

A program of California State Parks, the California State Parks Foundation and the Pacific Leadership Institute



OYC is offering 5 training opportunities in 2011! Sign-up today! Space is limited

Goal: To empower youth to access the outdoors and unlock their leadership potential.

Objective: A three-day leadership training for youth ages 14 to 17 in outdoor activities, team building and leadership skills while camping at a California State Park. Upon completion of the training the youth will use the experience and skills learned to organize a minimum of 2 outdoor events for their peers: PLAN, PREPARE, & LEAD a recreational outing & a service project. Financial support may be available to help with the events.



2011 OYC TRAINING DATES & LOCATIONS

May 13, 14, 15	Calaveras Big Trees	(No. Cal)
July 12, 13, 14	San Luis Reservoir	(Central Cal)
August 9, 10, 11	Silverwood Lake	(So. Cal)
September 16, 17, 18	San Luis Reservoir	(Central Cal)
October 14, 15, 16	Silverwood Lake	(So. Cal)

Training dates and locations subject to change. Participating groups must provide all transportation and adult chaperones during the whole event.



Fees: \$10 per person plus \$25.00 per organization administrative & equipment maintenance fee. *(These fees are non-refundable)*

OYC Trainings Include:

- 3 day/ 2 night training in leadership & trip planning while camping in a state park
- Resource materials for planning, reporting with support services & guidance
- Practical experience in planning, organizing, leading trips/events
- Team building activities & outdoor adventure pursuits
- Access to FamCamp® camping equipment statewide
- Food and camping equipment during the trip

*Developing the next generation of outdoor leaders, the **Outdoor Youth Connection** empowers participants with the experience, skills and opportunities to access the outdoors while developing leadership and life skills that can impact their lives and community.*

Visit our website at www.parks.ca.gov/oyc

For more information please contact:

Dolores L. Mejia, California State Parks, Office of Community Involvement
Phone: (916) 653-5454 Email: dmejia@parks.ca.gov

Supported by:





Participating Organization Application and Agreement

(Please print or type your information)

Organization Sponsoring Youth:	
Mailing Address:	
Name of Contact Person:	
Email Address and Website:	
Phone Number:	Area Code ()

Date of Training: _____

Names of up to 12 youth attending this training from your agency: *(please print or type names)*

Please indicate number of youth listed above who are eligible for the free or reduced lunch program: _____

As the designated representative for the above named organization, I agree to adhere to the following terms for our youth to participate in the OYC Program:

1. Identify and complete registration for youth who have demonstrated responsibility and leadership potential.
2. Participating organization will provide chaperones who are at least 21 years or older to oversee the youth during the entire duration of this training at a ratio of 1 adult to 6 youth. These chaperones will participate in every aspect of the program including camping and overseeing plans and implementation of post training outings and service projects. The chaperones will be responsible for direct supervision of the youth, especially during night hours, and enforcement of all policies and rules.
3. Ensure that all youth participants and chaperones are familiar with and understand the OYC Code of Conduct and expectations. (See other side)
4. Ensure that youth will attend and fully participate in all three days of training.
5. Provide all transportation to and from the training sites for the chaperones and youth.
6. Support each youth participant in post training outings and service projects.
7. Assist in completing a report documenting and capturing the process from training to post training outings.

In order to be eligible for OYC participation, scholarships and any additional funding to support post training outings and service projects, participants must complete the entire training. If agencies reserve spots for youth and chaperones who do not attend the training, the agency may be excluded from all future trainings and resources.

Authorized Signature: _____ Date: _____
(Signature of Center Director Required)

Send or fax completed application and agreement form to:

Dolores L. Mejia, California State Parks – Office of Community Involvement
 1416 9th Street, Rm 918
 Sacramento, Ca. 95814
 Fax (916) 651-2079/Phone (916) 653-5454





Rules and Regulations

Duties of all OYC Participants

1. **GENERAL:** Participants must conform to all policies, rules, and regulations of California State Parks. Since the *Outdoor Youth Connection* training takes place on state park property, all park rules will be strictly enforced. Some of the instructors and chaperones are peace officers so it is imperative that they act when a crime or violation occurs in their presence. All participants must conform to park regulations; follow all directions of their instructors and others in authority; observe good behavior; be kind and courteous to others; and do not use profanity and/or vulgar language.

2. **ZERO TOLERANCE AND FORBIDDEN CONDUCT:** While within a State Park Or when engaged in a class activity or activity related to class attendance, Participants shall refrain from the following acts:
 - a) Possession, consumption or use of liquor, narcotics or other illegal drugs or sharing of prescription drugs.
 - b) Possession or use of firearms or any instrument that can be perceived as a weapon or hazardous items.
 - c) Any sexual behavior or sexual harassment conduct.
 - d) Willful or negligent conduct (including assault and battery, and graffiti) likely to result in injury to other participants or in damage to state park property. No horseplay or fighting is allowed.

The *Outdoor Youth Connection* training is directed at team building strategies. Any of the zero tolerance violations impact the trust, respect, fairness and integrity of the entire group. A Public Safety Report (DPR 385) will be written to document any of the above zero tolerance incidents. Participants may also be cited for alleged violations, removed from the program and/or sent home.

(Signature of Center Director Required)

Date



Pacific Leadership Institute Statement of Understanding and Legal Release



Revised September 2006

Group _____ Course Date _____

Participant Name _____ Age _____

Street _____ Apt # _____

City _____ State _____ Zip Code _____

Day Phone _____ Evening Phone _____

In consideration of all programs and services of the Pacific Leadership Institute (PLI), this Statement of Understanding and Legal Release acknowledges my participation in any of the programs of the PLI (including the Fort Miley ropes course, team building events and any other activities hosted or sponsored by the PLI). I understand that I should only participate in these programs if I am free of medical or physical conditions, which might create undue risk to myself, or others, who depend on me. I hereby state that I am free from such conditions and have listed all limiting factors on the medical information section of this form (see page 2).

I am aware that the PLI activities involve a potential for injury to my person and property. I understand in signing this statement that certain elements of this program are active, physically demanding and may consist of risks that could result in physical or emotional injury, paralysis, damage to myself, to property or to third-parties or even death. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the program/activity. To the extent that I participate in such activities, I do so *voluntarily* and assume full responsibility for any loss and/or inconvenience resulting from my participation.

I further agree to indemnify and hold harmless PLI, San Francisco State University, and the SFSU Foundation Inc. and all of the agencies who manage the lands where programs occur, each and all of our officers, directors, employees and agents from any and all liability incurred as a result of my participation. I also agree that this Statement of Understanding and Legal Release shall serve as a complete legal release and assumption of risk for my heirs, executors, and administrators, and for all members of my family, including any minors.

I also give my permission for photos and/or videos to be taken of me, and agree that the PLI may use the photos and/or videos, without compensation, for marketing or any other business/organizational purposes.

If any family members and/or other individuals are listed as authorized participants on the above section of this statement, I hereby declare that I am authorized to sign this Statement of Understanding and Legal Release on their behalf, and understand and agree that they are bound by all the terms and conditions of this document.

By signing this document I acknowledge that if anyone is hurt or property damaged during my participation in any activities organized or hosted by the PLI, that I may be found - by a court of law - to have waived my right to maintain a lawsuit against the PLI or SFSU on the basis of any claim from which I have released them herein. I have read and understand the content of this form and I agree to be bound by its terms:

Participant Signature _____ Date _____

Signature of parent or guardian _____ Date _____
(if under 18 yrs of age)

- Please turn over to 2nd page for medical information -



Medical Information - Please indicate if you have any of the following conditions which might impact your participation:

Specific details (if applicable):

- | | | |
|--|------------------------------|-----------------------------|
| Asthma or respiratory problems | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Broken bones, joint dislocations or bad sprain | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Any injuries to head, chest or internal organs | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Dizzy spells, fainting or persistent headaches | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Hearing or vision problems | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Any allergies to drugs, foods or insects | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| History of diabetes or heart disease | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Significant medical or neuralgic disorders | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Please indicate any other limiting health conditions, allergies, or medications for you and/or your family members:

Health Coverage

Health Plan: _____ Policy Number: _____

Name of physician: _____ Phone _____

If I do not have health coverage, I assume all risks as indicated on the first page of this form. I therefore understand that I agree to bear the costs of any injury sustained or damage I receive to self. I further certify that I am willing to assume the risk of any medical/physical condition I may have.

Emergency contacts (please list at least one – 2 is best):

Name	Relationship
Day phone	Evening phone
Name	Relationship
Day phone	Evening phone

Optional Information – It is very important to us that we serve an ethnically diverse population. One way for us to know the background of our participants is to specifically request this information.

Please tell us one or more racial/ethnic groups regarding how you self-identify:

CALIFORNIA STATE PARKS POLICE ACTIVITIES LEAGUE
PARTICIPANT REGISTRATION & MEDICAL INFORMATION FORM



**** PLEASE PRINT CLEARLY ****

Participant Name: _____ Birthdate: _____ Age: _____
FIRST M.I. LAST

Address: _____
NUMBER STREET APT. # CITY ZIP CODE

Home Phone #: () - _____ Gender: Male Female

Email Address: _____

School Name: _____

School District: _____

Youth Organization affiliation: _____

PHYSICIAN OR CLINIC (please print clearly):

Physician's Name: _____ Facility Name: _____

Mailing Address: _____
NUMBER CITY STATE OFFICE # ZIP CODE

Office Phone #: () - _____ Fax Number: () - _____

HEALTH INSURANCE INFORMATION:

Carrier Company: _____ Policy / Medical #: _____

Office Phone #: () - _____ Fax Number: () - _____

*** Please attach photocopy of MediCal card and / or sticker.**

HEALTH HISTORY:

(Please check all that apply.)

Asthma __ Chronic Upset Stomach __
 Headaches __ Fainting __ Heart Problems __
 Convulsions __ Sleepwalking __ ADD __
 ADHD __ Other __

Comments or restrictions for any item checked:

LIST ALL ALLERGIES:

Food: _____

Medicine: _____

Other: _____

IMMUNIZATION RECORD:

(Please indicate month & year of last booster.)

Tetanus: _____ MMR: _____
 Diphtheria: _____ Polio: _____
 Hepatitis B Vaccine: _____

CALIFORNIA STATE PARKS POLICE ACTIVITIES LEAGUE

MEDICATIONS:

(LIST ALL MEDICATIONS BEING TAKEN AT THIS TIME.)

Medication	Used For	How Often	How Much

EMERGENCY CONTACTS:

Parent / Guardian Name: _____
FIRST M.I. LAST

Address: _____
NUMBER STREET APT. # CITY ZIP CODE

Home Phone #: _() - Work Phone #: _() -

Pager Phone #: _() - Cellular Phone #: _() -

Please list two additional people to contact, if a parent / guardian cannot be reached.

Name: _____ Relationship: _____

Home Phone #: _() - Work Phone #: _() -

Pager Phone #: _() - Cellular Phone #: _() -

Name: _____ Relationship: _____

Home Phone #: _() - Work Phone #: _() -

Pager Phone #: _() - Cellular Phone #: _() -

Parent/Guardian's Signature: _____ Date: _____

CALIFORNIA STATE PARKS POLICE ACTIVITIES LEAGUE

CONSENT AND RELEASE FORM

AUTHORIZATION TO TREAT A MINOR

I, the parent or legal guardian of the child named below, do hereby authorize and consent to any X-ray examination, anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility from the State of California Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her judgement, may deem advisable for my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the provisions of the California Civil Code. This consent shall remain in effect for one year from the date signed for all youth activities sponsored by the California State Parks Police Activities League.

RELEASE FROM LIABILITY

In consideration of the acceptance of the application of my child, as a participant in any programs and/or activities of California Department of Parks and Recreation, California State Parks Foundation and its affiliates, I and my child hereby agree to assume all risks attendant upon myself and my child while participating in said programs and/or activities. I and my child hereby waive, release, and discharge any and all claims for damages, death, personal injury, or property damage which I or my child may have, or which may hereafter accrue to me or my child as a result of my child's participation in the California Department of Parks and Recreation or California State Parks Foundation program or activity. I agree to indemnify and hold harmless from liability the California Department of Parks and Recreation, California State Parks Foundation, its affiliates and/or any of their agents, servants, or employees by reason of any accident, death, injury, or damages to persons or property which I or my child may suffer while participating in the said program and/or activity. This release is intended to discharge in advance the California Department of Parks and Recreation, California State Parks Foundation, its affiliates and/or any of its agents, servants, or employees by reason of any accident, death, injury or damages to persons or property which I or my child may suffer, from and against any and all liability arising out of or connected in any way with my or my child's participation in the said program and/or activity, even though the liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child. I agree to assume all responsibility for any property damage or injury to any person caused by me or my child while participating in the California Department of Parks and Recreation and California State Parks Foundation program and/or activity.

I have read, understand and approve the **AUTHORIZATION TO TREAT A MINOR** (with restrictions I may have listed above) and **RELEASE FROM LIABILITY**.

Participant's Name: _____
FIRST M.I. LAST

Parent/Guardian's Signature: _____ Date: _____

VISUAL MEDIA CONSENT

NAME OF PERSON CAPTURED IN VISUAL MEDIA *(print)*

PRIVACY RIGHTS AND USE OF INFORMATION

I give the State of California, Department of Parks and Recreation (DPR) permission to make photographs, videotapes, films or other likenesses of me, my child or legal ward. I hereby grant to DPR the unrestricted right to copyright any of the above-mentioned materials containing images of me, as well as the unrestricted right to use and reuse them, with their caption information, in whole or in part, in any manner, for any purpose and in any medium now known or hereinafter invented. These rights include, but are not limited to, the right to publish, copy, distribute, alter, license and publicly display these materials and images for editorial, trade, marketing and/or advertising purposes. I also grant to DPR and its licensees the unrestricted right to use and disclose my name in connection with use of the above materials.

I understand and agree that I will not be paid for any use described above.

I also waive, and release and discharge the State of California, DPR, its officers, employees and/or agents from, any and all claims arising out of or in connection with any use of the materials, caption information and images described above, including any and all claims for libel, defamation and/or invasion of privacy or publicity. I realize I cannot withdraw my consent after I sign this form and I realize this form is binding on me and my heirs, legal representatives and assigns.

SIGNATURE

PHONE NUMBER



()

ADDRESS

CITY/STATE/ZIP CODE

IF THE ABOVE PERSON IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST COMPLETE THE FOLLOWING

I am the parent or legal guardian of the person named above and I hereby sign this consent form on behalf such person in accordance with the statements above.

PARENT OR LEGAL GUARDIAN SIGNATURE

PRINTED NAME

PHONE NUMBER



()

ADDRESS

CITY/STATE/ZIP CODE

FOR DEPARTMENT USE ONLY

IMAGE NUMBERS

PURPOSE

This form is designed to protect the Intellectual Property Rights of the California Department of Parks and Recreation. It is also designed to protect the Department and avoid the violation of any privacy rights regarding display or use of visual media (i.e. still photography, video footage, etc.) featuring members of the public. Multiple copies of this form must be carried in the field whenever the creation of visual media may capture members of the public when said visual media displays members of the public in a recognizable way.

COMPLETION INSTRUCTIONS

General Instructions

Individuals captured in various visual media by California Department of Parks and Recreation employees must complete this form. This form must be completed while the employees are in the process of capturing visual media.

- ALL people captured in a particular shot must fill out a separate copy of the form.
- ONE person CANNOT sign for a particular group; however, multiple children can be included on one form if they share the same parent and/or legal guardian.
- A parent's or legal guardian's signature on a minor's form DOES NOT count as consent for use of the parent's/legal guardian's image as well.
- BE SURE that the form is properly completed before moving on to another shot.

Item Instructions

DATE VISUAL MEDIA CREATED: Enter the date the visual media is created (i.e., date photograph taken, date video footage filmed, etc.).

NAME OF PERSON CAPTURED IN VISUAL MEDIA: Have the person appearing in the visual media print his/her full name.

SIGNATURE / PHONE NUMBER / ADDRESS: Have the person appearing in the visual media enter his/her signature, telephone number and current address.

IF THE ABOVE PERSON IS UNDER 18 YEARS OF AGE: *If the person appearing in the image is under the age of 18, his/her parent or legal guardian MUST complete this bottom section.* The parent or legal guardian **must enter ALL requested information for the form to be valid**. If the form is not valid, the image is unusable.

PARENT OR LEGAL GUARDIAN SIGNATURE / PRINTED NAME / PHONE NUMBER / ADDRESS: Have the parent or legal guardian enter his/her signature, printed name, telephone number and current address.



Chaperone's Role and Responsibilities

Thank you for participating in the *Outdoor Youth Connection*™ (OYC). We refer to the adults that bring youth from their community based organization as **Chaperones**. We need your help as a Chaperone to make the OYC experience a success. Below is a list of things you will be responsible for as an OYC Chaperone. Please check each box to show that you understand and agree with each statement listed.

- I will lead by setting a good example and model positive behavior and language.
- I will assist other chaperones and OYC staff by monitoring youth from other community organizations as well as my own.
- I will stay with my assigned group and will not allow youth participants to wander off by themselves.
- I will participate in activities, but stand down to allow the youth participants to take the lead and learn new skills.
- I agree not to act inappropriately. I understand that the following will not be tolerated: inappropriate sexual behavior, sexual harassment, foul language, possession and/or use of firearms, any instrument that can be perceived as a weapon, liquor, narcotics, illegal drugs or shared prescription drugs.
- Offer assistance to OYC staff and others with equipment and logistics.
- I will be available to offer assistance to OYC staff and others with equipment and logistics.
- I am 21 years of age or older.
- I will not leave the training at any time with out notifying OYC staff
- During the event, I understand that everyone is representing themselves, their community, their organization, and California State Parks. I will help to promote a positive and respectful image of the Outdoor Youth Connection.

Name of Chaperone _____ Age _____
Please Print

Chaperone's Signature _____



**Outdoor Youth Connection
Youth Participant Agreement Form**

Thank you for participating in the *Outdoor Youth Connection*™ (OYC). In order to make the training a success for all participants, we ask that you read the list of items and check each box to show that you understand and agree with each statement listed.

- I agree to lead by setting a good example and model positive behavior.
- I agree to participate in all group activities and stay with my assigned rotation group.
- I agree to treat other participants with respect.
- I agree not to act inappropriately. I understand that the following will not be tolerated: inappropriate sexual behavior, sexual harassment, foul language, possession and/or use of firearms, any instrument that can be perceived as a weapon, liquor, narcotics, illegal drugs or shared prescription drugs.
- I agree that I will not leave the training at any time without the permission of my organization chaperone and OYC staff.
- During the event, I understand that everyone is representing themselves, their community, their organization, and California State Parks. I will help to promote a positive and respectful image of the Outdoor Youth Connection™ and my community based organization.
- I understand that if I do not abide by this participant agreement during the training, my organization's chaperone will be asked to contact my parents immediately to make arrangements to pick me up from the training site.

Name of Youth Participant _____
(please print)

Youth Participant Signature _____

Name of Parent/Guardian _____
(please print)

Today's Date

Parent/Guardian Signature _____

Today's Date