

2020 UCSB Jr. Lifeguard Application



Participant's Last Name _____ First Name _____

Male Female

Gender _____ Birth Date _____ Age on 7/1/20 _____

Street Address _____ City _____ State _____ Zip _____

Email Address _____

Emergency Contact Information

Parent/Legal Guardian's Name _____ Phone _____

Parent/Legal Guardian's Name _____ Phone _____

Other Contacts (If parent/guardian cannot be reached)

Name _____ Phone _____

Name _____ Phone _____

Feel free to contact us with any special medical, legal (custody) or other considerations regarding the participant.

Mail to: UCSB Jr Guards
Recreation Center UCSB,
Santa Barbara, CA 93106-3025
Phone: (805) 893-7616 ext 3

Returning Student Tryout Waiver

My child is physically fit to participate _____
Initials

--Office Use Only--

100 yard swim time _____

Tread water 3 Min _____

Swim Under
Water 10 yards _____

Medical Information

Please list any concerns (allergies etc. attach separate sheet if needed)

Date of last tetanus/diphtheria booster

Name of Health Insurance Provider Policy Number

My Child is a(n) Assistant Captain Scholarship Candidate

Assistants & Captains DO NOT pay fees until after the first tryout and must be past participants in UCSB Jr Guards.

Please register my child for the following

- Rookie Days** (June 17-19, 9am-12noon)
\$40 or free for new students, Assistants & Captains
- Session 1** (June 22-July 17) --No program 7/3/20--
 \$395 for one (1st) child \$355 for Captains or additional siblings
- Session 2** (July 20-Aug 13) --No program 8/14/20--
 \$395 for one (1st) child \$355 for Captains or additional siblings
- Both Sessions** (June 22-Aug 13)
 \$650 for one (1st) child \$590 for Captains or additional siblings

Please review our refund policy located in the parent handbook available on our website.

After Care (12:30pm-5:30pm)
at UCSB Summer Day Camp

\$65 per child/week

6/22-6/26	6/29-7/2	7/6-7/10	7/13-7/17	7/20-7/24	7/27-7/31	8/3-8/7	8/10-8/14*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Includes full day at Day Camp on the 8/14

TOTAL DUE

*Make checks payable to UC Regents
VISA/Mastercard also accepted*

REGISTRATION / FEES

Liability, Emergency Medical Treatment & Photo – Video Release:

I hereby authorize the UCSB Jr Lifeguard staff to act for me in any emergency requiring medical attention for my child. I understand that I will be financially responsible for all charges and fees incurred in rendering emergency medical treatment, regardless of whether or not my medical insurance would cover such charges and fees. I further understand that I am required to maintain and carry accident insurance coverage for the child listed on this application, and verify that the coverage information that I have provided is accurate and true. I have no knowledge of any physical impairment that would be affected by the above named child's participation in the UCSB Jr. Lifeguard program. I also understand that UCSB Jr Lifeguards retains the right to use images of my child taken during program activities for publicity purposes.

Signature of parent/guardian

Date

Payment by Check

If you would like to pay for camp with a check please make it payable to the **UC Regents** and mail it with your application and liability release.
See the camp cancellation policy for refund information.

Mail To:
Recreation/Camps
UCSB
Santa Barbara, CA 93106-3025

Payment by Credit Card

If you would like to pay for camp with Visa or Mastercard please fill out this form and mail it with your application and liability release.
See the camp cancellation policy for refund information.

Credit Card Payment - UCSB Summer Camps 2020

NO DEPOSITS

Cardholder Information (Please Print Clearly)

Name(As it Appears on Card) _____

Billing Address _____

City _____ State _____ Zip _____

Day Time Phone _____ E-mail Address _____

Credit Card # _____

Expiration Date _____ Credit Card (CCV) Security Code _____
The 3 digit code that appears on the back of your card

Cardholder's Signature

Now Accepting
Visa & MasterCard



Cancellation Policy:

Refer to website for cancellation policy on the programs for which you are registering.

www.recreation.ucsb.edu

(805) 893-3913

1	_____	_____	_____
	Camper's Name	Camp Name/Session	Fee
2	_____	_____	_____
	Camper's Name	Camp Name/Session	Fee
3	_____	_____	_____
	Camper's Name	Camp Name/Session	Fee

Mail To:
Recreation/Camps
UCSB
Santa Barbara, CA 93106-3025

Total \$ _____

DO NOT FAX



University of California, Santa Barbara

Waiver of Liability, Assumption of Risk & Indemnity Agreement

Elective/Voluntary Activities Waiver

Department _____

Class/Activity _____

Waiver: In consideration of being permitted to participate in any way in

hereinafter called "The Activity", I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Print Name of Participant _____

Date _____

Age (if Minor) _____

Signature of Parent/Guardian of Participant if Minor _____

Print Name of Parent/Guardian of Participant if Minor _____

Date _____