



## Program Registration Information

Name of Participant (please print): \_\_\_\_\_

**\*Please indicate the program(s) you will be participating in with a check mark:**

**Education Programs:**

- Guided Hike of the Wetlands with a school or youth group

\_\_\_\_\_  
*Name of School or Group*

\_\_\_\_\_  
*Name of Teacher or Group Leader*

- Summer Wetland Explorers Day Camp:  
     Week 1 (grades K-3)  
     Week 2 (grades 4-7)  
 Youth Leadership in Environmental Action Program (YLEAP)  
 California Naturalist program  
 Education Volunteer or Interpretive Center Host

\_\_\_\_\_  
*Date Volunteer Service begins*

\_\_\_\_\_  
*Date Volunteer Service ends*

**Restoration Programs: (Check**

- One-Time Wetland Restoration

\_\_\_\_\_  
*Name of One-Time Restoration Program*

\_\_\_\_\_  
*Date of Program*

- Long Term- Habitat Restoration Volunteer

\_\_\_\_\_  
*Date Volunteer Service begins*

\_\_\_\_\_  
*Date Volunteer Service ends*

- Community Service Program

\_\_\_\_\_  
*Date Community Service begins*

\_\_\_\_\_  
*Date Community Service ends*

**Research Programs:**

- Eyes on Nests (EONS)  
 Bird Surveys  
 Reserve Watch  
 Water Testing



# Participant Information

**Name:** \_\_\_\_\_  
First Name Last Name

**Phonetic Spelling (how your name sounds):** \_\_\_\_\_

**Pronouns (optional):** \_\_\_\_\_

**Primary Phone #:** ( \_\_\_ \_\_\_ \_\_\_ ) \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ is this cell-work-home? (Circle one)

**Alt. Phone #:** ( \_\_\_ \_\_\_ \_\_\_ ) \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ is this cell-work-home? (Circle one)

**Email:** \_\_\_\_\_

- Please sign me up to receive emails with information on news and upcoming events at Bolsa Chica Conservancy
- I do **NOT** want to receive any new information that is unrelated to my program participation/registration.

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

- Please mail me information about membership, donations, and upcoming events at Bolsa Chica Conservancy.
- Do **NOT** mail me any information unrelated to my program participation/registration.

**Participant Age:**

- I am 18 years or older
- I am less than 18 years old (please specify grade below)
  - Pre-K
  - Kindergarten
  - Elementary (1<sup>st</sup> -5<sup>th</sup> grade)
  - Middle School (6<sup>th</sup> – 8<sup>th</sup> grade)
  - High School (9<sup>th</sup> - 12<sup>th</sup> grade)
  - College (under the age of 18)

**EMERGENCY CONTACT:**

**#1 Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Alternate Phone (work/home): \_\_\_\_\_

**#2 Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Alternate Phone (work/home): \_\_\_\_\_



## Release and Waiver of Liability

**I (The Undersigned) agree as follows:** 1. I am voluntarily participating in this Program provided by the Bolsa Chica Conservancy (hereafter called "Conservancy") 2. I will perform assigned tasks that are within my physical capability, and I will not undertake tasks that are beyond my ability; 3. I will not participate if under the influence of alcohol or any drug that could impair my physical or mental abilities; 4. I am familiar with the safe operation and use of materials, equipment, machinery, tools and handling of live animals that I may utilize in connection with the Program, and I will not undertake to use or handle any materials, equipment, machinery, tools, or live animals with which I am unfamiliar or which I do not know how to operate or handle safely without getting instruction first 5. I will perform only those tasks assigned, observe all safety rules, will follow all rules and regulations of the Bolsa Chica Ecological Reserve and use care in the performance of my assignments; 6. I specifically acknowledge that I am engaging in this activity voluntarily and that I am not entitled to any compensation, benefit or insurance coverage from the Bolsa Chica Conservancy, California State Lands Commission (SLC), the California Department of Fish and Wildlife (CDFW), Orange County Public Works (OCPW), Orange County Flood Division (OCF), Orange County Transportation Authority (OCTA), Orange County Parks (OC Parks), Bolsa Chica State Beach (BCSB), City of Huntington Beach, and the Department of Parks and Recreation (DPR) even though my participation in the Program may occur on lands owned or managed by the above listed agencies or any program promoter, sponsor, or organizer, nor will I make any such claim.

I (The Undersigned) understand the inherent risks of bodily injury, infection, loss of life, or property damage due to my participation in the Program. If I intend to use a watercraft in connection with the Program, I also understand the risks related to the acquisition and use of such crafts, including but not limited to risks related to marine facilities, weather, tides, water movement, watercraft operation (including risks related to exertion), collisions, water temperature (including hypothermia), sun exposure, swimming proficiency, and rescue efforts. Despite the risks, I still choose to participate in such activity.

No known physical or health limitation prevents me from safely participating in this Program. I personally assume all risks, whether foreseen or unforeseen, in connection with the Program of any harm, injury or damage that may befall me as a participant. If I am injured during the Program, I authorize any physician licensed in California to perform such emergency treatment as he or she believes, in his or her sole judgment, may be necessary.

I acknowledge that I have read and understand **Section 1542 of the California Civil Code** which reads as follows: "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor." **I hereby expressly waive** and relinquish all rights and benefits under that section and any law of any jurisdiction of similar effect with respect to my release of any claims I may have against the Conservancy.

### **Consent to Photograph, Video, or Audiotape**

I hereby consent to authorize the use and reproduction by the Conservancy of images of myself or my child/ward during their participation in the Program in the Conservancy's publications, on the website, and in other advertising media.

- I consent to the use of mine or my child/ward's image       I do NOT consent to the use of mine or my child/ward's image

### **Permission to Participate**

I am over the age of eighteen and legally competent to sign this liability release. I understand that the terms herein are contractual and not a mere recital, this instrument is legally binding, and I have signed this document of my own free act.

**IF PARTICIPANT IS UNDER 18, THE PARENT (OR LEGAL GUARDIAN) MUST SIGN BELOW** and agrees that they have read and agree to the provisions stated above for themselves and the participant.

- I am 18 years or older       I am less than 18 years old

***I (The Undersigned) hereby voluntarily release, discharge, agree to indemnify and hold harmless the Bolsa Chica Conservancy, its directors, officers, agents, and employees, from any claim or lawsuit and all liability for personal injury, infection, loss of life or property damage, known or unknown, to the participant and all his/her heirs, next of kin, executors, personal representatives, or assigns, caused by or arising out of the participation, and including claims based on negligence of other participants or the released parties whether passive or active in this Program provided by the Bolsa Chica Conservancy.***

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**Spelling of Participant's Name (Print)**

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**Signature of Participant OR Parent/Legal Guardian of Participant**

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**Spelling of Parent/Legal Guardian of Participant (If under 18)**

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**Date**



# Youth Emergency Authorization Form

**\*Please fill out this page for any youth attending a camp or program when a parent/teacher/group leader is not in attendance\***

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Child's Last Name                                      Child's First Name                                      Birth Date                                      Age                                      Gender

As parent/guardian of the above-listed child I am aware and acknowledge that any Bolsa Chica Conservancy program or activity, by its very nature, has the potential risk of injury, infection, or loss of life to the individuals who participate. \_\_\_\_\_ (parent/guardian initials)

I understand that every effort will be made to contact me or listed Emergency Contacts if medical attention is needed for my child. However, if an Emergency Contact cannot be reached or when a delay would be dangerous to my child's health, I authorize staff of the Bolsa Chica Conservancy to secure necessary medical treatment for my child. \_\_\_\_\_ (parent/guardian initials)

I understand that the staff at Bolsa Chica Conservancy are trained in the basics of First Aid and CPR, and I authorize them to give my child first aid or CPR if necessary. \_\_\_\_\_ (parent/guardian initials)

**For, and in consideration of the opportunity for my child/ward to participate in the Bolsa Chica Conservancy program activities, I hereby agree as follows:**

1. In the event of illness or injury where an emergency contact can't be reached or if measures to save a life are necessary, I the parent/guardian of the above listed child, consent to all first aid, CPR, or emergency medical treatments and/or services prescribed by the attending physician, surgeon or dentist, and to the administration and performance of all examinations, treatments, anesthetics, operations, and other procedures which are deemed necessary or advisable by the attending physician at the scene and/or at the hospital or other medical facility.
2. That I the parent/guardian of the above listed child, am solely financially responsible for any cost and/or all indebtedness incurred because of any emergency and/or routine medical and/or surgical treatment and services prescribed by the attending physician for the above listed child, including all charges not covered by insurance.
3. To indemnify and hold harmless the Bolsa Chica Conservancy, its officers, employees, agents, representatives, and volunteers from any claim or demand made, and any liability, action, loss, debt, or damage which may arise by, or in connection with, or result from, any routine and/or emergency medical services, from participation of the above listed child in any Bolsa Chica Conservancy program activity.

**I, the parent, or legal guardian of the above listed child acknowledge that I have read this Authorization Form and understand and agree to its terms.**

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_  
 Parent/Guardian Name:                                      Parent/Guardian Signature:                                      Date:

**EMERGENCY CONTACTS:**

**#1 Primary Contact Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Alternate Phone (work/home): \_\_\_\_\_

**#2 Secondary Contact Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Alternate Phone (work/home): \_\_\_\_\_



# Medical History and Authorization Form

**\*Please fill out the front and back of this page for youth attending a camp or program when a parent/teacher/group leader is not in attendance\***

\_\_\_\_\_

**Child's Last Name**                                      **Child's First Name**                                      **Gender**                                      **Birth Date**

\* Does the above listed child have a special medical condition, special need, and/or physical disability?  
(ie: ADHD, Autism, Asthma, etc)

- No                       Yes- *If yes, a description of that medical condition, special need, and/or physical disability is described as follows:*

\_\_\_\_\_

\* Does the above listed child receive any special services or accompanied by a specialist or an assigned aide during the time he/she is in school or school related activities?

- No                       Yes- *If yes, a description of the special service(s) is described as follows:*

\_\_\_\_\_

**Allergies:**  The above listed child has NO allergies that are known

**Please list any allergies, severity and symptoms, and instructions for medical treatment:**

<b>Foods (ie: nuts, milk, fruit etc.)</b>	Detail of Severity or symptoms experienced
Special Instructions or information about treatment:	
<b>Environmental (ie: pollen), or insect stings (ie: bees):</b>	Detail of Severity or symptoms experienced
Special Instructions or information about treatment:	
<b>Medications (ie: penicillin) or materials (ie: latex):</b>	Detail of Severity or symptoms experienced
Special Instructions or information about treatment:	

**\*Does above listed child carry and EpiPen**  **No**     **Yes-** *if yes, please list instructions on the next page under "prescription medications."*



# Medical History and Authorization Form

**Prescription Medications:** All medications taken by the above-listed child while participating in the Bolsa Chica Conservancy's Program must be prescribed by a licensed physician and be self-administered. (Vitamins and OTC medications are NOT permitted.)

List of medications above listed child needs to take during the program:	Detail instructions and dose of prescribed medications:

**\*Does the above listed child carry an inhaler**  No  Yes- if yes, please include any instructions above

## INSURANCE INFORMATION:

**If insured, complete the insurance section below, and it is mandatory that you attach a copy of your insurance card to your completed form.**

Is your child covered by insurance?  Yes  No

Insurance Company's Name: \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**The questions above and on the opposite page have been answered completely and truthfully to the best of my knowledge.**

\_\_\_\_\_  
Parent/Guardian Name:

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date: