

SACRAMENTO STATE  
**AQUATIC CENTER**

A PROGRAM OF ASSOCIATED STUDENTS, INC.

**SUMMER YOUTH AQUATIC CAMP**  
**Camper Information Packet**  
**(PLEASE PRINT)**

**Camper's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent 1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent 2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Insert your child's photo here  
(this photo is used for safety  
purposes)

**Birthday** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Important/helpful information about your child:**

(Allergies, behavior, preferences, reminders, etc.)

This is only to help your child's instructor ensure that your child has the best week possible at camp.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Session #

Camp

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Camper Questionnaire\*

Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

How old are you? \_\_\_\_\_ When is your birthday? \_\_\_\_\_

Where do you go to school? \_\_\_\_\_

What are your favorite sports? \_\_\_\_\_

What are your favorite activities or hobbies? \_\_\_\_\_

What is your favorite color? \_\_\_\_\_

What are your favorite foods to eat? \_\_\_\_\_

What is your favorite TV Show? \_\_\_\_\_

What is your favorite Movie? \_\_\_\_\_

Do you have any brothers or sisters? \_\_\_\_\_

Have you ever been to Sac State Aquatic Camp Before? \_\_\_\_\_

Why did you want to come to summer camp? \_\_\_\_\_

Have you ever done any of the following activities?

Sailing: \_\_\_\_\_

Windsurfing: \_\_\_\_\_

Kayaking: \_\_\_\_\_

Canoeing: \_\_\_\_\_

Rowing: \_\_\_\_\_

Water Skiing: \_\_\_\_\_

Wakeboarding: \_\_\_\_\_

Jet Skiing: \_\_\_\_\_

White Water Rafting: \_\_\_\_\_

\*This information is only used for fun and teambuilding with your child's group.

**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS**

Activity: 2019 Aquatic Center Summer Youth Camp

Activity Date(s) and Time(s): April 15th, 2019 - August 16th , 2019 ; 8am - 4pm

Activity Location(s), Premises or Facility (ies): Lake Natoma, Folsom Lake, American River

In consideration for being allowed to participate in this Activities and/or use of the Premises or Facility, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** the State of California, the California State Parks, The Bureau of Reclamation, the Trustees of the California State University, California State University, Sacramento, and their employees, officers, directors, volunteers and agents (collectively “University”) and the California State University Sacramento Associated Students Incorporated and their employees, officers, directors, volunteers and agents (collectively “Auxiliary Organization”) from any and all claims, **including claims of the University’s or Auxiliary Organization’s negligence** resulting in any physical or psychological injury (including paralysis and death), illness, property damage or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in the Activity. I am aware of the risks associated with traveling to, from and participating in the Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, death and/or property damage. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, negligence, conditions related to travel, or the condition of the Activity Location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to hold the University and Auxiliary Organization harmless from any and all claims, including attorney’s fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University and the Auxiliary Organization from all liability, (b) promising not to sue the University and the Auxiliary Organization, (c) and assuming all risks of participating in the Activity, including travel to/from and during 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.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

I acknowledge that is document may not be altered or translated and must remain in its original form.

Participation Signature: \_\_\_\_\_

Participant Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

***If Participant is under 18 years of age:***

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University and the Auxiliary Organization from all liability on my and the Participant's behalf, (b) promising not to sue on my and the participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to/from an during 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.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

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Signature of Minor Participant's Parent/Guardian

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Name of Minor Participant's Parent/Guardian (Print)

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Date

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Minor Participant's Name

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Date of Birth ( MM/DD/YY)

# **PHOTOGRAPHIC, VISUAL, AUDIO, AND IMAGE RELEASE**

This agreement is given in consideration of my own or my child's photograph, image and or audio of said personal likeness being taken and possibly published on Internet Websites, Broadcasts, and other publications as released to or by California State University, Sacramento, herein the University, Associated Students, Inc. at Sacramento State as well as by the Sacramento State Aquatic Center.

**WARNING AND ASSUMPTION OF RISK:** I understand that there are inherent risks associated with publication of my own or my child's photograph, audio and image of personal likeness on the Internet, in videos and in publications. These risks may include but not be limited to identity theft and wrongful assumption by others of me or my child's identity or who I or my child is and or danger to myself or my child. I agree to assume these risks, whether known or unknown to me of permitting publication of my own or my child's photograph, image of personal likeness and or personal audio on the internet, in publications or in videos.

**GRANT OF PERMISSION TO TAKE PHOTOGRAPHS, IMAGES AND PERSONAL AUDIO:** I grant permission to the University, Associated Students, and Sacramento State Aquatic Center and their employees and agents to take and use photographs, and visual/audio images of myself or my child for any legal purpose. Visual/audio images include any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. I grant this with the understanding that the University, Associated Students and Sacramento State Aquatic Center will not materially alter the original images. In accordance with this grant, I also waive me and my child's rights to inspect or approve finished images or electronic matter prior to publication and waive compensation for their use.

**RELEASE:** On behalf of myself, my child and our heirs, I hereby waive, release and discharge any and all claims of damages for death, bodily injury, personal injury or property damage which I or my child may sustain, or which hereafter accrue to me or my child, against the Trustees of the California State University, California State University, Sacramento, Associated Students, Inc. and Sacramento State Aquatic Center as a result of my own or their own personal photograph(s), image of personal likeness or personal video/audio being published except for those liabilities, claims and costs arising from the sole active negligence of the above stated entities. This release is intended to discharge the University, its Trustees, Associated Students, Sacramento State Aquatic Center and their officers, employees, and volunteers, from and against any and all liability arising out of or connected in any way with publication of my own or my child's photograph(s), images of personal likeness, or personal video/audio, except for the related sole active negligence of these entities. It is further understood and agreed that this waiver, release and assumption of risk is entered upon behalf of my child and myself and shall be binding on my and their heirs and assigns.

**ACKNOWLEDGEMENT AND AGREEMENT:** I acknowledge that I have been fully informed of the risks and dangers involved in photographic publication of my own or my child's photograph, images of my/their personal likeness and video/audio. I acknowledge that I have read, agree, and fully understand the above Warning, Waiver, Assumption of Risk and Release of Liability.

Name of Legal Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **YOUTH CAMP RULES, REGULATIONS, AND POLICIES FOR DISCIPLINARY ACTION AND DISMISSAL**

### **A. Offenses calling for immediate dismissal from the camp with no refund of money include:**

1. Possession of any weapon or dangerous instrument. (May include but not limited to firearms, knives, or other sharp objects)
2. Physical assaults or any act that shows substantial threat to harm or endanger the safety of others.  
(NO FIGHTING OR ROUGH-HOUSING OF ANY KIND IS PERMITTED!)
3. Any substantial threat to destroy property, or use of equipment without permission from the camp instructor.
4. Possession or consumption of alcoholic beverages or drugs.
5. Disrespectful behavior will not be tolerated!

### **B. Disciplinary action will be taken against students for:**

1. Misbehaving, disrupting the class, or bothering fellow students.
2. Abusing and/or not taking proper care of the equipment.
3. Not listening to the instructor and not following instructions.

### **C. Procedures taken following dismissal:**

1. The student/camper will be escorted to the office.
2. A camp supervisor will call the parent and tell them the situation, ask them to come pick up the student/camper.
3. The student will not be allowed to return to camp.

### **D. Procedures for disciplinary action:**

1. There will be one verbal warning to the student/camper.
2. If the student continues the same behavior, they will be asked to sit out the lesson.
3. The student will only be allowed back into class when they ask to return, and the problem has been found and is recognized, acknowledged, and resolved.
4. There is no specified time period the student must sit out - it is up the student and instructor.

### **Please have the camper sign below when he or she has read the Aquatic Center Rules and Regulations.**

- Life jackets are required at all times when on the water or on the docks.
- Dock Fights and water wars or pushing other children are not allowed on the docks at any time.
- No running! Please walk for your own safety.
- Do not feed or chase the geese!
- All students must wear summer sandals (Teva type shoe) with a heel strap. Bare feet are not permitted!
- No throwing or skipping rocks allowed.
- Sunscreen must be applied in the morning and at lunch time.
- DRINK A LOT OF WATER! T-TEST (Tinkle Test) In an eight hour day every child must go "potty" at least four times to ensure their hydration.

Camper's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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intentionally.  
Allows for double sided printing.**

# MEDICAL CONSENT FORM

Dear Parent/Guardian

Your son/daughter is below the legal age of consent (21 years of age). The law requires that we have your permission to give medical service should the need arise. Your signature on the consent form will authorize us to proceed with the care of the lesser types of medical problems that may occur. In the event of any major health problems, we will notify you as promptly as possible and follow your instructions. If we are unable to contact you or your alternative listed below, your child will be taken to the nearest emergency room facility.

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**IN CASE OF AN EMERGENCY,  
PERSONS TO CONTACT IF PARENTS OR GUARDIAN CAN NOT BE REACHED.**

Name: _____	Home Phone: _____
Relationship: _____	Cell Phone: _____
Name: _____	Home Phone: _____
Relationship: _____	Cell Phone: _____
Name: _____	Home Phone: _____
Relationship: _____	Cell Phone: _____

Does your child have any severe medical problems that we should know about? ( For example: asthma, allergies to drugs, heart trouble, epilepsy, diabetes, physical disability etc?) Please specify.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should there be any limits on his/her physical activity? If so, what are they?

\_\_\_\_\_  
\_\_\_\_\_

Has your child had any serious illness in the last three years? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Continue on back**

At the present time, is your child under a doctor's care? If yes, for what?

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Is your child taking any medications or behavioral drugs at this time?

If yes, please explain:

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Can we contact your doctor for medical reports? Yes No

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

When was the last time your child had a complete physical examination?

Date: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Insurance Information**

Name of the Insurance Company:	_____
Phone Number:	_____
Patient Record Number:	_____
Policy Number:	_____
Billing Info:	_____

Please list any other information of importance.

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I do hereby authorize the performance of medical examinations and necessary treatments (including test, x-rays, drugs, etc...) as may be deemed advisable or necessary by the physician in attendance. This consent shall be in effect for the period of time that my son or daughter participates in Associated Students Incorporated sponsored activities. If an emergency arises requiring a major surgical procedure, the camp director will attempt to reach me and to be guided by my wishes: but if I cannot be reached, I authorize the attending physician to act as medical judgment may dictate.

Parent's/ Guardian's Signature: \_\_\_\_\_

Parents Email: \_\_\_\_\_

Date of Consent: \_\_\_\_\_



SACRAMENTO STATE

