

YOUTH CAMP PICK-UP AUTHORIZATION FORM

Any person, other than the authorizing parents, who is picking your child up must be listed on this form and must show identification at pick-up.

 Camper (Print Name)

 Camp Dates

PARENT/GUARDIAN 1

 Authorizing Parent/Guardian (Print Name)

 Authorizing Parent/Guardian (Signature)

 Parent/Guardian Phone Number

 Date

PARENT/GUARDIAN 2

 Authorizing Parent/Guardian (Print Name)

 Authorizing Parent/Guardian (Signature)

 Parent/Guardian Phone Number

 Date

Names of Persons Authorized to Take Child From Facility

Child will not be allowed to leave with any person without written authorization from parent or authorized representative. If you want your child to sign themselves out, please list their name on the form.

NAME	PHONE NUMBER	RELATIONSHIP

Send registration forms to:
Peak Adventures • 6000 J Street • Sacramento, CA 95819-6011
916.278.6321 (office) • peakadventures.org

Please submit registration packet two weeks prior to first day of camp.

CONTRACT, INDEMNIFICATION, RELEASE AND WAIVER

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING BELOW. THIS AGREEMENT AND RELEASE INCLUDES A RELEASE OF CLAIMS. A COPY OF THIS RELEASE CAN BE USED AS IF IT WERE AN ORIGINAL.

I am aware in signing this statement for participation in the ASI Peak Adventures Youth Camps that certain elements are physically and emotionally demanding. This program may include swimming, crawling, jumping, running, hiking, climbing, paddling, and other rigorous activities on water or land (such as white water rafting, camping and backpacking). My child will be working with ASI Peak Adventures Staff and with others in the group. It is possible that he/she may be injured while participating in the youth program either because of his/her own conduct, conduct of others in the group, conduct of ASI Peak Adventures instructor/s, or the condition of the premises.

I fully understand that outdoor recreational activities have inherent risks, dangers and hazards which may result in injury or illness including, but not limited to bodily injury, disease, strains, fracture, partial and/or total paralysis, death or other ailments that could cause serious disability. Other hazards that may include exposure to poisonous or dangerous plants, insects, or animals, exposure to natural elements, sunburn, dehydration, heat exhaustion, heat stroke, heat cramps, frostbite, hypothermia, slipping and falling. Risks may also arise from unforeseeable causes including, but not limited to instructor decision making, equipment or transportation issues.

Therefore, I voluntarily elect to allow my child to participate and I affirm that he/she is free of health conditions that might create undue risk to my child or others that depend on them. My child is not under a physician's care for any undisclosed condition that bears upon his/her fitness to participate.

In consideration of the services of ASI Peak Adventures, the State of California, the Trustees of the California State University, Sacramento and Associated Students of California State University, Sacramento and all of their officers, employees and agents (hereinafter collectively referred to as "ASI Peak Adventures"), I agree to indemnify and hold harmless ASI Peak Adventures from all claims, damages, losses, injuries, and expenses arising out of or resulting from participation in the youth programs. I further agree to release, acquit and covenant not to sue ASI Peak Adventures, for all actions, causes of action, claims or damages, damages in law or remedies in equity of whatever kind, including the negligence of ASI Peak Adventures or my family, myself, or my heirs, against ASI Peak Adventures arising out of participation in this program. In short, I cannot sue ASI Peak Adventures and if I do I cannot collect any money.

I agree to the site of any lawsuit and the law governing any such lawsuit shall be California and governed by California law. As liquidated damages, I hereby agree that if ASI Peak Adventures is forced to defend any action, lawsuit, or litigation by myself, my executors, or my heirs on my family's or my behalf, my heirs or executors and I agree to pay ASI Peak Adventures' cost and attorney fees if they successfully defend such action, lawsuit, or litigation. In signing this document for my minor child, I agree to pay any and all cost and attorney fees incurred by ASI Peak Adventures in the event that Peak Adventures is forced to defend any action, lawsuit, or litigation brought by my minor child.

The term of this agreement shall continue and be in effect after the camp is over. Should any paragraph of this agreement be declared unenforceable by a court of competent jurisdiction the remaining paragraphs or parts shall remain in full force and effect.

- I authorize and release to ASI Peak Adventures the use for any purpose of photographic or video recorded image of the participant listed below.
- I have adequate health, disability, and life insurance for myself, and my family.
- I hereby give permission for transportation to any medical facility or hospital, and I authorize for any qualified instructor or medical personnel to render necessary emergency medical care for the participant listed below.

I, Parent Name, of my own free will, for my family, my minor child, my heirs and executors and myself, have read, understand, and acknowledge the risks and liability for myself, my family. Camp Dates: _____

Parent/Guardian (print name)

Camper (print name)

Parent/Guardian Signature

Date

Camper Signature

Date

ASI Peak Adventures Medical Consent Form

Name of child: _____ Age: _____
Address: _____
City: _____ State/Zip: _____
Parent/Guardian: _____ Phone: _____
Parent/Guardian: _____ Phone: _____

In Case of an Emergency, person(s) to contact if parent or guardian cannot be reached

Name: _____ Phone: _____
Relationship: _____ Alternate Phone: _____

Name: _____ Phone: _____
Relationship: _____ Alternate Phone: _____

Emergency Medical Information

All items must be filled out or the child listed may not be able to participate.

Date of birth: _____ Last tetanus booster: _____

List allergies, if any: (i.e. insect bites, drugs, food, etc. Note that counteractive medication should be carried at all times).
Check one: None Yes

List any medications currently taken:
Check one: None Yes

List any serious illness or injuries occurring in the past three years:
Check one: None Yes

List conditions and instruction, if currently under a doctor's care:
Check one: None Yes

List any other condition that may affect your ability to participate: (i.e. history of conditions in family)
Check one: None Yes

Doctor: _____ Phone: _____
Medical Insurance: _____ Policy Number: _____

Authorization to Treat a Minor

I (we) the undersigned parents or legal guardian of _____, a minor, do hereby authorize and consent for any x-ray examination, anesthetic, medical or surgical diagnosis, rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the states of California or Nevada. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

PARENT OR GUARDIAN (print name)

PARENT OR GUARDIAN SIGNATURE

DATE

Policies for Disciplinary Action and Dismissal

1. Offenses calling for immediate dismissal from the program and NO refund of money include:

- Possession of any weapon or dangerous instrument, to include but not limited to any type of fire arm, knives, or sharp objects that may cause injury, etc.
- Physical assault, harassment, or any act that shows substantial threat to harm or endanger the safety of others to include rough housing.
- Any substantial threat to destroy property, or use of equipment without permission from the leader or staff.
- Possession or consumption of alcoholic beverages, tobacco, or other drugs.

2. Procedures taken following dismissal:

- The camper will be escorted to the office if we are on campus. If we are away from campus the camper will be removed from the group and supervised at all times.
- A staff member will call the parent or legal guardian, inform them of the situation, and ask them to come and pick up the camper as soon as possible.
- The camper WILL NOT be allowed to return to camp.

3. Disciplinary action will be taken against the camper(s) for:

- Misbehaving, disrupting, or bothering fellow campers.
- Not listening to the leader/staff, and not following instructions.
- Using inappropriate, disrespectful, or derogatory language.

4. Procedures for disciplinary action:

- There will be verbal warning to the camper if he/she is acting out of line.
- If the camper continues the same behavior, he/she will be asked to sit out.
- The camper will be allowed back into the activity when he/she ASKS to return and the problem has been found, recognized, and resolved.
- There is no specified time period the camper must sit out; it is up to the camper.
- In situations where inappropriate behavior continues, dismissal from camp or specific camp activities may occur.

Fees and Refunds

A minimum non-refundable payment of 50% per child, per camp is required for all registrations. Full payment is due 14 days prior to the first day of camp. Withdrawing campers less than 14 days prior to the first day of camp is non-refundable. Transfer fees vary depending on date of transfer. There are no make-up days if a camper is absent. Peak Adventures may cancel camps, with a refund, if minimum enrollment is not met.

I have read and understand the above information for Peak Adventures Youth Camps

Camper Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please submit registration packet two weeks prior to first day of camp.

Name: _____ Nick Name: _____

How old are you? _____ When is your birthday? _____

Where do you go to school? _____

What are your favorite sports? _____

What are your favorite activities or hobbies? _____

What food do you like to eat? _____

What is your favorite snack? _____

What is your favorite TV show? _____

What is your favorite movie? _____

Do you have any brothers or sisters? _____

Do you have friends coming to camp with you, if so who? _____

What is your favorite outdoor game? _____

Have you ever done the following activities?

- Hiking
- Backpacking
- Rafting
- Rock Climbing
- Winter Sports
- Camping
- Canoeing/Kayaking