

KODAWest Camp 2012

The Catalina Experience
White's Landing, CA
***June 30 - 8, 2012**



THE
CATALINA EXPERIENCE

CIT Application

*** start date tentative**

KODAWest Camp 2012 Application

The Catalina Experience™ will take you to White's Landing ~ a gateway to Catalina's interior and positioned on the island's most expansive beach. Included on their considerable acreage of pristine Southern California property are basketball courts, beach volleyball courts, large sports field for soccer and softball, and road access to the island's interior. Their newly renovated dining hall and outdoor eating area is decorated with Baja flair to give campers that "south of the border" feel.

Brand new tent cabins with the highest quality framed tent enclosures atop platforms that are positioned above the ground and include a front deck with installed bench railings. Activities include organized aquatics programs such as snorkeling and kayaking, fishing, hiking, free swim time, use of their telescopes for astronomy, movies on the beach, nightly campfires, and other exciting events!

Hearing kids of deaf adults (KODAs) **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.

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)

\$400.00 per CIT
Must be 16 – 17 years of age.

All registrations require \$200.00 deposit.
Includes training fee.

(All deposits non-refundable.)

Spaces are Limited. First come, first served.

DEADLINE: April 30th

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

Counselor-In-Training Application Checklist

Deadline: April 30th

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 parent
- ___ 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, 2012: fees refundable, except \$200 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 \$200.00 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 KODAWest (KW) and The Catalina Experience (TCX) have 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/TCX 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:

Date

Parent/Guardian Signature

Print Parent/Guardian Name

Child's Name

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

KODAWest Camp 2012

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 two-day orientation training from 6/30 to 7/1 at TCX. (Tentative)

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: _____

Camp Counselor Assistant (CIT)

Job Description

Qualifications

Demonstrates motivation and ability to work with children outdoors

Demonstrates the ability to relate to one's peer group

Demonstrates the ability to accept guidance and supervision

Demonstrates the ability to assist in teaching an activity

Demonstrates the ability to maintain the confidentiality of all campers/staff

Demonstrates good character, integrity, and adaptability

Demonstrates enthusiasm, sense of humor, patience, and self-control

Must be between 16-17 yrs of age

Report to

Assigned Camp Counselor

Camp Goals

KODAWest camp goals are to promote peer and social interaction in a fun and safe environment, and to gain confidence and wisdom from their older peers to help them understand their unique cultural identity as KODAs.

General Responsibilities

To identify and meet camper needs and the camp program as a whole.

Specific Responsibilities

1. Learn the likes/dislikes of each camper in your group
2. Recognize and respond to opportunities for problem solving in the group
3. Develop opportunities for interaction among campers and staff
4. Provide opportunities for the group so that each camper experiences success during camp
5. Help each camper have a fun experience while at camp
6. Assist the Counselor on all assigned aspects of the campers' day including morning reveille, cabin clean-up, meal times, rest hour, day and evening activities, getting ready for bed, and after-hour duty as assigned
7. Assist campers in emergency procedures such as fire drills, evacuating the cabin, etc.
8. Assist in teaching or leading an activity as assigned
9. Adhere and uphold the *KODAWest* Personnel Policy and Code of Conduct and the Behavior Management policy AND the Code of Conduct policy of YMCA Camp.
10. Make suggestions for the following season
11. Perform other duties as assigned
12. Complete a camp survey and CIT evaluation with Camp Director/Counselor

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

THE CATALINA EXPERIENCE™
Health History Form for KODAWest Youth Campers & CITs

Camper Name: _____ Date of Birth: ___ / ___ / ___

Parent/Guardian: _____ Relationship: _____

Preferred Phone: _____ E-Mail Address: _____

Dates of Trip: _____ Male _____ Female _____

Information to parent/guardian:

- At minimum, a staff member with First Aid and CPR is at camp when campers are present.
- Campers should arrive ready to participate in the program. If there are any activities that your camper should NOT participate in, please list them here: _____
- Please give any medications taken regularly by the camper to the Camp Nurse. The Camp Nurse will be responsible for dispensing these according to the approved dosage. If your child needs any over the counter medication, the Camp Nurse or the TCX staff will assist you the best they can.

1. Date of your most recent tetanus immunization (month & year) _____

2. Is this child allergic to any food or medication?Yes ___ No ___

If YES, name the item and indicate the reaction: _____ Intolerance ___ Anaphylaxis
_____ Intolerance ___ Anaphylaxis
_____ Intolerance ___ Anaphylaxis

3. Does this child have asthma?Yes ___ No ___

If YES, will your child carry a rescue inhaler during the camp session?Yes ___ No ___

If YES, does your child need staff help to use that rescue inhaler?Yes ___ No ___

If YES, what triggers your child's asthma? _____

4. List the medications that your camper takes on a routine basis: ___ This camper takes no routine medication.

1. Med: _____ Reason for taking this: _____

2. Med: _____ Reason for taking this: _____

3. Med: _____ Reason for taking this: _____

5. What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program: _____

Parent/Guardian Authorization

This information is correct and the child described has permission to participate in all camp activities except as noted on this form. I understand that the camp has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis. I also authorize the use of photos taken of my child by TCX or KODAWest in their promotional literature.

Signature of Parent/Guardian: _____ Date: _____