s Signature

\_\_\_\_\_  
Date



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## African American Leaders for Tomorrow – Medical Permission Slip

July 8 – 11, 2020 CSU Dominguez Hills Campus

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Please list any allergies to which your child is susceptible:

\_\_\_\_\_

Pre-existing or present medical conditions:

\_\_\_\_\_

Family Doctor/Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Student has asthma: Yes/No

Student wears glasses: Yes/No

Student wears contact lenses: Yes/No \*Please bring glasses if you normally wear contact lenses.

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



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## **African American Leaders for Tomorrow – Photo Release**

**July 8 – 11, 2020 CSU Dominguez Hills Campus**

I hereby give permission to the news media to photograph/interview my child for the **African American Leaders for Tomorrow Program**.

It is my understanding that this photograph/interview or portions thereof will be used for public view. I agree to participate in these projects without financial remuneration, and I understand that this releases the photographer/interviewer from any future claims, as well as from any liability, arising from the use of the said photograph/interview.

Name of Child: \_\_\_\_\_  
(please print or type)

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_