Aloha UCSB Surf & Kayak Camp participants and parents.



Please read this orientation letter thoroughly as it is very important all participants understand the rules and activities of camp.

Camp runs Monday thru Friday from 1:00pm-5:00pm. Drop off is between 12:45pm and 1:00pm. Pick-up is from 4:45pm to 5:00pm. The drop off and pick up location is the grass corner across the street from parking lot 6. There will be an instructor waiting to receive campers and answer questions. Camp takes place at UCSB Campus Point Beach please refer to the attached map. If you are later than 5:15pm for pick-up you will be charged a late pick-up fee.

If you desire to park and walk down to the beach you will need to purchase a parking pass. Most spaces in lot 6 require a UCSB Faculty/Staff parking permit, but there some "Coastal Access" spots available (look for signs). The Coastal Access spaces require the purchase of a parking pass from the automated machine and they have a 4-hour time limit. There are no all day passes. You may also inquie about special camp parking permits avilable for purchase at check in/out.

On Monday, after check-in, we will walk as a group down to the beach. We will have a brief review of the camp rules, introduce the instructors, clarify camp boundaries and outline activities that will take place throughout the week. We will distribute rash guards then conduct a short swim test to ensure all the participants are comfortable swimming in the ocean. The swim test consists of swimming out past the surf break (approximately 50 yards) to a lifeguard waiting on surf board, treading water for 1 minute and swimming back to shore. Following the swim test, there will be an on land surf lesson for those interested, others may begin regular camp activities.

There will always be instructors teaching and assisting with surfing in the water throughout the week. There will generally be two instructor led kayak trips per day. Participants are not permitted to use kayaks for surfing because it is very dangerous for themselves and the swimmers/surfers in the water. Various beach games will be organized for those wanting to take a break from being in the water. We allow campers to choose how much time each day they would like to spend

surfing, swimming, playing, or just enjoying the beautiful beach environment.

Camp Rules:

Treat others like you would like to be treated.

Never leave the beach boundaries without getting permission from an instructor. Never leave trash on the beach.

No fighting, No bad language, No mocking of others will be permitted. No throwing sand. Sand in the eyes is painful and can cause permanent injury. Campers are not permitted to go to the University Center during camp.

Receipts and registration details are available online. Visit our website at https://register.recreation.ucsb.edu and click on the "Log In" link. If you do not already know your User Name & Password use the "Click Here if you are having trouble signing in" on that page.. Once you are logged in, just click on your User Name at the top to go to your profile then click on Registrations.

Provided equipment includes: a range of soft beginner surfboards long and short, kayaks (paddles, life vests, helmets), stand up paddle equipment, body boards, volleyballs, soccer balls, kick balls, masks & snorkels, tarps for shade, various beach games, first aid and surf & kayak instruction.

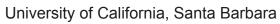
Things to bring: sun protection (sunscreen, hat, sunglasses, etc.), full water bottle, warm clothes, towel, backpack, lunch and/or snacks. (Please use reusable containers, plastic bags are easily picked up by the wind and endanger wildlife)

Optional personal equipment: wetsuit, surfboard, body board, aqua-socks, goggles, beach or sports equipment. If you bring your own surf or body board or other beach equipment make sure to mark it with your name. We will not take responsibility for any lost or broken equipment. In addition, we are unable to provide storage for personal equipment.

Mahalo, Mike Reeves UCSB Surf & Kayak Camp Director

We must have a Waiver of Liability and a Consent to Treatment form on file before your child may participate in camp. If you registered online we will automatically have the Liability Release but you will need to return the Consent to Treatment form. Please turn in the forms on the first day of camp.

Campers registered for the "combo" with the Summer Day Camp will begin their day at the Summer Day Camp and walk to the Surf & Kayak Camp with a counselor at approximately 12:30pm daily.





Authorization to Consent to Treatment of Minor

Department of Recreation

Summer Youth Programs

(I) (We), the undersigned parent(s)/guardian(s) of do hereby authorize University of California, Santa Barbara sonnel as agent(s) for the undersigned to consent to any X diagnosis or treatment, or hospital care which is deemed a or special supervision of, any physician and/or surgeon lice Act, California Business and Professions Code B2000 et. surgical diagnosis or treatment, or hospital care which is degeneral or special supervision of, any dentist licensed under nia Business and Professions Code 31600 et. seq.	C-ray examination dvisable by, and itensed under the page of the p	Service or attending medical pers, anesthetic, medical or surgical is to be rendered under the general provisions of the Medical Practices examination, anesthetic, dental or by, and is to be rendered under the
It is understood that this authorization is given in advance to provide authority and power on the part of our aforesaid such diagnosis, treatment or hospital care which aforement best judgment, may deem advisable. This authorization is Code B6910.	agent(s) to give s	specific consent to any and all or dentist, in the exercise of his/her
(I) (We) hereby authorize any hospital, which has provided the provisions of California Family Code B6910, to surrend above-named agent(s) upon the completion of treatment. The Health and Safety Code B1283.	ler physical custo	dy of such minor to (my) (our)
These authorizations shall remain effective until	_, 20, unless	sooner revoked in
writing delivered to said agent(s).		Mail this form to: Recreation UCSB Santa Barbara, CA 93106-3025
Program (s) your child is participating in (ie swim lessons, summ	er day camp)	or Turn in to staff on first day of program
Name of Health Insurance Provider	Policy #	
Name of Parent/Guardian (please print)	Phone Number	
Signature of Parent/Guardian		Date

MEDICATION AT CAMP PERMISSION FORM

Dear Parents/Guardians:

Although the camp has no legal obligation to administer medication, we recognize that in some cases it is in the child 's best interest to allow him / her to receive medication at camp. According to Ed Code Sections 49423, 49407 and Board Policy 4400(d), schools may assist students with the administration of medication. In consideration of school districts agreeing to administer such medication, Ed Code Section 49407 holds the school districts and its employees free from liability for the dispensing of such medication. This same consideration will hold true for the UCSB Summer Day Camp and its employees.

The following items must be completed and /or maintained in order to permit camp personnel to dispense medication:

- 1. A signed order from your physician for the current summer must be on file at our camp office if it is a prescription medicine. (Use form below)
- 2. A written parent request for camp personnel to assist in carrying out the administration of the medication as set forth in the physician's statement must be on file at the camp office. This written request should also be on file for non-prescription medicine. (Use form below)
- 3. Medication must be kept in a bottle from the pharmacy labeled with child's name, dosage, and name of drug. Ask pharmacist for two bottles of medication, one for home and the other for camp. If medicine is not a prescription, the medication must be in its original bottle.
- 4. Changes in medication, dosage, or time must be communicated to the camp by phone or note.
- 5. The camp, with parent consent, may need to communicate with the physician and counsel with camp personnel regarding possible effects of the medication.

Parent's Form		
We (l), the undersigned, who are parents(s) of	request that:	
a) prescription medication be administered to our child in acc	cordance with the enclosed instructions of our physician,	
Physician's Name (Please Print)	rsician's Phone Number	
or		
b) non-prescription medication be administered to our child	in accordance with the enclosed instructions from us, the parents.	
	maintaining the items listed above and that the medication will be	
administered by a member of the camp staff as designated by	the camp director.	
Parent/Guardian Signature	Date	
	cian's Form	
To attending physician:		
has medication to be taken a	t camp. Please complete the information on Rx regiment requested	
below, which is required by Ed Code 49423 before we can adm	ninister any medication at camp.	
MEDICATION NAME	DOSAGE	
ADMINISTRATION: Frequency & Times	METHOD	

Physician's Signature Date

