



Date Received: _____

2015 Registration Form Summer Watersports Camp

Camper Name: _____ Sex: M / F (circle one) Age: ____ Date of Birth: ____ / ____ / ____

Parent/Guardian Name: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Information:

Name: _____

Phone Number: _____

Alternative Name: _____

Alternative Number: _____

Medical Information:

Child's Physician: _____ Phone: _____

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: The Channel Islands Boating Center 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.

Parent/Guardian Emergency Treatment Authorization In the event of an emergency, I, _____ (Parent/Guardian) of _____ (Participant) authorize the C.I.B.C. 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 below can be contacted at the time of the emergency.

Signature: _____ Date: _____



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Camp Check-In and Check-Out

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 (eg. valid driver's license) upon pickup.

Name: _____	Drivers License Number: _____
Name: _____	Drivers License Number: _____
Name: _____	Drivers License Number: _____

Weeks of Camp

The cost of camp is \$185 per session. Each session is one week in length, Monday - Friday from 9:00AM to 3:30PM.

Refund Policy

A written notice of cancellation must be received at least 14 business days prior to the start of the session of which the participant is enrolled. No refunds will be given if notice is received with notice of less than 14 business days. A \$25 administration fee will be assessed for all refunds. Complete refunds will be given if the session is canceled. Refunds take approximately four to six weeks to be processed.

Select Your Week:

Session 1: June 22 - June 26

- ☐ Sailing
- ☐ Kayaking
- ☐ Windsurfing/Stand Up Paddle Boarding

Session 2: June 29 - July 3

- ☐ Sailing
- ☐ Kayaking
- ☐ Windsurfing/Stand Up Paddle Boarding

Session 3: July 6 - July 10

- ☐ Sailing
- ☐ Kayaking
- ☐ Windsurfing/Stand Up Paddle Boarding

Session 4: July 20- July 24

- ☐ Sailing
- ☐ Kayaking
- ☐ Windsurfing/Stand Up Paddle Boarding

Session 5: July 27- July 31

- ☐ Sailing
- ☐ Kayaking
- ☐ Windsurfing/Stand Up Paddle Boarding

Session 6: August 3 - August 7

- ☐ Sailing
- ☐ Kayaking
- ☐ Windsurfing/Stand Up Paddle Boarding

Session 7: August 10 - August 14

- ☐ Sailing
- ☐ Kayaking
- ☐ Windsurfing/Stand Up Paddle Boarding

Subtotal: \$_____

Number of Weeks of camp: _____

Total: \$_____



Activity: _____

2015 Behavioral Agreement

The Channel Islands Boating Center (C.I.B.C.) 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 submit it on the first day of camp in which your child is enrolled.

1. Appropriate behavior is expected at all times.
2. All campers are expected to bring a lunch with them to camp. There will not be enough time for individual campers to order lunch through local businesses.
3. The C.I.B.C. Watersports Camp strongly believes in the idea of teamwork, therefore, campers will not be allowed to leave the camp until all boats and equipment are properly put away.
4. All campers are expected to abide by the rules/ directions given by the instructors at all times. Failure to follow verbal/ written direction may effect your camper's continuation in the camp.
5. All campers will be required to complete a short swim test on the first day of camp 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 campers 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. Campers 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. Campers 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 activities will be tolerated.

Consequences for failure to abide by the rules and guidelines above may vary according to the nature of the infraction, but may include loss of daily camp privileges or a child may be sent home. If a child is sent home, the parent is required to pick their child immediately when contacted by phone.

If any verbal or physical abuse occurs, or if your child's behavior jeopardizes his/her own safety or the safety of others, an early dismissal from the camp and/ or warning to both the parent and the child may occur. If a second incident is to arise, the consequences may result in the child's dismissal from camp for the remainder of the session with no refund.

I acknowledge that I have reviewed and have discussed the behavioral agreement with my child and that we both understand the behavioral agreement above.

Parents/ Guardian Signature: _____ Date: _____

Campers Name: _____

**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: _____

Activity Date(s) and Time(s): _____

Activity Location/Facility: _____

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively “University”) from any and all claims, **including the University’s negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other’s actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies).

Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.

I agree to **hold** the University **harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney’s fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Participant Name (Print): _____ Date: _____

Signature: _____

**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) release of University from all liability on my and the Participant's behalf, (b) waiver of my and the Participants' right to sue, (c) and assumption of all risks of the Participant's participation in this Activity, including travel to and from the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Signature of Minor Participant's Parent/Guardian Date

Minor Participant's Name

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 websites, 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, broadcast 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 or 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.

Name (please print)

Date

Signature

Telephone or E-mail address

Signature of parent or guardian if under 18 years of age

Address (optional)

[☐] Employee Campus ID# _____ [☐] Student Campus ID# _____ [☐] Community Member

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