



## **Summer Camp Youth Volunteers Registration Information 2010**

Past Life Lab campers ages 15-18 are invited to join in camp leadership as summer camp youth volunteers. Work with our counselors to make camp happen! Assist with teaching camp activities, leading hikes, and behind-the-scenes tasks such as setting up stations and restocking supplies. Gain valuable experience working with children in an outdoor setting.

Requirements for Youth Volunteers:

- Age 15-18
- Past Life Lab camper
- Past experience with children preferred
- Available and committed to one whole two-week session of our Wildlands & Watering Cans Camp (Monday-Friday, 8:15-4:00). One volunteer accepted per session.

**Wildlands and Watering Cans Summer Day Camp**  
for 7-10 year olds

I June 21-25 & June 28-July 2

II July 12-16 & 19-23

III July 26-30 & August 2-6

Please complete your application by filling out the following forms:

\_\_\_ Application Form      \_\_\_ Activity Release      \_\_\_ Emergency Information Form

Please mail completed forms to:

Attn: Camp, Life Lab Science Program, 1156 High St., Santa Cruz, CA 95064

# Summer Camp Youth Volunteer Application

Applicant's Name: \_\_\_\_\_ sex: M F age: \_\_\_\_\_ date of birth: \_\_\_\_\_

Applicant's phone #: \_\_\_\_\_ Applicant's Email: \_\_\_\_\_

Name(s) of parent(s): \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Address: \_\_\_\_\_

Please choose the session(s) you'd like (including an alternate if applicable):

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### **Right to Use Photographic Likeness**

The undersigned grants to Life Lab Science Program and the Center for Agroecology and Sustainable Food Systems (CASFS) the right to use and publish for educational or other purposes, photographic likeness or pictures of:

\_\_\_\_\_  
Name of volunteer

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Date

Why do you want to volunteer for Life Lab Summer Camp?

What experience do you have working with children, if any (please include babysitting, siblings, or any other experience you feel may be helpful)?

What was your favorite part of Life Lab summer camp when you were a camper?

UNIVERSITY OF CALIFORNIA, SANTA CRUZ

ACTIVITY PARTICIPANT RELEASE AGREEMENT

I understand that there are risks and dangers inherent in participating in Garden Classroom Day Camps. I also understand that in order for my child to be allowed to participate or receive instruction in Garden Classroom Camps, I must give up my rights to hold the instructors of the camp, Life Lab Science Program or the Regents of the University of California, its officers, agents and employees liable for any injury or damage which my child may suffer while participating in Garden Classroom Camps.

Knowing this, and in consideration of being permitted to participate and/or receive instruction in Garden Classroom Camps, I hereby voluntarily release the instructors of the camp, Life Lab Science Program, and the Regents of the University of California from any and all liability resulting from or arising out of my child's participation and/or receipt of instruction in Garden Classroom Camps.

I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, agents, and employees of those entities, and that I expressly waive all rights under Section 1542 of the Civil Code which states that "a general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

I understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my child's participation and/or receipt of instruction in Garden Classroom Camps. This release constitutes a complete release, discharge and waiver of any and all actions or causes of action against Life Lab Science Program and The Regents of the University of California, its officers, agents or employees.

I understand and agree that this Release applies to personal injury, property damage, or wrongful death which my child may suffer, even if caused by the acts or omissions of others.

I understand that by signing this Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by my child while participating or receiving instruction in Garden Classroom Camps.

I understand and agree that this Release will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and any guardian ad litem for said children.

I understand and agree that by signing this release, I am agreeing to release, indemnify and hold the instructors of the camp Life Lab Science, and the Regents of the University of California and their officers, agents and employees harmless from any and all liability or costs, including attorneys fees, associated with or arising from my child's participation and/or receipt of instruction in Garden Classroom Camps.

I understand and agree that if I am signing this Release on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document on my own behalf.

I acknowledge that I have read this Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating and/or receipt of instruction in Garden Classroom Camps.

PARENT/GUARDIAN RELEASE

I am the parent or legal guardian of the minor \_\_\_\_\_ and I am signing this Release on behalf of said minor.

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Dated: \_\_\_\_\_

## Emergency Information

Volunteer's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_

Please give us a phone number where you can be reached in case of an emergency:

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please give us the name of another person in case we cannot reach you:

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

If you cannot be reached in case of an emergency, which medical institution would you like your son/daughter to be taken to?

What is the name of your insurance carrier and the policy number?

Does your son/daughter have any medical conditions or allergies? (food, medication, insects, etc.)

Does your son/daughter have any dietary restrictions? If so please explain.

Is there any other information that you would like us to have?

If I cannot be reached, I give permission for Life Lab staff to seek medical attention for my son/daughter \_\_\_\_\_ in case they deem that it is necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use:  
Week: SB Ia Ib / IIa IIb / IIIa IIIb