

KODAWest Camp 2011

**Camp Surf, Imperial Beach, CA
July 9 - 16, 2011**



CIT Application

KODAWest Camp 2011 Application

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 the 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.

“From the outside in, you can’t understand it. From the inside out, you can’t explain it.”
(quoted by a CODA counselor at KODAWest camp, 2008)

\$250.00 per CIT
Must be 16 – 17 years of age.

All registrations require \$125.00 deposit.
CIT fees include a \$125.00 training fee.

(All deposits non-refundable.)

Spaces are Limited. First Come, First Serve

DEADLINE: May 31, 2011

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

Counselor-In-Training Application Checklist

Deadline: May 31, 2011

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

- ___ Camper Application
- ___ CIT (Counselor-in- Training) Application Supplement Form
- ___ Employment History 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

- ON or BEFORE April 30, 2011: fees refundable, except \$125 deposits.
- AFTER April 30, 2011: no refunds, no exceptions.

MAIL:

- ___ 1.) Deposits/Fees
 - ___ 2.) **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)

(\$35 **returned check** service charge **will be** assessed for all NSF checks.) All information will be kept confidential.

KODAWest Counselor-In-Training Application Form

Please mail completed application and \$125.00 deposit (or full/ partial payments) to:

KODAWest • 3727 West Magnolia Blvd., #273 • Burbank, CA 91505

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 be 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:

_____ Date

_____ Parent/Guardian Signature

_____ Print Parent/Guardian Name

_____ Child's Name

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

KODAWest Camp 2011
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 and family.

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

3. What skills do you think you have mastered?

4. Tell us what skills you need to improve and would like to learn.

5. Tell us of any leadership skills/training you have.

6. What sports do you enjoy and why?

7. Do you participate in sports, clubs or any other group activities? Please list:

8. What are your expectations from the CIT Program?

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

10. Have you ever been arrested or convicted of a misdemeanor/felony? Yes___ No___ If yes, please explain:

CIT's are required to attend a one-day orientation training on July 9, 2011 at Camp Surf.

The above information I have given is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____

EMPLOYMENT HISTORY:

Please list past employers starting with the most recent.

1. Company Name: _____
Dates worked: _____ Start: _____ End: _____ Job title: _____
Job Duties: _____
Supervisor's name: _____ Supervisor's phone #: _____ V/VP
Reason for leaving: _____
2. Company Name: _____
Dates worked: _____ Start: _____ End: _____ Job title: _____
Job Duties: _____
Supervisor's name: _____ Supervisor's phone #: _____ V/VP
Reason for leaving: _____

CAMP EXPERIENCE:

Please list your camp experience starting with the most recent.

1. Camp name: _____
Dates attended: _____ Location: _____
Where you a camper or CIT? _____
Director's name: _____ Director's phone #: _____ V/VP
What did you like most about this camp? _____
What did you like least about this camp? _____
2. Camp name: _____
Dates attended: _____ Location: _____
Where you a camper or CIT? _____
Director's name: _____ Director's phone #: _____ V/VP
What did you like most about this camp? _____
What did you like least about this camp? _____

REFERENCES

Give the names and addresses of **2** people not related to you who have known you for at least 2 years who can attest to your skills and abilities.

1. Name: _____ Phone: _____ V/VP
Address: _____ City: _____ State: ___ Zip: _____
Email: _____
2. Name: _____ Phone: _____ V/VP
Address: _____ City: _____ State: ___ Zip: _____
Email: _____

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: _____

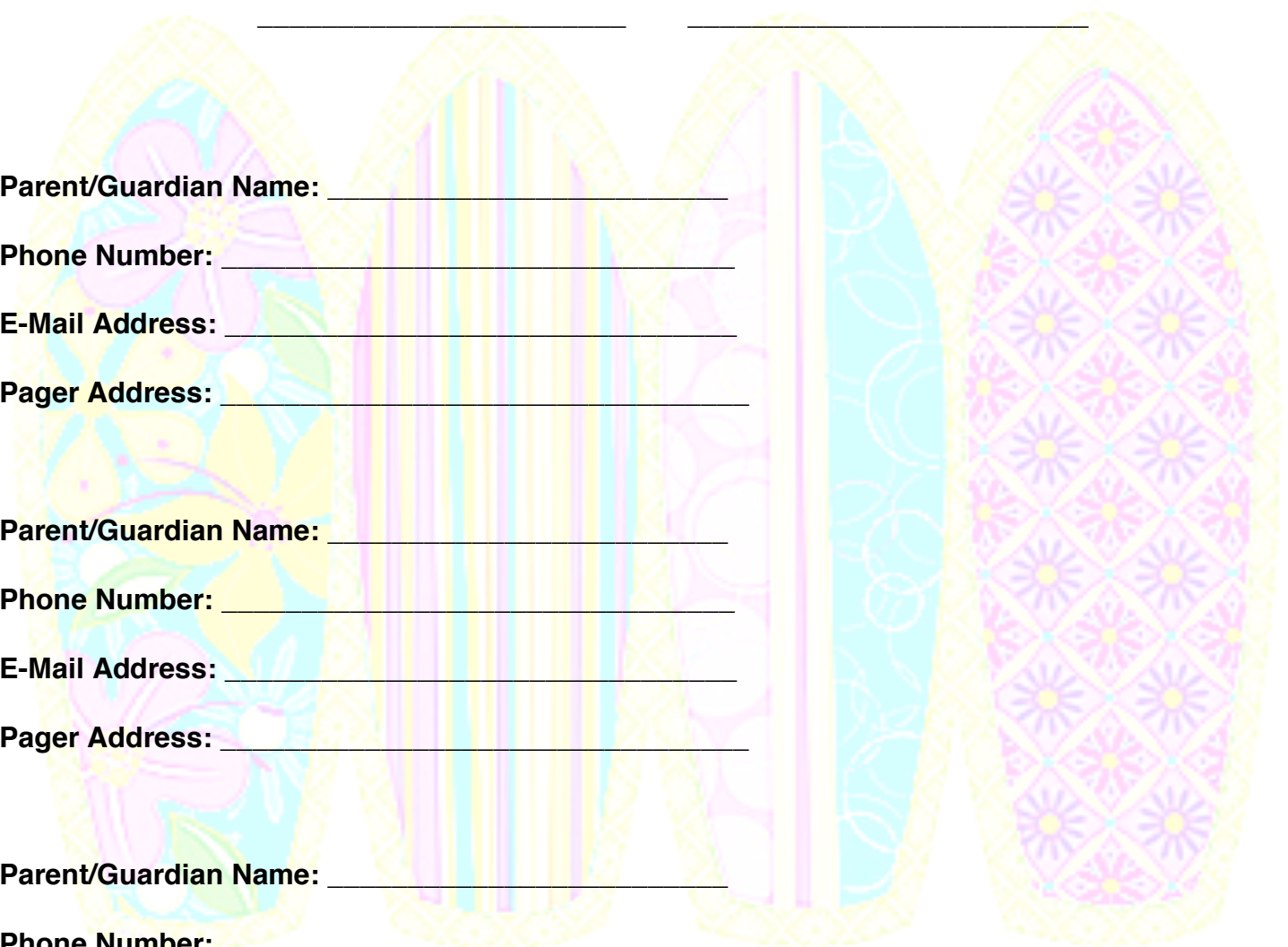
Pager Address: _____

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