



**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: 2021 Summer Youth Camp \_\_\_\_\_

Activity Date(s) and Time(s):\_ June 2021 - August 7am - 7pm \_\_\_\_\_

Activity Location(s), Premises or Facility (ies): Sacramento State Aquatic Center, 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 Trustees of the California State University, California State University, Sacramento, and their employees, officers, directors, volunteers and agents (collectively "University") and the Associated Students Incorporated at Sacramento State and their employees, officers, directors, volunteers and agents (collectively "Auxiliary Organization"), State of California, through its department of Parks and Recreation, and their employees, officers, directors, volunteers and agents (collectively "California Department of Parks and Recreation"), and the United States Bureau of Reclamation, and their employees, officers, directors, volunteers and agents (collectively "United States Bureau of Reclamation") from any and all claims, **including claims of the University's or Auxiliary Organization's or the California Department of Parks and Recreation's or the United States Bureau of Reclamation'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, Auxiliary Organization, the California Department of Parks and Recreation, and the United States Bureau of Reclamation 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, the Auxiliary Organization, the California Department Parks and Recreation and the United States Bureau of Reclamation from all liability, (b) promising not to sue the University, the Auxiliary Organization, the California Department Parks and Recreation and the United States Bureau of Reclamation (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.

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

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



**Page 2-4 are required only if Participant is under 18 years of age.**

*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, the Auxiliary Organization, the California Department of Parks and Recreation and the United States Bureau of Reclamation 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.

\_\_\_\_\_  
Signature of Minor Participant's Parent/Guardian

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Minor Participant's Name (Print)

\_\_\_\_\_  
Minor Participant's Birthdate (MM/DD/YY)



## ASSOCIATED STUDENTS INC. PHOTOGRAPHIC, VISUAL, AUDIO, IMAGE RELEASE

This agreement is given in consideration of my own or, if applicable, 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, hereinafter the University, and Associated Students of California State University, Sacramento, hereinafter Associated Students, Inc.

### 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 my 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 and to Associated Students, Inc., 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, and Associated Students Inc. will not materially alter the original images. In accordance with this grant, I also waive my 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 and/or 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 State of California, the Trustees of the California State University, California State University, Sacramento, and Associated Students, Inc. 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 State of California, the University, the California State University Trustees, Associated Students, Inc., and their officers, employees, directors, agents 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.

PARTICIPANT NAME (Print): \_\_\_\_\_

SIGNATURE (if 18 years old or older): \_\_\_\_\_ Date: \_\_\_\_\_

NAME OF PARENT LEGAL GUARDIAN (if 18 years or younger): \_\_\_\_\_

SIGNATURE OF PARENT/LEGAL GUARDIAN (if 18 years or younger): \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

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

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

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

## **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 to 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: \_\_\_\_\_

# MEDICAL CONSENT FORM

Dear Parent/Guardian

Your child is below the legal age of consent ( 18 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 Child: \_\_\_\_\_ 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.

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

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

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**Continue on back**

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

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

If yes, please explain:

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.

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: \_\_\_\_\_



COVID-19 RELEASE OF LIABILITY,  
ASSUMPTION OF RISK AND PROMISE NOT TO SUE

**Activity:** Kayaking, Canoeing, Outrigger Canoe, Stand up Paddling, Rowing, Sailing, Windsurfing, Bicycles, Hydro Bikes, Water Skiing, Wakeboarding. **Date/Term of Activity:** 2021 **Activity Location:** Aquatic Center

CUSTOMER has voluntarily elected to participate in above referenced activity (hereinafter referred to as the "ACTIVITY"). CUSTOMER is free to opt-out of ACTIVITY at any time and inform the Associated Students, Inc. of that decision.

**DISCLOSURES**

In electing to participate in the ACTIVITY, CUSTOMER understands, recognizes and has taken into account the following:

- The ACTIVITY may require and involve direct contact, including physical contact, with other individuals present at the facility.
- There has existed and continues to exist a nationwide pandemic commonly referred to as the COVID-19 pandemic.
- COVID-19 is highly contagious and capable of widespread person-to-person transmission
- During the ACTIVITY, CUSTOMER may come into direct or close contact with individuals at the facility who have contracted COVID-19 or who might otherwise be contagious.
- During the ACTIVITY, CUSTOMER may be exposed to and/or contract COVID-19.
- There is and can be no guarantee that CUSTOMER will not be exposed to or contract COVID-19 during the ACTIVITY.
- Associated Students, Inc., and California State University, Sacramento, makes no representations and can give no assurances about the degree to which CUSTOMER may be exposed to COVID-19 during the ACTIVITY.
- Associated Students, Inc. and California State University, Sacramento makes no representations and can give no assurances about the risk or probability that CUSTOMER may contract or transmit COVID-19 during the ACTIVITY.
- Associated Students, Inc. and California State University, Sacramento makes no representations and can give no assurances about the practices, measures or methods employed or adopted by the facility related to the COVID-19 pandemic, or the sufficiency and adequacy of those practices, measures or methods.
- Notwithstanding any practices, measures or methods employed or adopted by the facility, there will still be a risk and possibility of contracting or transmitting COVID-19 during the ACTIVITY.

**ASSUMPTION OF RISK**

CUSTOMER is voluntarily participating in the ACTIVITY at this time, notwithstanding the COVID-19 pandemic.

CUSTOMER is aware of the risks associated with the pandemic which includes but are not limited to physical or psychological injury, pain, suffering, contagiousness, illness, temporary or permanent disability, economic or emotional loss, and/or death.

CUSTOMER understands that these injuries or outcomes may arise from CUSTOMER's own or other's actions, inaction, or negligence.

**CUSTOMER expressly and without qualification agrees to assume, and does assume, sole responsibility for all risks, known or unknown, relating to the COVID-19 pandemic associated with or attributable to the ACTIVITY.**

COVID-19 RELEASE OF LIABILITY,  
ASSUMPTION OF RISK AND PROMISE NOT TO SUE

- Risk increases when face coverings are not worn, and physical distancing is not maintained.
- Risk increases with increasing levels of contact between participants; closer contact (particularly face-to-face contact), and the frequency and total duration of close contact, increases the risk that respiratory particles will be transmitted between participants.
- Risk increases with greater exertion levels; greater exertion increases the rate of breathing and the quantity of air that is inhaled and exhaled with every breath.
- Risk increases with mixing of cohorts and groups, particularly when from different communities (during or outside of sports play); mixing with more people increases the risk that an infectious person will be present.

RELEASE AND PROMISE NOT TO SUE

The term "UNIVERSITY" means and refers to the State of California, the Trustees of The California State University, California State University, Sacramento and their employees, officers, directors, volunteers and agents. In consideration for being allowed to participate in the ACTIVITY, CUSTOMER (on behalf of CUSTOMER and CUSTOMER's next of kin, heirs and representatives):

(1) **Releases and discharges Associated Students, Inc. and UNIVERSITY** from any and all actions, claims, causes of action and liability, including claims of negligence, that in any way are related to, based on, or involve the COVID-19 pandemic and the ACTIVITY; and,

(2) **Agrees and promises not to sue or assert** any action, claim, or cause of action against Associated Students, Inc. and the UNIVERSITY that in any way relates to, is based on, or involves the COVID-19 pandemic and the ACTIVITY.

ACKNOWLEDGMENTS

CUSTOMER understands the legal consequences of signing this document, including (a) releasing Associated Students, Inc. and the UNIVERSITY from liability relating to the ACTIVITY and the COVID-19 pandemic, (b) promising not to bring claims against Associated Students Inc. and the UNIVERSITY relating to the ACTIVITY and the COVID-19 pandemic, (c) and assuming sole responsibility for all COVID-19 pandemic risks relating to, arising out of or associated with the ACTIVITY. CUSTOMER understands that this document is written to be as broad and inclusive as legally permitted by and under California law. CUSTOMER agrees that if any portion is held invalid or unenforceable, CUSTOMER will continue to be bound by the remaining terms. CUSTOMER understands and acknowledges that CUSTOMER may discuss and review this document with an attorney before signing it. CUSTOMER has read and understands this document and is signing it freely and voluntarily. No other representations concerning the legal effect of this document have been made to the CUSTOMER.

CUSTOMER Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CUSTOMER Name (print): \_\_\_\_\_

**If CUSTOMER is a minor, parent or guardian must also sign below.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Child/Youth Name (s): \_\_\_\_\_