

# **KODAWest Camp 2012**

**The Catalina Experience  
White's Landing, CA  
July 2 - 8, 2012**



**THE  
Catalina EXPERIENCE**

**Camper Application**

# 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 identities 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.

## **Early Bird Rate:**

**\$600.00 per camper**

If paid in full and post-marked on or before February 14<sup>th</sup>

## **After February 15th - \$650.00**

If paid in full and postmarked on or before March 14th

## **After March 15th- \$700.00**

**No Applications accepted after May 25th**

## **All registrations require \$200.00 deposits.**

*Deposits do **NOT** lock in early bird rates, or guarantee a spot in camp.  
Full payments and complete applications will guarantee your child's admission.  
(All deposits non-refundable.)*

**Spaces are Limited. First come, first served.**

**Based on demographics**

If you have any questions, please email [KODAWest@aol.com](mailto:KODAWest@aol.com)

# Camper Application Checklist

## Deadline: May 25th

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

- \_\_\_ Camper Application
- \_\_\_ 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, 2012: no refunds, no exceptions.

**CAMP FEES:** **\$600** (on or before February 14, 2012)  
**\$650** (after February 15, 2012, on or before March 14, 2012)  
**\$700** (after March 15, 2012)

### 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 Camper Application Form

Please mail completed application and deposit/full registration fee 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)

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

In consideration of KODAWest (KW) acting through The Catalina Experience (TCX), 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/TCX permission to use their judgment in obtaining medical care and I give permission to the medical care provider selected by the KW/TCX 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 \_\_\_\_\_

# 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: \_\_\_\_\_