

FOR CAMPERS REQUESTING REGIONAL CENTER SUPPORT

WAVE Camp

Vendor# HAO135 / Regional Center Cost: \$1050.00
Camp Dates – Session 1 July 6-July10, 2009
Session 2 July 12-16, 2009

- Camper will not be accepted for registration for camp until this form authorizing payment from ACRC is received
- Once form is completed and authorization is approved, submit this form to Access Leisure, 3291 Truxel Rd.#26 Sacramento, CA 95833
Attn: Jenny Yarrow

PART A- To be completed and signed by Parent/Guardian/Camper

Campers Name _____

Parents Name _____

- I am requesting Regional Center support for my son/daughter/self to attend this camp program.
- I understand that this program must be a part of her/his/my ITP/IPP.
- I understand that each day paid of camp paid for by the Regional Center, will be deducted from my "Out of Home" Respite Funds.

Parent/Guardian/Camper Signature _____ Date _____

PART B- To be completed and returned to Access Leisure 3291 Truxel Rd. #26 Sacramento, CA 95833 ATT: Jenny Yarrow by Regional Center Service Coordinator

Service Coordinator's Name _____

Regional Center Name _____

Address of Regional Center: _____

City: _____ State: _____ Zip: _____

Service Coordinator's direct phone line (____) _____

PLEASE NOTE: Out of Home Respite Days will be used for payment for Teen Camp at Camp Sacramento for this individual

If you have further questions, clarifications, or concerns, please call Paula Black, Camp Registrar at 916-808-1205

Regional Center Case Manager Signature _____ Date _____

DATE: _____

WAVE Camp

Health History Form

To be completed by athlete's parent or guardian. WAVE Camp respects your right to privacy, therefore, all information provided will be strictly confidential.

Please print clearly or type.

1. Camper's Name: _____
Gender F M Age: _____ Birthdate: _____
Disability: _____
Parent/Guardian: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Email: _____ Fax Number: _____

2. EMERGENCY CONTACT

Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Relationship to Camper: _____

3. Describe in Detail Camper's Disability: _____

4. Describe Any Significant Illnesses and/or Operations of the Camper and Indicate Month and Year:

5. Describe Any Range-of-Motion Limitation: _____

6. Specify Camper's Assistive Devices (e.g. wheelchair, crutches, walker, etc.): _____

7. Is the Camper Prone to Seizures: YES NO If Yes, Controlled By medication? YES NO
Type: _____ Frequency: _____ Date of Last Seizure: _____
Symptoms Camper Experiences Prior To and After A Seizure: _____

8. List All Medications Camper is Currently Taking, Along with Dosages and Frequency:

9. List Allergies and Nature of Reaction: _____

10. Explain in Detail Camper's Bowel/Bladder Program: _____

11. Explain in Detail Camper's Hygienic Needs: _____

12. List Any of the Camper's Adaptive Sports Equipment That He/She Will Be Bringing To
Camp: _____

13. Special Instructions or Additional Information: _____

14. List Any Wheelchair Sport/Leisure Interests of the Camper: _____

15. Camper's Medical Insurance Provider: _____

Insurance Carrier: _____ Policy #: _____

Physician's Name: _____ Phone: _____

***Please attach a photocopy of camper's medical card.

If the camper needs to be taken to the hospital, he/she will be taken to an appropriate medical facility depending on the severity of the injury.

I, _____, give permission for my son/daughter, _____ to participate in WAVE Camp activities. Should it be necessary for the athlete to seek emergency medical attention, I hereby give WAVE Camp employees permission to use their best judgment to obtain needed medical services. I authorize the emergency physician/hospital to render emergency treatment to the client. I understand that the medical costs incurred by the athlete are the responsibility of the athlete/parents/guardians.

All athletes/parents/guardians participating in WAVE Camp activities are deemed to have waived all claims against WAVE Camp, its owner, employees, or volunteers for injury, accident, illness, or death occurring during any WAVE Camp excursion or activity.

The recreation activities that athletes will be participating in are: water polo; rowing; water-skiing; aquatics; sailing; and aerobic conditioning. Campers/parents/guardians hereby acknowledge the events are recreational activities that are inherently dangerous and can result in injury. Nevertheless the athletes/parents/guardians hereby waive any and all claims against WAVE Camp, California State University Sacramento, City of Sacramento, Access Leisure, Disabled Sports USA, and any employees, volunteers, and agents that may arise out of injuries incurred while an athlete is participating in any of the recreational activities described above.

Signature of parent/guardian

Date

Talent Release and Photo Consent

I, _____, give my permission to have my son/daughter, _____ to be photographed and videotaped for WAVE Camp promotional and fund-raising purposes.

Signature of parent/guardian

Date

Health Examination Form for WAVE Camp must be completed by the parent/guardian AND PHYSICIAN and must be received by the Camp Registrar before start of the camp.

Name: _____ Age: _____

Disability (be specific): _____

Is Camper Covered By Medical Insurance? []Yes []No

Name of Insurance Company: _____

Insurance Plan Number: _____

***Please attach a photocopy of current Medical Card.*

Health History (*check and give appropriate dates if known*):

___ Asthma: _____

___ Arthritis: _____

___ Chicken Pox: _____

___ Diabetes: _____

Other: _____

Medication:

IS CAMPER ON MEDICATION? []Yes []No

Name(s) of medications: _____

***Camper is required to bring ample supply of all medications, with prescriptions to camp. All medicines MUST be prescribed and in their original containers (including all vitamins and herbs) and will be administered according to the doctor's written instructions.*

Diagnosis of Disabling Condition(s): _____

Height: _____ Weight: _____ Blood Pressure: _____ C.B.C. _____ Urinalysis: _____

List any remarkable conditions:

ENT: _____

Extremities: _____

Heart: _____

Posture (spine): _____

Lungs: _____

Skin: _____

Abdomen: _____

Allergies: _____

Special Diet: _____

Are there any other recommendations or special instructions regarding Camper's activity limitations?

I have examined _____ and reviewed his/her Health History.
In my opinion this Camper is physically able to engage in camp activities, except as noted. I have attached prescriptions for the Camper as needed.

EXAMING PHYSICIAN: _____
(Please type or clearly print name)

Address: _____ City: _____ St: _____
Zip: _____

Telephone Number: _____

Signature of Examining Physician: _____ Date: _____

THIS FORM MUST BE SIGNED AND DATED BY PHYSICIAN (within one year of camp start date) AND RECEIVED BY WAVE CAMP BY JULY 1

Mail To:
WAVE Camp
3291 Truxel Rd., #26
Sacramento, CA 95833

Tel: (916) 808-6017
Fax: (916) 808-6506

W.A.V.E. CAMP

CAMPERS CODE OF CONDUCT

1. W.A.V.E. Camp campers shall conduct themselves in conformity to City of Sacramento, Access Leisure policies and procedures and with the traditional etiquette of residential camps. This includes, but is not limited to: bringing credit and honor to yourself, your peers, your counselors, volunteers, and the W.A.V.E. Camp Program.
2. All campers will display proper respect and behavior toward peers, counselors, administrators, volunteers, and the public.
3. All campers will practice appropriate conduct such as but not limited to:
 - Campers will try their best to participate in all camp activities.
 - Campers must strive to be as independent as possible.
 - Maintain a positive attitude.
 - Treat fellow campers and staff as you would like them to treat you.
 - Campers will treat equipment and lodging facility with respect.
 - Camper will follow all rules set forth by transportation personnel both prior to, during trip, and when unloading.
 - Know and follow the rules of the activities/events you are participating in.
 - Campers will not use or consume alcohol, tobacco or illegal drugs or any drugs not prescribed to you.
 - Campers will not purposefully engage in unsafe activities.

Action to be taken if a Camper issue arises as a result of not complying with code of conduct:

1. Camp Director and Camp Program Coordinator will confer to determine the behavior issue and discuss a reasonable solution prior to dismissal.
2. Camp Director and/or Camp Program Coordinator will then discuss the issue with Camper and give the camper an opportunity to rectify the problem.
3. If the behavior persists, the camper will be informed that he or she is to be dismissed from camp.

Exception: If the behavior results in an intentional injury to self, other campers, staff or volunteers, no counseling may occur and the camper may be asked to leave without the opportunity to amend his or her behavior.

The administrators of W.A.V.E. Camp are responsible for enforcement of the Code of Conduct.

I, _____ understand that if I **choose** to engage in behaviors or unsafe activities that create a potential hazard to the emotional or physical safety of other campers, staff, and/or volunteers; or am disruptive to the operation of camp, staff may ask me to depart camp.

Signature

Date

Parent Signature if Camper Under 18

Date

ASI CSUS Aquatic Center

Contract, Indemnification, Release and Waiver

ASI CSUS Aquatic Center includes physically and emotionally demanding activities. We want to make sure you understand the risk of injury before you decide to participate. It is required that you read the following **Legal Document**, very carefully, make sure you understand it, fill in all the spaces, and sign it before you, or your child begin our program. **No person or child will be allowed to participate without the properly filled out waiver and medical release forms.**

**PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING BELOW.
THIS AGREEMENT INCLUDES A RELEASE OF CLAIMS.**

I am aware in signing this statement for participation in the CSUS Aquatic Center's **Youth Programs** that certain elements are physically and emotionally demanding. This program may include swimming, paddling, crawling, jumping, climbing, and other rigorous activities (i.e. sailing, windsurfing, canoeing, kayaking, rowing, water skiing, jet skiing, and beach volleyball) on the water or on the land. My child will be working with CSUS Aquatic Center Instructors and with others in their group. It is possible that he/she may be injured while participating in the youth program either because of their own conduct, conduct of others in the group, conduct of ASI Aquatic Center youth instructor, or the condition of the premises.

Therefore, I voluntarily elect to allow my child to participate and I affirm that he/she free of health conditions that might create undue risk to my child or others that depend on them. My child is not under a physicians care for any undisclosed condition that bears upon his/her fitness to participate.

I agree to indemnify and hold harmless ASI CSUS Aquatic Center, their agents and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from participation in the youth programs. I further agree to release, acquit and covenant not to sue ASI CSUS Aquatic Center, for all actions, causes of action claims or damages including but not limited to, claims of negligence by CSUS or 3rd party, damages in law or remedies in equity of whatever kind.

I agree to the site of any lawsuit and the law governing any such lawsuit shall be California and governed by California law. As liquidated damages, I hereby agree that if ASI CSUS Aquatic Center is forced to defend any action, lawsuit or litigation by myself, my executors, my heirs or on my families behalf, my heirs or executors and I agree to pay ASI CSUS Aquatic Center costs and attorney fees if they successfully defend such action, lawsuit or litigation. In signing this document for my minor child I agree to pay any and all cost and attorney fees incurred by CSUS Aquatic Center in the event that the Aquatic Center is forced to defend any action, lawsuit, or litigation brought by my minor child.

The terms of this agreement shall continue and be in effect after the camp is over. Should any paragraph or part of this agreement be declared unenforceable by a court of competent jurisdiction the remaining paragraphs or parts shall remain in full force and effect.

I authorize and release to ASI CSUS Aquatic Center the use for any purpose of any photographic or video recorded image of the participant listed below.

I have adequate health, disability and life insurance for myself, and my family.

I hereby give permission for transportation to any medical facility or hospital, and I authorize for any qualified instructor or medical personnel to render necessary emergency medical care for the participant listed below.

I, _____, of my own free will, for my family, my minor children, my heirs and executors and myself, have read, understand and acknowledge the risks and liability for myself and my family this _____ day(s) of _____ (month) 200 ____.

(Date above must be the date of the youth program or summer camp)

Participant (print name)

Guardian (print name)

Participant Signature

Date

Guardian Signature

Date

(Parent or legal guardian must sign for all persons under 18 years of age. Proof of age may be required)

Participant Information and Release Form

Disabled Sports USA Far West

INSURANCE WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in DISABLED SPORTS USA and DISABLED SPORTS USA FAR WEST's programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise DISABLED SPORTS USA FAR WEST of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue DISABLED SPORTS USA and DISABLED SPORTS USA FAR WEST, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

Participant Name (print) Signature Date

Address City State Zip

(_____) (_____) _____
Daytime Telephone Cell Phone Email Address

Disability Date of Birth Height Weight Male/Female

Date and nature of any surgeries in past 12 months Are you allergic to anything? Do you experience seizures? How often?

EMERGENCY CONTACT (_____) Telephone (_____) Cell Phone

Model Release:

I hereby give Disabled Sports USA and their programs permission to use my, or the participant's, photograph, and to publish the same without any debts or liabilities to me of any kind. **Signature:** _____

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Parent/Guardian Name (Print) Signature Date