

2018 UCSB Summer Day Camp

~ Jr. Counselor Application ~

PLEASE NOTE

Must be 15-18 years old and (entering H.S. Freshman to Senior) to participate.

This is an **UNPAID**, volunteer position. Hours worked may qualify as Community Service credit.

Each session is limited to 10 Jr Counselor participants.

Cost: \$50

- Due only if accepted to program.
- Fee must be paid before your first day at camp
- If selected all Jr Counselors must complete online bullying prevention training

| | | | |
|------------------------|-------------------|--------------------------------|--------------------------------|
| | | | |
| First Name | | Last Name | |
| | | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| | | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 |
| Name of High School | | Grade in Fall 2017 | |
| | | | |
| Date of Birth | Applicant's Phone | | |
| | | | |
| Applicant's Email | | Parent/Guardian's Email | |
| | | | |
| Parent/Guardian's Name | | Parent/Guardian's Phone | |
| | | | |

| | | | |
|--------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------|
| Availability | You may attend a maximum of 2 sessions | Please mark the sessions you are available | |
| | I prefer to attend: _____ <small>Top 2 choices</small> | <input type="checkbox"/> Session 1 June 18-22 | <input type="checkbox"/> Session 6 July 23-27 |
| | Do you want 1 or 2 sessions: 1 2 <small>circle</small> | <input type="checkbox"/> Session 2 June 25-29 | <input type="checkbox"/> Session 7 July 30-Aug 3 |
| | Are you available: <input type="checkbox"/> All Day <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons | <input type="checkbox"/> Session 3 July 2-6 | <input type="checkbox"/> Session 8 August 6-10 |
| | | <input type="checkbox"/> Session 4 July 9-13 | <input type="checkbox"/> Session 9 August 13-17 |
| | | <input type="checkbox"/> Session 5 July 16-20 | |

Jr Counselors must be available to work each day of a particular session and 4 hour minimum shifts

Have you attended UCSB Summer Day Camp as a camper? yes no

Have you been a CIT or Jr Counselor before at UCSB Summer Day Camp? yes no

Please list your skills and talents (ie soccer player, gymnast, teacher's aid, artist):

Below Section to be completed by Parent/Legal Guardian

Please note any special concerns of which we should be aware (allergies, etc.):

Parent/Guardian understands:

- \$50 fee in order to participate in this program *Payable to UC Regents. Due on first day of assigned session.
- Fee includes 1 t-shirt and Certificate of Completion (additional t-shirts may be purchased for \$10/each)
- A signed Waiver of Liability and Consent to Treat form will be required of all participants
- Paperwork for documentation of community service hours is the responsibility of the minor and must be submitted to camp staff for signature prior to August 14, 2018.

Parent or Guardian's Signature _____ Date _____

Return to: Recreation Center Customer Service Center For more information call (805) 893-3913 or
or Mail to: Recreation/DC e-mail camps@recreation.ucsb.edu
UCSB
Santa Barbara, CA 93106-3025



Waiver of Liability, Assumption of Risk & Indemnity Agreement

Elective/Voluntary Activities Waiver

Department _____

Class/Activity _____

Waiver: In consideration of being permitted to participate in any way in

hereinafter called "The Activity", I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Print Name of Participant

Date

Age (if Minor)

Signature of Parent/Guardian of Participant if Minor

Print Name of Parent/Guardian of Participant if Minor

Date