

KODAWest Camp

**Camp Surf, Imperial Beach, CA
June 27th - July 3rd, 2010**

Hearing kids of deaf adults (KODAs) of **ages 8 thru 17** will enjoy an amazing experience, exploring their identity as bicultural individuals through increased awareness of ASL, deaf culture, hearing culture and by sharing their own stories.

KODAs will spend seven days and six nights at Camp Surf, located on Imperial Beach. This 45-acre facility is lucky to have some of the last undeveloped coastline left in Southern California. Imagine falling asleep each night to the sound of the surf in the background knowing that tomorrow will bring fun, adventure and learning.

Activities will include: Surfing, Body Boarding, Sand Sculpturing, Rock Climbing, Archery, Games, Nightly Campfires, Skits, Arts & Crafts. Kayaking for older campers (12 and up only). Unique life skills will include: Nature Hike, Sea Survival, Team Building, and Science of Waves.

Camp Director: **Molly Bowen**, a CODA from Northern California, will provide activities that help KODA campers understand their unique heritage and leave with a deep appreciation of their group identity as KODAs.

**\$125.00 per CIT
Must be 16 – 17 years of age.**

All registrations require \$125.00 payment.

(All deposits non-refundable.)

Spaces are Limited. First Come, First Serve

DEADLINE: May 25th, 2010

If you have any questions, please email KODAWest@aol.com

Counselor-In-Training Application Checklist

Deadline: June 9th, 2010

The following items are required to make your camp application packet complete.

- ___ Camper Application
- ___ CIT (Counselor-in- Training) Application Supplement Form
- ___ Emergency Contact Form
- ___ Authorization To Release Form
- ___ Physical Examination/History form completed by physician
- ___ Copy of both sides of current health insurance card and Immunization Card (**Required**)
- ___ If applicable, written instructions regarding Legal custody or foster care arrangements, i.e., visitation restrictions, authorization, etc.
- ___ Camp Deposit/Full Fee

Important Note: **Applications will not be processed if forms are incomplete or missing.**

REFUND POLICY (NOT APPLICABLE TO CIT's)

- ON or BEFORE May 2, 2010: fees refundable, except \$125 deposits.
- AFTER May 2, 2010: no refunds, no exceptions.

CAMP FEES: **\$500** (on or before April 2, 2010)
\$550 (after April 2, 2010)
\$585 (after May 2, 2010)

MAIL:

___ Deposits/Fees & **COMPLETED** applications. We cannot accept applicant/s if the application forms are **INCOMPLETE.**

___ Checks/Money Orders payable to:

KODAWest
3727 W. Magnolia Bl., #273
Burbank, CA 91505

___ Paypal (www.kodawest.org)

All information will be kept safe and confidential.

KODAWest Counselor-In-Training Application Form

Please mail completed application and full payment of \$125.00 registration fee to:

KODAWest • 3727 West Magnolia Blvd., #273 • Burbank, CA 91505 or FAX (323) 478-2799

Camper's Name: _____ Age: _____ M _____ F _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ E-mail Address: _____ Birth Date: _____

In case of emergency contact: Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____ E-mail Address: _____

Are you on our mailing list? Yes No E-mail Address: _____

T-Shirt size: (Circle Size)

Youth: Small (6 - 8)	Medium (8 -10)	Large (10 -12)	
Adult: Small (12 -14)	Medium (14 -16)	Large (16 -18)	X-Large (18 - 20)

In consideration of KODAWest (KW) acting through Camp Surf (CS), granting the above-name child(ren) (minor(s)) the opportunity to participate in the KW camp program.

I, (Print Name) _____ the undersigned, as parent or legal guardian of the Minor(s) do hereby agree as follows:

- I am aware that there are certain risks of injury and/or damage inherent in the program activities;
- I will instruct minor to abide by all safety regulations and to take reasonable precautions to minimize risks of injury or damage arising from participation in the program;
- I give my consent and to my minor to participate in all aspect of the program and I knowingly assume full responsibility for all risks of bodily injury, death or property;
- I understand that KW has no obligation to obtain medical treatment for the minor(s). Should it be necessary to have emergency medical care while participating in the program.
- I hereby give KW/Camp Surf permission to use their judgment in obtaining medical care and I give permission to the medical care provider selected by the KW/Camp Surf personnel to render medical care deemed necessary and appropriate;
- I understand that KW at its sole option but without obligation may procure insurance to cover all or part of such medical expense incurred by minor(s). Accordingly, I understand and agree that any cost incurred for such treatment, which is not covered by insurance, shall be my sole responsibility;
- I also authorize KW to make, procure to use photographs; film, tapes or other likeness of the minor's physical image and/or voice as may needed for us with the program's publicity materials;
- Except for the gross negligence or willful misconduct of KW, I waive all rights of recovery, which minor(s) may have now or in the future, whether known or unknown, against KW or its officers, agencies or employees, and I release, acquit and forever discharge KW from any and all liability for any bodily injury or other personal injury, damage, loss or expense, claims, demands causes of action, money damages, costs, loss of services or use, compensation, debts, including attorney fees, which result from or are in any way connected with myself or minor's participation in the program or any related activities.

I have carefully read this agreement. I understand what it means and my signature below is my own free act. I intend it to be legally binding on minor(s). I also acknowledge that I have read and understand the payment, refund and condition of enrollment policies found in this flyer.

Parent's & Child's Signatures required:

_____	_____
Parent/Guardian Signature	Date
_____	_____
Child's Name	Print Parent/Guardian Name

FOR OFFICE USE ONLY: Amt Pd. _____ RR # _____ Initial _____

KODAWest Camp 2010
CIT (Counselor-In-Training)
Application Supplement Form

Please answer the following questions below. Please attach additional paper if needed.

1. Please tell us about yourself (i.e: your strengths and weaknesses)?

2. What are your future goals after graduating high school?

3. What are your expectations from the CIT Program?

4. How do you feel your participation in the CIT Program will benefit KODAWest Camp?

Have you ever been arrested or convicted of a criminal offense? Yes ___ No ___

If yes, please explain:

CIT's are required to attend the one-day orientation training program on June 26th, 2010 at Camp Surf.
The above information I have given is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____

Emergency Contact Information

In case of Emergency, we will need to contact the following parent/guardian:

Child/ren Name(s) _____

Parent/Guardian Name: _____

Phone Number: _____

E-Mail Address: _____

Pager Address: _____

Parent/Guardian Name: _____

Phone Number: _____

E-Mail Address: _____

Pager Address: _____

Parent/Guardian Name: _____

Phone Number: _____

E-Mail Address: _____

Pager Address: _____

**KODAWest Camp
Authorization To Release Form**

Name of Child/ren: _____

Upon completion of camp, or if my child is ill, I hereby give the following person(s) permission to pick-up my child/children from KODAWest Camp.

Name(s)	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Your child/children will not be released to anyone other than to the names above.

Parent/Guardian Signature

Print Name

YMCA Camper Health History Form

*** **ATTENTION** - Required for attendance by all youth campers under the age of 18***

Camper Name: _____ Birth Date: _____ Age: _____ Sex: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Name of Parent/Guardian1: _____ Phone (H): _____ (W): _____

Alternate/Emergency Contact: _____ Emergency Phone: _____

WAIVER OF LIABILITY - Signature required for camp attendance.

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in the YMCA program described above. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter any branch of YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above or any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby: 1. Acknowledge that (i)I have read this document, (ii)I have had the opportunity to inspect the YMCA facilities and equipment, (iii)I accept them as being safe and reasonable suited for the purposes intended and (iv)I voluntarily sign this document. 2. Release YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch. 3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees. 4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise. 5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Signature of Parent or Guardian: X _____ Date: _____

Family Physician: _____ Phone: _____

Date of last physical exam: _____

Medical Information past or present (please check):

Asthma	<input type="radio"/> Yes <input type="radio"/> No	ADD/ADHD	<input type="radio"/> Yes <input type="radio"/> No	Measles	<input type="radio"/> Yes <input type="radio"/> No
Heart Defect/Disease	<input type="radio"/> Yes <input type="radio"/> No	Head Lice (recent)	<input type="radio"/> Yes <input type="radio"/> No	German Measles	<input type="radio"/> Yes <input type="radio"/> No
Recent Hospitalization	<input type="radio"/> Yes <input type="radio"/> No	Bedwetting	<input type="radio"/> Yes <input type="radio"/> No	Other Diseases or Conditions	
Currently under Dr.s care	<input type="radio"/> Yes <input type="radio"/> No	Sleepwalking	<input type="radio"/> Yes <input type="radio"/> No		
Seizures	<input type="radio"/> Yes <input type="radio"/> No	Tuberculosis	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
Diabetes	<input type="radio"/> Yes <input type="radio"/> No	Chicken Pox	<input type="radio"/> Yes <input type="radio"/> No		

For each yes, please explain: _____

Allergies:

Hay Fever	<input type="radio"/> Yes <input type="radio"/> No	Bee Stings	<input type="radio"/> Yes <input type="radio"/> No	Penicillin	<input type="radio"/> Yes <input type="radio"/> No
Oak/Ivy Poisoning	<input type="radio"/> Yes <input type="radio"/> No	Bee Sting Kit?	<input type="radio"/> Yes <input type="radio"/> No	Other Drugs	<input type="radio"/> Yes <input type="radio"/> No
Foods	<input type="radio"/> Yes <input type="radio"/> No	Other insects/animals	<input type="radio"/> Yes <input type="radio"/> No	Any other allergies?	<input type="radio"/> Yes <input type="radio"/> No

Current medications to be continued at camp (dosage/frequency): _____

Dietary restrictions? Yes No

Any reason to restrict full activity, including swimming, long hikes or strenuous physical games? Yes No

If yes, please explain: _____

Non-Prescription Medications: I authorize the following medications to be administered as needed:

Tylenol	<input type="radio"/> Yes <input type="radio"/> No	Chloraseptic	<input type="radio"/> Yes <input type="radio"/> No	Sucrets	<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No