



CADA/CASL Summer Leadership Camp Medical Release & Policies Form



NorCal: 6/25-28 | MS: 7/7-9 | HS1: 7/7-10 | HS2: 7/12-15 | HS3: 7/17-20 | HS4: 7/22-25

Each student and advisor must bring TWO copies of this form to camp on the first day.

School Name: _____ Advisor in Charge at Camp: _____

Last Name: _____ First Name: _____

Parent/Guardian Name: _____ Parent Contact Phone: _____

Alternate Phone: _____

STUDENT MEDICAL INFORMATION

Medical Insurance Carrier: _____ Policy #: _____

Check this box if your student does **NOT have any Medical Insurance**

My student has a special health need: _____

My student takes the following medication: _____

EMERGENCY CONTACT INFORMATION (If parents/guardian cannot be reached)

Name: _____ Relationship: _____ Contact Phone: _____

In the event that my child should need emergency medical treatment while participating on this field trip, I hereby authorize CADA/CASL personnel to use their own judgment in obtaining emergency medical services for him/her. I further authorize any individual selected by CADA/CASL personnel to render such emergency medical treatment to my child as he/she may deem necessary and appropriate. I understand that the CADA/CASL organization has no insurance, which pays the medical or hospital costs that might be incurred on behalf of my child. Consequently, I understand that any and all such costs shall be my sole responsibility. I understand that I indemnify and hold harmless the CADA/CASL organization, its officials, employees, and agents, including volunteers, from all liability and claims arising out of or in connection with my child's participation in this activity. I fully understand that participants are to abide by all rules, regulations and agreements governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at parent's/guardian's expense.

By signing below each student agrees to the following: Parent, guardian, advisor, or public carrier must transport students. Students must NOT drive themselves to the camp. Each student will be under the supervision of a school designated adult who will be responsible for them. Student's designated camp advisor will administer medications if applicable. Delegates will stay in the camp facilities and participate in the camp activities attending all sessions, activities and events. Drugs, alcohol, tobacco & other controlled substances are not allowed. This includes possession, use, transport or sale. Delegates are not allowed to be in the dorm room of any member of the opposite sex. Any delegate who violates any of these agreements may be immediately sent home by public carrier at the parent's expense or detained until the parent/guardian can pick them up. During the course of this CADA/CASL activity, students may be photographed and/or videotaped by the CADA/CASL organization and/or its vendors. These photos and tapes may be used for the promotion of this or other CADA/CASL events and/or its vendors, or for training purposes. In certain cases students or school advisors may be permitted to photograph students from their own schools. Registration is accepted on a space available basis only.

The University, UC Santa Barbara or Santa Clara University, will issue each student and advisor a key, electronic fob, and/or key card to their assigned dorm room and building during camp registration. Keys will be collected on the last day of camp. The fee for a lost/stolen key is **\$60-UCSB/\$15-SCU**. This charge will be billed to the student's school and the school, at its discretion, may bill the family of the student for the cost of the lost/stolen key. Some schools may choose to collect refundable key deposits from their students prior to the start of camp. Students are encouraged to keep their key attached to or enclosed inside their name badge during the camp program to help safeguard the key.

Parent/Guardian Name (please print) Parent/Guardian Signature Date

Advisor Name (please print) Advisor Signature Date

Student Name (please print) Student Signature Date