

# 2017 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.

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 19-23	<input type="checkbox"/> Session 6 July 24-28
	Do you want 1 or 2 sessions: <b>1</b> <b>2</b> <small>circle</small>	<input type="checkbox"/> Session 2 June 26-30	<input type="checkbox"/> Session 7 July 31-Aug 4
	Are you available: <input type="checkbox"/> All Day <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons	<input type="checkbox"/> Session 3 July 3-7	<input type="checkbox"/> Session 8 August 7-11
		<input type="checkbox"/> Session 4 July 10-14	<input type="checkbox"/> Session 9 August 14-18
		<input type="checkbox"/> Session 5 July 17-21	

*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 15, 2017.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to: Recreation Center Cashier's Office  
or Mail to: Recreation/DC  
UCSB  
Santa Barbara, CA 93106-3025

For more information call (805) 893-3913 or  
e-mail [camps@recreation.ucsb.edu](mailto:camps@recreation.ucsb.edu)



# Authorization to Consent to Treatment of Minor

**Department of Recreation**

**Summer Youth Programs**

(I) (We), the undersigned parent(s)/guardian(s) of  , a minor,  
Minor's First & Last Name  
do hereby authorize University of California, Santa Barbara Student Health Service or attending medical personnel as agent(s) for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code B2000 et. seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code 31600 et. seq.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of California Family Code B6910.

(I) (We) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of California Family Code B6910, to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code B1283.

These authorizations shall remain effective until \_\_\_\_\_, 20\_\_\_\_, unless sooner revoked in writing delivered to said agent(s).

**Mail this form to:**  
Recreation  
UCSB  
Santa Barbara, CA 93106-3025  
or  
Turn in to staff on first day of program

Program (s) your child is participating in (ie swim lessons, summer day camp)

Name of Health Insurance Provider

Policy #

Name of Parent/Guardian (please print)

Phone Number

Signature of Parent/Guardian

Date



# Waiver of Liability, Assumption of Risk & Indemnity Agreement

University of California, Santa Barbara

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