



Craft Training Center of the Coastal Bend

7433 Leopard St. Corpus Christi, TX 78409
Office (361)289-1636 ♦ Fax: (361)289-0499



RETURNING STUDENT ENROLLMENT APPLICATION HIGH SCHOOL PROGRAMS

ALL BLANKS MUST BE FILLED IN AND ALL FORMS SIGNED TO BE ENROLLED

PERSONAL INFORMATION

Name: _____ Phone: () _____

Mailing/Street Address: _____ CELL Phone #: () _____

EMAIL ADDRESS: _____

City: _____ State: _____ Zip: _____

SOCIAL SECURITY REQUIRED FOR ENROLLMENT

Social Security #: _____ - _____ - _____ **Date of Birth:** _____ - _____ - _____

Name of High School: _____

Grade Level Registering For: Freshman Sophomore Junior Senior

Statistical Information: Male Female
 Caucasian African American Hispanic Other

PROGRAM INFORMATION

Course Registering for: Welding Pipefitting Instrumentation

CORE Electrical (11th & 12th grade) Plumbing (11th & 12th grade)

RELEASE AGREEMENT

I hereby authorize the Craft Training Center of the Coastal Bend (CTCCB) and the National Center for Construction Education and Research (NCCER) to verify and /or release my craft training records to my employer and /or other third party (as defined in the CTCCB program guidelines) upon request, and agree to hold harmless the CTCCB and the NCCER for said release or verification of my training records. I certify that the information provided above is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Parent or Legal Guardian Name (*Please Print*): _____ Date: _____

CTCCB Authorized Signature: _____ Date: _____

Release, Indemnification, and Dispute Resolution Agreement

I hereby authorize the Craft Training Center of the Coastal Bend, Inc., (hereinafter, referred to as the CTCCB), and/or the Associated Builders and Contractors, Inc., Texas Coastal Bend Chapter (hereinafter referred to as the ABC), to release any and all results and associated information obtained from or related to any training I receive or have received in the past, or to the skills assessment and diagnostic examination process, including the names of any CTCCB or ABC courses passed or failed, to my present or any future employers, and to any other entity with whom I may make application for employment. I further acknowledge that based on the results of the skills assessment process, the CTCCB or the ABC may, but is not obligated to, recommend to me and my present or future employer that I receive further training in a particular craft or area.

In exchange for any training I receive, I further agree to release, indemnify, defend and hold harmless the CTCCB, its directors, officers, employees, representatives, agents and affiliates, parents, subsidiaries, the ABC, its directors, officers, employees, representatives, agents and affiliates, parents, subsidiaries, and any entity to whom information is or may be disclosed pursuant to this authorization, from and against all loss, cost and expense, including legal fees and court costs which they may suffer or sustain, or be liable for and against any and all claims, demands, and suits arising out of any injury, death, or material losses, including lost wages, resulting from, arising out of, or allegedly caused in any way by any training I receive or have received in the past or from any part of the skills assessment process, and/or from any damages or losses resulting from the release of information to any third party concerning such assessment, testing, and/or training, including any personal information legally obtained by the CTCCB or the ABC. This release and indemnification shall apply even if my losses or damages are caused by the sole or concurrent negligence of the CTCCB and/or the ABC or their directors, officers, employees, representatives, agents and affiliates, parents, subsidiaries.

Additionally, the CTCCB, the ABC, and I **mutually** agree that any and all claims, disputes and controversies, including but not limited to those arising out of or in any way related to any training I receive or have received in the past, or to the skills assessment process conducted by the CTCCB or the ABC, including the arbitrarily of such claims, disputes and/or controversies, between and/or among myself, the CTCCB, the ABC, their officers, directors, agents, affiliates, parents, subsidiaries, sponsors, members, stock holders, employees, and customers, that now exist or may hereafter arise, whether based on the Constitution, Statutes, Ordinances, Regulations, Rules and/or the Common Law of the United States or of any State, and all subdivisions of either, and/or whether based on claims or theories of contract, quasi-contract, personal injury, tort, offenses, quasi-offenses or otherwise, shall be exclusively resolved by the parties first trying to settle by mediation, and failing which, by binding arbitration. Unless specifically and mutually agreed otherwise, the mediation and/or arbitration shall be administered by the American Arbitration Association under its appropriate rules, and shall be pursuant to the provisions of, and jurisprudence interpreting, the Federal Arbitration Act and/or the Texas Alternative Dispute Resolutions Act, whichever shall have the broadest effect.

All claims of any rights to the contrary, including any right to trial by jury, are hereby expressly waived. If, for any reason, the American Arbitration Association is unable or unwilling to administer the proceedings, the claim or dispute will be submitted for resolution to another recognized entity providing mediation and/or arbitration services. The Arbitrator(s) shall be the sole and exclusive determiner of jurisdiction. Judgment upon any award may be entered in any federal or state court having jurisdiction thereof. All fees and expenses of the mediation and/or arbitration will be borne by the parties equally this agreement shall be binding on my respective heirs, successors and assigns. If any part of this agreement is held to be invalid the remaining parts will not be invalidated and will continue to be in full force and effect.

FORM MUST BE COMPLETED AND SIGNED

Name *(Please Print)*: _____ Date: _____

Signature: _____ SSN: _____ - _____ - _____

CTCCB Authorized Signature: _____ Date: _____

REGISTRATION AND RELEASE FORM



Instructions: Type or print legibly. Any inaccuracies on this form may be reflected on credentials. To be entered in NCCER's Registry, you must complete and sign this form. Records containing trainee/participant personal information, including but not limited to score reports, training prescriptions, and transcripts, cannot be distributed until this form has been completed.

***Required Fields**

ATS/AAC Name: ABC Merit Shop Training Program d.b.a. Craft Training Center of the Coastal Bend

Name*: _____

Job Title _____

Address*: _____

City*: _____ State*: _____ Zip*: _____

Phone*: _____ Home Number OR Cell Number

Email Address: _____

Birth Date*: _____ Birth City: _____

*To enter into the NCCER National Registry, ONE of the following numbers needs to be provided. Once you are entered into the system, you will be given an NCCER Card Number to use in the future. (System Generated Numbers are no longer an option.) Pipeline users MUST use their Social Security Number.

Social Security Number: _____

NCCER Card Number: _____

State DOE Student Number: _____ Which State: _____

If you choose to use the State DOE Student number, this must first be added into the NCCER Registry System as an approved "Alternate I.D. Type." Please work with your sponsor representative to ensure your state I.D. Type has been added into the system.

Optional Information

Company/School Name: _____

Company/School Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

I hereby authorize NCCER to verify information in my training and/or assessment records which may include any of the personal information provided on this form. I release and hold harmless NCCER for the disclosure of any such information in connection with this verification process.

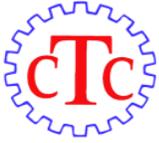
Signature*: _____ **Date:** _____

Parent/Guardian Signature*: _____ **Date:** _____

(Required if individual is under 18 years of age.)

NOTE: This form must be maintained on file per NCCER Accreditation Guidelines.

Effective 10/16



**Craft Training Center of the Coastal Bend
Medical Release Form for Minor**



In case of emergency, I, the parent and/or legal guardian grant permission to the Craft Training Center of the Coastal Bend staff to seek and authorize medical care for my child who is under the age of 18. I understand that in the event that my preferred medical providers are not readily available, the Craft Training Center of the Coastal Bend staff has permission to take my child to the closest medical provider.

ENTIRE FORM MUST BE COMPLETED AND SIGNED

PLEASE PRINT CLEARLY

Student Name: _____ **School Attending:** _____

Preferred Doctor: _____ **Phone Number:** _____

Preferred Hospital: _____ **Phone Number:** _____

Preferred Emergency Contact: _____

Alternative Emergency Contact: _____

Known Medical Conditions/Allergies: (CTCCB must be notified in writing of all specific needs/restrictions, etc.)

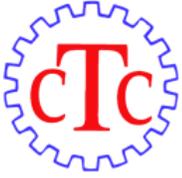
Parent/ Legal Guardian Name: (PRINT) _____

Address: _____

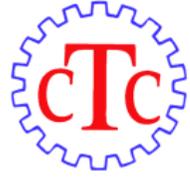
City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Parent/Legal Guardian Signature: _____ **Date:** _____



**Craft Training Center of the Coastal Bend
PARENTAL CONSENT for
Drug Testing and Release of Information**



ENTIRE FORM MUST BE COMPLETED AND SIGNED

Applicant **(print)** _____ is a minor who is enrolling for training courses with the Craft Training Center of the Coastal Bend (CTCCB). I, as the Parent/Guardian of said minor child understand that as part of the application/enrollment process, all applicants are subject to drug testing and must submit a urine sample to be analyzed by an accredited laboratory designated by CTCCB.

As parent/legal guardian of and on behalf of the above referenced minor, I **(print)** _____, _____ hereby consent to the administration of the drug detection urinalysis testing on this child in accordance with the terms and conditions set forth in the CTCCB Controlled Substance and Alcohol Abuse Policy.

I hereby give my consent for CTCCB to notify the school my minor child currently attends in the event he/she is ineligible for enrollment or is removed from the program.

School minor child currently attending **(Print):** _____

Applicant Name **(Please Print):** _____

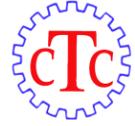
Applicant SSN: _____ - _____ - _____ or Date of Birth: _____ - _____ - _____

I have read and fully understand the information provided on this Parental Consent and Release Form.

Parent or Legal Guardian **(Print):** _____

Parent or Legal Guardian Signature: _____

Relationship to minor: _____ Date: _____



Craft Training Center of the Coastal Bend Video/Photography Release

For good and valuable consideration, the adequacy of which is hereby acknowledged, I confer on the Craft Training Center of the Coastal Bend (CTCCB) the absolute and irrevocable right and permission with respect to the photographs that he/she has taken, or caused to be taken, of my minor child in which he/she may be included with others:

- a. To copyright the same in the Craft Training Center of the Coastal Bend's name or any other name that the CTCCB may select;
- b. To use, re-use, publish and re-publish the same in whole or in part, separately or in conjunction with other photographs, in any medium now or hereafter known, and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion, advertising and trade, and;
- c. To use my name or my child's name in connection therewith if the CTCCB so decides.

I hereby release and discharge the Craft Training Center of the Coastal Bend, its officers, directors, trustees, and employees from any and all claims and demands ensuing from or in connection with the use of the photographs, including any and all claims for libel and invasion of privacy.

This authorization and release shall inure to the benefit of the legal representatives, licensees, and assigns of the CTCCB as well as the photographer who took the photographs.

I have read the foregoing and fully understand the contents hereof. I represent that I am the [parent/guardian] of the above named model. For value received, I hereby consent to the foregoing on his/her behalf.

THIS FORM MUST BE COMPLETED AND SIGNED AND DATED

Applicant's Name (*Please Print*): _____

Parent or Legal Guardian Name (*Print*): _____

Parent or Legal Guardian Signature: _____

Date: _____

Phone: _____

Address: _____

City: _____

State: _____

Zip: _____



Craft Training Center of the Coastal Bend Student Code of Conduct



The Craft Training Center of the Coastal Bend (CTCCB) is committed to helping prepare high school students acquire gainful employment in the construction industry; student participation, dedication and cooperation are key to the development of entry-level craft professionals. Our goal is not only to teach students the skills and technical information needed to succeed, but to teach safe work practices, proper use and maintenance of tools and equipment, responsibility for punctuality, attendance, work performance and work ethic, as well as verbal and written communication skills. In order for CTCCB and our students to be successful in achieving these goals it is imperative that students understand and agree to abide by the following rules and regulations:

1. Students are expected to be in class on time, properly dressed for training in industrial crafts, and ready to work. Students are expected to bring all required Personal Protection Equipment (PPE), books, and supplies needed for class.
2. Students are expected to be in attendance daily and to cooperate with instructors and staff.
3. Flagrant misuse or negligence in use of equipment, materials and/or supplies or vandalizing vending machines or any other item on CTCCB property will be considered cause for immediate dismissal from the CTCCB program.
4. Students are expected to remain in the classroom, laboratory or assigned area of instruction at all times. Students are not allowed to be in other areas of the campus or away from assigned instructional areas without the express permission of their instructor or a staff member.
5. Safety is a major concern in the construction industry. Students are provided and trained on the proper use of PPE and are required to have **and** properly use all necessary PPE as mandated by the CTCCB. Students are expected to be constantly mindful of other students and instructors working in the area. **Safety violations will be issued; a third violation may result in dismissal from the program.**
6. Weapons of any sort are strictly prohibited, guns, pocket knives, or any item determined to be an illegal weapon by CTCCB that is found in possession of a student, used by a student, found in their locker or personal belongings will be reported to Law Enforcement Authorities.
7. Drugs, synthetic drugs, drug paraphernalia of any sort, and alcohol are strictly prohibited, any item determined by CTCCB to be an illegal item that is found in possession of a student, used by a student, found in their locker or personal belongings will be reported to Law Enforcement Authorities. **CTCCB conducts random and for cause drug testing; and has a Zero Tolerance policy.**
8. CTCCB operates its training classes like a construction job site. Any display of aggressive behavior or horse play will not be tolerated. Any use of profanity or harassment towards other students or staff will be reported to the respective high school principal. Endangerment of or physical contact with any other student or staff member by a student will not be tolerated.
9. No food or drinks are allowed in classrooms or laboratories. CTCCB strictly prohibits the use of any tobacco products by high school students anywhere on CTCCB, CSC or ABC property.
10. In conformance with most high school policies, students are not permitted to bring electronic items such as I-Pods, cameras and other similar devices. Cell phones may not be powered on during the instructional day, which is from the time a student steps off their school bus until the student is back aboard the bus. Any such device will be confiscated and turned in to the respective principal to be returned at the principal's discretion. CTCCB is not responsible for any items lost or stolen while on CTCCB property. CTCCB has cameras placed throughout the training facilities for the protection of students, staff and property.

THIS FORM MUST BE SIGNED AND DATED

**Violation of any of the above stated rules and regulations
will be considered cause for immediate dismissal from the CTCCB Program**

Student Signature

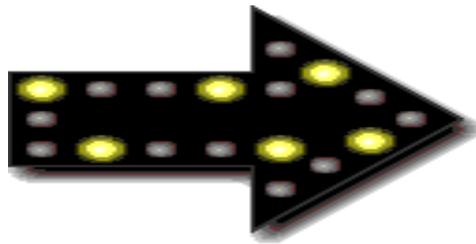
Date

Parent/Legal Guardian Signature

Date

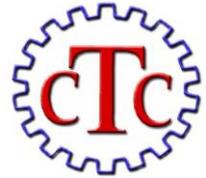
Please fill out the Del Mar Continuing Education Form

It is mandatory





Continuing Education Registration Form



101 Baldwin Blvd.
Corpus Christi, TX 78404-3897

Del Mar College does not discriminate on the basis of race, color, sex, age,
national origin, religion, disability, or any other constitutionally impermissible reason

7433 Leopard St.
Corpus Christi, TX 78409

Student Information – PLEASE PRINT **ENTIRE FORM MUST BE COMPLETED AND SIGNED**

Name: _____ **Email Address:** _____
Last First Middle

Other Names: _____

Mailing Address: _____
Number/Street Apt.# City State Zip County

Phone: _____ **SSN or Colleague ID:** _____
Home Cell Business

Gender: Male Female **Birthdate:** _____

I certify that I have read and understand Important Facts about Bacterial Meningitis. Yes No
(Information may be obtained at <http://www.delmar.edu/admissions/meningitis.php>)

How did you hear about Del Mar?
 Newspaper Brochure Email Class Schedule Direct Mail Website Channel 19/DMC-TV

Are you a resident of Texas? Yes No **If no, what state?** _____

Del Mar College will use the following data for federal and/or state law reporting purposes. Your completed responses are voluntary and the information will be used in a nondiscriminatory manner consistent with applicable civil rights laws.

Are you Hispanic or Latino? Yes No

Select the racial category or categories with which you most closely identify. Check as many as apply.

White Black or African-American Asian American Indian or Alaskan Native International
 Unknown or Not Reported Native Hawaiian or Other Pacific Islander

Are you a single parent? Yes No

Do you speak and understand English well? Yes No
(Answer "No" if English is not your primary language or you consider yourself somewhat limited in the use of English.)

Are you a displaced homemaker? Yes No
(You have worked without pay to care for the home and family, and for that reason have few marketable skills and are experiencing difficulty in obtaining employment.)

Course: _____

PLEASE READ:

In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), I hereby permit the Craft Training Center and its representatives to disclose my enrollment information and academic records to Del Mar College.

This consent shall be valid throughout the student's enrollment at the Craft Training Center and thereafter but may be modified or rescinded in writing by the student.

Student Signature: _____ **Date:** _____