

Please Note

All campers will be required to wear a UCSB Surf Camp Rash Guard while in the water. Be sure to include an extra \$25 to cover the cost of the rashguard. This fee payable once for summer 2020

--ONLINE REGISTRATION IS AVAILABLE AND PREFERRED--

To sign up for the 2020 UCSB Surf & Kayak Camp simply fill out this application, the liability release and mail them in with your payment.

A detailed information packet will be emailed to you before camp begins.

Don't forget to include your email address on the form!

UCSB Surf & Kayak Camp

2020 Application

Camper's Name _____ Date of Birth _____

Parent's/Guardian's Names _____

Street Address _____

City _____ State _____ Zip _____

E-Mail Address _____ Home Phone _____

Guardian #1 Cell Phone & Work Phone _____ Guardian #2 Cell Phone & Work Phone _____

\$130 per session, \$230 per week if combined with the UCSB Summer Day Camp.
Plus one time **\$25 rashguard fee**

**Session 3 is pro-rated to \$105 or \$185 for Day Camp Combo*

Be sure to add \$25 for your rashguard

Please indicate sessions for which you are registering

- | | |
|---|--|
| 1 June 15-19
<input type="checkbox"/> Surf & Kayak Only
<input type="checkbox"/> Day Camp Combo | 6 July 20-24
<input type="checkbox"/> Surf & Kayak Only
<input type="checkbox"/> Day Camp Combo |
| 2 June 22-26
<input type="checkbox"/> Surf & Kayak Only
<input type="checkbox"/> Day Camp Combo | 7 July 27-31
<input type="checkbox"/> Surf & Kayak Only
<input type="checkbox"/> Day Camp Combo |
| 3 June 29-July 2*
<input type="checkbox"/> Surf & Kayak Only
<input type="checkbox"/> Day Camp Combo | 8 August 3-7
<input type="checkbox"/> Surf & Kayak Only
<input type="checkbox"/> Day Camp Combo |
| 4 July 6-10
<input type="checkbox"/> Surf & Kayak Only
<input type="checkbox"/> Day Camp Combo | 9 August 10-14
<input type="checkbox"/> Surf & Kayak Only
<input type="checkbox"/> Day Camp Combo |
| 5 July 13-17
<input type="checkbox"/> Surf & Kayak Only
<input type="checkbox"/> Day Camp Combo | |

Release Authorization & Medical Form

Camper's Name _____

Emergency Contact (if parent cannot be reached): _____

Emergency Contact's Phone _____

May leave program alone at end of day: yes no

May be picked up by: _____

May NOT be picked up by: _____

Special Considerations/Medical Concerns: _____

Insurance Company _____ Policy/Group# _____

Please make checks payable to **UC Regents**

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

I hereby authorize the staff of the UCSB Surf & Kayak Camp to act for me according to their best judgment in any emergency requiring medical attention. I understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency 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 camper's participation in the camp program as outlined in the brochure. I also understand that the camp retains the right to use for publicity and advertising purposes, photographs of campers taken at camp.

Parent or Guardian's Name (please print)

Parent or Guardian's Signature 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



Waiver of Liability, Assumption of Risk & Indemnity Agreement

University of California, Santa Barbara

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