

## Young Writers Camp 2009 Application

*Fill out this entire application, along with the UC Liability Waiver form provided in the THIRD section, and mail them before the June 9th deadline with your payment to the address provided in the FIFTH section. Please fill out one application form and one waiver form for EACH child.*

I. FIRST — Place a check next to the time slot underneath the camp location that you want. Select the grade level that your child will be entering in SEPTEMBER.

### 1. UCSB, July 13 - 24, Mon. – Fri.

- Grades 3-4 from 9:00 am-12: 30 pm
- Grades 5-6 from 9:00 am-12: 30 pm
- Grades 5-6 from Noon-3: 30 p.m.
- Grades 7-9 from Noon-3: 30 p.m.

### 2. Cal Lutheran University, July 6 - 17, Mon. – Fri.

- Grades 4-6 from 9:00 a.m.-12:30 p.m.
- Grades 7-9 from 9:00 a.m.-12:30 p.m.

### 3. Oxnard College, July 6 - 23, Mon. - Thurs.

- Grades 4-6 from Noon-3:00 p.m.
- Grades 7-9 from Noon-3:00 p.m.

### 4. Allan Hancock College, Santa Maria, July 13 - 24, Mon.- Fri.

- Grades 3-5 from 9:00 a.m. to 12:30 p.m.
- Grades 6-9 from 9:00 a.m. to 12:30 p.m.

II. SECOND

A. Provide the following Student Information:

1. Student Name \_\_\_\_\_
2. Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_
3. Parent Name \_\_\_\_\_
4. Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_
5. Best Contact Phone \_\_\_\_\_
6. Email address \_\_\_\_\_
7. School in Sept. 2009 \_\_\_\_\_
8. Grade in Sept. 2009 \_\_\_\_\_

B. Provide the following health/emergency contact information:

1. Name of Emergency Contact \_\_\_\_\_
2. Phone Number \_\_\_\_\_
3. Child's Physician \_\_\_\_\_
4. Physician's Phone: \_\_\_\_\_
5. Allergies, if any: \_\_\_\_\_
6. List any medical problems that our staff should know about:  
\_\_\_\_\_  
\_\_\_\_\_

C. Parent Authorization Section (**REQUIRED**)

I give permission to the University Health Center to hospitalize and to secure proper treatment for my camper \_\_\_\_\_ as named above AND the Young Writers Camp has my permission to use my camper's writing in various professional presentations and/or publications.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

III. THIRD— (**REQUIRED**) fill out and sign the UCSB waiver of liability on the next page:

Participant's name (please print) \_\_\_\_\_

UNIVERSITY OF CALIFORNIA, SANTA BARBARA

Young Writers Camp 2009  
presented by the South Coast Writing Project, Gevirtz Graduate School of Education

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

Waiver: In consideration of being permitted to participate in any way in camp at either UCSB or at Allan Hancock College (7/13-24); at California Lutheran University (7/6-7/17); or at Oxnard College (7/6-7/23) including all activities inside and outside the classrooms, in field trips, on and off campus, hereinafter called "The Activity," 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 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.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor    Date

\_\_\_\_\_  
Signature of Participant/Camper    Date  
(If legal adult)

**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 to 3.) catastrophic injuries including paralysis or 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 INDEMNITY 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 its 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.

**Acknowledgement 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 Parent/Guardian of Minor    Date

\_\_\_\_\_  
Signature of Participant/Camper    Date  
(If legal adult)

Participant's Age (if minor) \_\_\_\_\_

IV. FOURTH — Read the following information about the camp fee.

The fee is \$245 for all single enrollments. A 10% discount is available to a family who is enrolling more than one child. (Example--a brother and sister enroll at \$245 each, total \$490 - subtract a 10% discount of \$49 = \$441.00 is the fee). Cancellations made prior to July 9 will be refunded, minus \$25.00 per enrollment for administrative costs. Payment must be in the form of a check or money order; we are unable to accept cash or credit card payments.

V. FIFTH — Send *this application, the UCSB Waiver of Liability Agreement*, and a *check or money order*, payable to **UC Regents** to:

Young Writers Camp  
South Coast Writing Project  
Gevirtz Graduate School of Education  
University of California  
Santa Barbara, CA 93106-9490

The Young Writers' Camp tries to offer opportunities for partial scholarships that award fee discounts to families for whom financial assistance is a necessity. Students from such families must display a strong interest in writing and/or a desire to be enrolled in our program. If interested, you must phone (805) 893-5899 to request a scholarship packet in advance of the June 8 application deadline. A complete application and the liability waiver form must accompany the scholarship packet.

Last updated Feb. 23, 2009