

WESTERN REGION FCA SPORTS CAMP @ UCLA - REGISTRATION FORM July 2nd- July 5th, 2020

Please print legibly and completely fill out these forms or your application may not be accepted. All the information asked for on this sheet is required to be registered for camp. Incomplete or illegible applications cannot be processed.

Camper's First Name: _____ Last Name: _____

Gender (circle): Male Female Birthdate: ____ / ____ / ____

Address: _____

City, State, Zip Code: _____ Country _____

Camper's Cell (if available): _____ Camper's Email: _____

Preferred Phone: _____ Preferred E-mail: _____

Sport you are participating in (circle):

Boys: Football Baseball Basketball Soccer Sprint Cross Country Surf Tennis Wrestling

Girls: Softball Sand Volleyball Basketball Soccer Volleyball Sprint Cross Country Surf
Tennis Wrestling Swim Stunt Cheer

(Note: If the sport you want is not listed above, then it is not offered this year at UCLA.)

School Attending in the Fall: _____

Grade entering/Fall 2020: _____ High School Graduation Year: _____

PARENT CONTACT INFORMATION

First Name: _____ Last Name: _____

Work #: _____ Cell #: _____

Parent's E-mail: _____

INFORMATION

All Sports: \$595 (Scholarships are available) Camper Fee

(Incl. meals -Thurs. lunch thru Sun. breakfast)..... \$ _____

Amount Enclosed (minimum or \$75 deposit required)..... \$ _____

Unpaid Balance \$ _____

____ Discover ____ MasterCard ____ Visa ____ American Express.

Card Number _____ Exp. Date _____ Sec. Code (on back) _____

Card Owner's Name (as it appears on card) _____

Billing Address: _____

City, State, Zip Code: _____ Phone: _____

Signature: _____

Paid by check: ____ Check # ____ PLEASE MAKE CHECKS PAYABLE TO "FCA"

Application Contract

Please read all the statements pertaining to this camp application process listed below. Then initial by each statement and sign at the bottom, showing that what is permitted and required is understood.

_____ Submitting this application and check does NOT mean you have been enrolled in camp. You will be contacted once your student athlete has been successfully admitted to camp. Your check will only be deposited if your student athlete gets enrolled in camp.

_____ Space and scholarships are limited.

_____ In the event that camp is full, your student may be placed on the waiting list. Every effort is made to move students from the waiting list to the active list. Yet we cannot guarantee that all waiting list students will get in.

_____ If your student is accepted for a scholarship to camp, your family will be awarded a scholarship of \$520. Therefore, your family agrees to keep July 2nd – July 5th, 2020 open in your schedule so your son/daughter can attend and make use of the scholarship. The \$75 deposit is non-refundable once your child is accepted into camp, therefore any cancelations will not be refunded.

_____ If your student athlete is not able to attend camp for any reason, notify their leader who signed them up or call the UYC office to make sure that we can cancel their application. Once an application is cancelled, that spot is filled with another camper from the waiting list.

_____ When anyone calls or emails you about your camper or their application, please respond in a timely manner or their application process may be hindered. If we do not receive any response, then we will be forced to move on to another applicant.

_____ You will encourage your student athlete to keep their grades up and will work with them academically this semester. I realize camp deposits cannot be refunded due to summer school.

Signature _____

Date _____

Student Permission Waiver

NOTE: Parent/Guardian MUST have this form present at registration to be permitted in camp

Student's Information:			
First Name:		Last Name:	
Address:		City/State/Zip:	
Phone Number:		Age:	
Date of Birth:		School Attending & Grade in Fall:	
Parent/Guardian Contact Information:			
First Name:		Last Name:	
Phone Number:		Home Number:	
Work Number:		Email:	
Parent/Guardian Contact Information:			
First Name:		Last Name:	
Cell Number:		Home Number:	
Work Number:		Email:	
Emergency Contacts- Authorized for Early Pick Up of my Student			
First Name:		Last Name:	
Cell Number:		Home Number:	
Work Number:		Relationship to student:	
Emergency Contacts- Authorized for Early Pick Up of my Student			
First Name:		Last Name:	
Cell Number:		Home Number:	
Work Number:		Relationship to student:	
Additional Person(s) Authorized to Pick Up			
Name:		Phone Number:	
Name:		Phone Number:	

Signature _____ Date _____

Medical Information:

1. List and explain any known physical defect or illness which might interfere with the student's participation in strenuous activity.

2. Does the student have any severe allergies or reactions to drugs or medicines? Explain.

3. List any medications the student is presently taking or any special diet or exercise restrictions. (List name of drugs, dosage, etc.)

4. Indicate the date of last Tetanus shot _____

5. Are there any emotional/social disabilities that would be helpful for us to be aware of?

6. Is your son/daughter living with: both parents one parent guardian other

Health Insurance Information

Insurance Company _____ Policy Number _____ Phone Number _____
Medical Doctor _____ Phone Number _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Student Participant Form, I expressly warrant that the student named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the student participating in the activities, whether such risks are known or unknown to me at this time. I further release this organization and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless this organization and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my student during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the student named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the student named above including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for Camp Trainer and Camp professional medical staff to give over-the-counter medications as needed, as well as, attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. I give permission for my student to be transported in an authorized FCA vehicle for FCA activity locations.

Release to use Image and Likeness

On occasion, the Fellowship of Christian Athletes (FCA) or its representatives takes photographs or makes an audio or videotape recording of students and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants.

Local news organizations may hear of our activities or events, and our organization may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the student named above to be used, distributed, or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the student to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media. In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about our activities. These images may also be used by FCA or its agents to produce ministry resources for staff training, Camp or campus ministry, or other uses to promote the ministry of FCA. FCA may also make these materials available for sale to the public.

Swimming Ability

_____ Allowed in Water
_____ Not Allowed in Water

*All FCA Camps that offer water activities will require a swim test for each student to pass in order to participate.

Other Information

List any other information that leaders should know about the student participant: _____

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Student Participant Form and am fully familiar with the contents thereof. I give permission for the student named above to participate in the activities of this organization, including any special events/activities described above. In consideration for allowing the participation of the student in these activities, I hereby consent to the Student Participant Form, including the ***Release of Liability*** above, on behalf of the student and agree that this Student Participant Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

Witness Signature

Date

Principal Member's Name (Please Print): _____

UNIVERSITY OF CALIFORNIA, LOS ANGELES - UCLA RECREATION

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to use, today and on all future dates, the property, facilities, staff, equipment and services of UCLA Recreation, **I**, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its directors, officers, employees, and agents from liability **from any and all claims including the negligence of UCLA Recreation**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises or equipment.

Signature of Principal Member Date Signature of Household Adult Date

Signature of Parent/Guardian of Minor Date Signature of Household Adult Date

Assumption of Risks: Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. UCLA Recreation has facilities for and provides for activities such as weight lifting, running, aerobic activities, classes and sporting activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity which places stress on the cardiovascular system.

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 activities made possible by UCLA Recreation. 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 at UCLA Recreation 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.

Signature of Principal Member Date Signature of Household Adult Date

Signature of Parent/Guardian of Minor Date Signature of Household Adult Date
Participant's Age (if minor) _____

