



# 8th ANNUAL KIKA CLEARWATER SUMMER CAMP 2018

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## REGISTRATION PACKET

- There are limited slots available for this program. Spaces are NOT CONFIRMED until a completed registration packet has been submitted and an Arrival Form is received by a parent or guardian.
- Slots will be given on a first-come, first-serve basis to those who have completed and signed application packets.
- Submit registration packets via email, fax, or in person to:
  - Guam Coastal Management Program  
c/o Ms. Marilyn Guerrero or Ms. Esther Taitague  
777 Route 4, Suite 105A, Phase II Complex  
Sinajana, Guam 96910
  - [marilyn.guerrero@bsp.guam.gov](mailto:marilyn.guerrero@bsp.guam.gov) / [esther.taitague@bsp.guam.gov](mailto:esther.taitague@bsp.guam.gov)
  - 475-4512
- Application packets will be accepted any time between Monday-Friday, June 1-11, 2018 from 8:30 A.M- 4:30 P.M.

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Name of Parent(s)/Legal Guardian: \_\_\_\_\_

Phone/Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional Phone Number(s): \_\_\_\_\_

***If not available in an emergency please notify:***

Name(s) : \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone/Cell Number(s) : \_\_\_\_\_

***Authorization for pick up:***

Name(s): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## INFORMATION ABOUT THE STUDENT

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Entering Grade (Only 3<sup>rd</sup> – 7<sup>th</sup>): \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Has student attended any camps this summer? \_\_\_\_\_

If so, what camps have they participated in so far? \_\_\_\_\_

***What session will this student participate in? (Students may only participate in ONE session. No exceptions)***

\_\_\_\_\_ Session 1 June 25-28, 2018 \_\_\_\_\_ Session 2: August 06-09, 2018

Parent(s)/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Important:** *The Parent/Guardian of each Participating Minor must complete and sign this form before the minor(s) may participate in Kika Clearwater Summer Camp ("Activity"). **Read this waiver very carefully before you sign.** This Release and Waiver will remain effective 1 year from the date of signature.*

## **Release and Waiver of Liability**

This Release and Waiver of Liability ("Release") is executed on this \_\_\_\_\_(date) by \_\_\_\_\_(Parent/Guardian name), on behalf of any and all Participating Minors listed on this form, in favor of the Bureau of Statistics and Plans (BSP), Guam Coastal Management Program (GCMP) and all of its comprising entities, respective agencies, employees, officers, agents, contractors, partners or assigns ("Released Parties" also referred to as "the BSP, GCMP"). The Parent/Guardian and the Participating Minor(s) hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **Waiver and Release.** The Parent/Guardian and Participating Minor(s) hereby release and forever discharge and hold harmless the BSP, GCMP and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from participation in this Activity. The Parent/Guardian and Participating Minor(s) understand and acknowledge that this Release discharges the BSP, GCMP from any liability or claim that Parent/Guardian and Participating Minor(s) may have against the BSP, GCMP with respect to bodily injury, personal injury, illness, death, or property damage that may result from participation in the Activity. It is also understood that the BSP, GCMP does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.
2. **Insurance.** The Parent/Guardian and Participating Minor understand that any such claim for compensation or liability on the part of BSP, GCMP are expressly waived by the Parent/Guardian and Participating Minor(s), beyond what may be offered freely by the representative of the BSP, GCMP in the event of such injury or medical expense.
3. **Medical Treatment.** The Parent/Guardian and Participating Minor(s) hereby release and forever discharge the BSP, GCMP from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency or other medical incident during participation in the Activity.
4. **Assumption of Risk.** The Parent/Guardian and Participating Minor(s) understand that participation in the Activity may include, but is not limited to, such activities as: outdoor or indoor physical activity, heat exposure, local transportation to and from scheduled visits and other sites. The Parent/Guardian and Participating Minor(s) hereby expressly assume the risk of injury or harm in these activities and release the BSP, GCMP from all liability for injury, illness, death or property damage resulting from the Activity.
5. **Photographic Release.** The Parent/Guardian and Participating Minor(s) grant and convey unto the BSP, GCMP all right, title, and interest in any and all photographic images and video or audio recordings made by the BSP, GCMP or other participants during participation in the Activity.

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6. **Other.** The Parent/Guardian and Participating Minor(s) expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of Guam and the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the Territory of Guam. The Parent/Guardian and Participating Minor(s) agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

Name of Participating Minor: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Name of Additional Participating Minor, if any: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Name of Additional Participating Minor, if any: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Name of Additional Participating Minor, if any: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

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**A PARENT OR LEGAL GUARDIAN MUST SIGN.**

I am the parent or legal guardian of the above listed Participating Minor(s) and he/she has my permission to participate in Kika Clearwater Summer Camp and related activities. I have read and agree to the provisions stated in this Release for myself, the Participating Minor(s), and anyone acting on behalf of the Participating Minor(s).

BY SIGNING BELOW, I, THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPATING MINOR(S), UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR(S)' EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR(S) TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR(S)' ACCOUNT, WHICH IS CAUSED OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERS, INCLUDING OTHER VOLUNTEERS OR NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR(S), OR ANYONE ON THE MINOR(S)' BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASED PARTIES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

To express my understanding of this Release, I, the Parent or Legal Guardian of the Participating Minor(s), sign below.

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

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Village: \_\_\_\_\_ Email address: \_\_\_\_\_

Alternative Contact Number: \_\_\_\_\_

Do you carry family medical/hospital insurance?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If so, Carrier: \_\_\_\_\_ Policy or Group Number: \_\_\_\_\_

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I, \_\_\_\_\_, as parent or guardian of the minor \_\_\_\_\_, a participant in the Bureau of Statistics and Plans (BSP), Guam Coastal Management Program Kika Clearwater Summer Camp Program, understand the following:

- **Participants must bring the following EVERY DAY or they will not be allowed to stay for camp**
  1. **Sturdy, closed-toe shoes (tennis shoes preferably)**
  2. **Water bottle**
  3. **Sunblock**
  4. **Bug Spray**
  5. **Lunch**
  6. **Snack**
  7. **Towel**
  8. **Backpack**
- Participants may be engaging in activities or projects that get their clothes dirty. If you are concerned about this, please send extra clothing with your child.
- The Kika Clearwater Summer Camp Program is meant to be a fun and educational experience for all children. Therefore, if the staff of the camp has disciplinary problems with a child who may be hindering other campers' experience, the camp coordinator will contact the child's parents or guardian to determine what, if any action is necessary.
- Campers are to be dropped off/picked up at Piti Santos Memorial Park , at 8:30 a.m. and 3:00 p.m. every day of camp.
- Parents that have concerns should address them to the camp coordinators, Marilyn Guerrero at 475-9647 or email at [marilyn.guerrero@bsp.guam.gov](mailto:marilyn.guerrero@bsp.guam.gov). I have read and hereby understand the expectations of the aforementioned child.

Parent(s)/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_