STAFF ONLY: Activity/ Session: Sail___, Windsurf___, Kayak___
Paperwork Checked By:_____ Date:_____

2011 CAMPER INFORMATION

3950 Bluefin Circle Oxnard, CA 93035

SECTION 1

CAMPER INFORMATION

Camper First Name: _____ Camper Last Name:_____
Camper Date of Birth:__/__/_____ Sex: M __ / F __ (Check One)
Camper Address: _____ City: _____ Zip: _____

SECTION 2

PARENT/ GUARDIAN INFORMATION

First Name: _____ Last Name:_____
Home Number:_____ Work Number:_____ Extension:_____
Cell Number:_____

If you are completing this form on behalf of another person please complete the following:

Name: _____ Relationship: _____
Phone Number: _____ Email: _____

SECTION 3

EMERGENCY CONTACT INFORMATION

Camper Emergency Contact Name:_____
Camper Emergency Contact Phone Number:_____ or _____

SECTION 4

CAMPER CHECK-IN AND OUT INFORMATION

In order to ensure the safety of all campers, we will be checking the identification of all individuals (must be 18 years or older) who will be picking up campers. Please list all individuals approved to pick up your child(ren) from camp.

ONLY INDIVIDUALS LISTED ON THIS FORM WILL BE ALLOWED TO PICK UP A CAMPER. PHOTO IDENTIFICATION IS REQUIRED (E.G. VALID DRIVER'S LICENSE) UPON PICKUP.

1. Name: _____ Driver License Number:_____
2. Name: _____ Driver License Number:_____
3. Name: _____ Driver License Number:_____

SECTION 5

FAMILY DAY AT THE DOCKS GUEST INFORMATION

1. Name: _____ Relationship: _____
   Is The Individual Over The Age Of 18? Yes___ No__
2. Name: _____ Relationship: _____
   Is The Individual Over The Age Of 18? Yes___ No__
3. Name: _____ Relationship: _____
   Is The Individual Over The Age Of 18? Yes___ No__

STAFF ONLY:	Activity/ Session: Sail___, Windsurf___, Kayak___ Paperwork Checked By:_____ Date:_____

2011 CAMPER INFORMATION (continued)

3950 Bluefin Circle Oxnard, CA 93035

SECTION 6

CAMPER MEDICAL INFORMATION

Campers Physician: _____ Physician Phone Number: _____
Insurance Carrier: _____ Plan/Group Number _____

Date of Last Tetanus/Diphtheria Booster (if known): _____
Blood Type (if known): _____

Physical Limitations (Specify if any injuries, weaknesses, eyeglasses, contacts, hearing, etc.):
Eyes and Ears: _____
Bones and Joints: _____
Muscles: _____
Other: _____

Please List:
Chronic Ailments/Allergies, if any: _____
Current Medications, if any: _____

Note: CSU Channel Islands Youth Watersports Camp instructors will not administer any medications to participants unless the medication is (1) presented to the instructor by a parent/guardian, (2) accompanied by written authorization for administration, and (3) accompanied with written directions for administration.

Signature: _____ Date: _____

PARENT/GUARDIAN EMERGENCY TREATMENT AUTHORIZATION

In the event of an emergency, I, _____ (Parent/Guardian) of _____ (Camper) authorize the CSU Channel Islands Youth Watersports Camp and/or its employees to seek any and all emergency medical treatment available for my child in the event that none of the emergency contacts listed can be contacted at the time of the emergency.

Signature: _____ Date: _____

STAFF ONLY:	Activity/ Session: Sail___, Windsurf___, Kayak___ Paperwork Checked By:_____ Date:_____

2011 UNDERSTANDING OF CAMP

3950 Bluefin Circle Oxnard, CA 93035

SECTION 1

AGREEMENT OF CAMP HOURS

I understand that each camper must attend all each day of the five day watersports camp. I understand that morning check-in is between 8:30 a.m. - 9:00 a.m. on the first day of camp only and that CSU Channel Islands Youth Watersports Camp is not responsible for campers dropped off before 8:30 a.m. or after 4:00 p.m. I will check my camper in and out each day promptly at 9:00 a.m. If my camper is going to be late, I will call Campus Recreation at (805) 437-8902. If I know that my camper will be late or missing a day, I will call Campus Recreation at (805) 437-8902. I understand that food and transportation are not provided and that I will provide my camper with lunch, water and sun screen and the other items on the "what to bring list" located at http://www.csuci.edu/recreation/special.htm. I understand that my camper will not be released to go home until all of the equipment is cleaned and put away at the end of each day. I understand that if I need to pick up or drop off my camper outside of the normal camp schedule, I will contact Campus Recreation at (805) 437-8902 prior to that day in order to get special pickup or drop off approved. Special pickup and drop off arrangements must be pre-approved and take place between 12:00 p.m. and 1:00 p.m. or your camper may be "on the water" and not accessible.

I understand that while we encourage all children to participate however, campers must be of sound health with no specific ailments, injuries, or disabilities that would affect their ability to have a safe experience. If participants have needs that require special consideration, parents must contact the camp coordinator, Josh Wade, at (805) 437-3212 or josh.wade@csuci.edu at least 14 business days in advance of attendance.

Parents/ Guardian Signature: _____ Campers Name:_____

SECTION 2

CAMPERS "WATER CONFIDENT" VERIFICATION

To participate in these activities your child must be "water safe" (be able to swim 50 meters and tread water for 2 and 1/2 minutes). I certify that my child is "water confident" and can swim 50 yards and tread water for 2 1/2 minutes:

Parents/ Guardian Signature: _____ Campers Name:_____

STAFF ONLY:	Activity/ Session: Sail___, Windsurf___, Kayak___ Paperwork Checked By:_____ Date:_____

2011 UNDERSTANDING OF CAMP (continued)

3950 Bluefin Circle Oxnard, CA 93035

SECTION 3

BEHAVIORAL AGREEMENT

The CSU Channel Islands Youth Watersports Camp will enforce the following behavioral rules and guidelines to help ensure a safe, rewarding, and fun learning environment for all participants. It is critical that both you and your child review these rules and guidelines, Please print and sign the form and return it on the first day of the session in which your child is enrolled.

1. Appropriate behavior is expected at all times.
2. Camp will start and finish promptly at the scheduled times. Participants should be dropped off at the site no earlier than 30 minutes before the start of camp and must be picked up promptly at the end of class. The CSU Channel Islands Youth Watersports Camp will not be held responsible for children who have been dropped-off or picked-up at a location other than the site of camp. Participants will be ready to be picked up by 4:00 p.m. , all participants must be picked up by 4:00 p.m. If a child is not picked up on time it may effect the child in continuing in the camp.
3. The CSU Channel Islands Youth Watersports Camp strongly believes in the idea of teamwork, therefore, participants will not be allowed to leave the camp until all boats and equipment are properly put away.
4. All participants are expected to abide by the rules/ directions given by the instructors at all times.
5. All participants will be required to complete a short swim test on the first day of class that consists of swimming 50 meters and treading water for 2 ½ minutes.
6. Life jackets (personal flotation devices or "PFDs") must be worn at all times. (on the docks, in a boat or in the water).
7. Shoes or other foot protection approved by the instructors must be worn at all times.
8. All participants are responsible for providing their own sun protection. At minimum, this sun protection should consist of hats, sunscreen, and sunglasses.
9. Observe all boundaries, both on the water and on the shore, as established by the instructors.
10. There will be no running on the docks, climbing on boat racks, trailers, or rocks near the shore.
11. Participants will be expected to pick up all of their own trash as well as keep all personal belongings in a neat and orderly fashion.
12. Participants and parents shall show respect towards their peers, instructors, and other persons.
13. Absolutely no throwing of any objects will be tolerated.
14. No obscene language.
15. No other behavior that is disruptive or is an interference with the daily sessions.

Consequences for failure to abide by the rules and guidelines above may vary according to the nature of the infraction, but can include loss of daily camp privileges. Any verbal or physical abuse occurs or if your child's behavior jeopardizes his/her own the safety or the safety of others, an early dismissal from the camp and/ or warning to both the parent and student may occur. If a second incident is to arise, the consequences may result in the student's dismissal from camp for the remainder of the session with no refund.

I acknowledge that I have reviewed and understand all the behavioral rules and guidelines above.

Parents/ Guardian Name: _____ Signature:_____ Date:_____
Campers Name: _____ Signature:_____ Date:_____

Visual/Audio Image Release Form

I grant permission to California State University, its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. CSU will not materially alter the original images. I agree that CSU owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university-sponsored web sites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-university uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release CSU and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, meaning and impact, and I freely accept the terms.

_____	_____
Printed Name	Date
_____	_____
Signature	Telephone or email address
_____	_____
Parent or Guardian if under 18 years of age	Address (optional)

Project name: Photographer name/signature/contact information/notes.