

Campus by the Sea

Participants Name _____

Parent or Guardians Name: _____

Information and Orientation

Please have all students and adults review the following and return to the group leader.

Campus by the Sea (CBS) is a non-profit camp sub-leased by Long Beach Marine Institute for the purpose of conducting an outdoor marine science school. The camp is operated by Intervarsity Christian Fellowship. CBS is located on Catalina Island three miles west of the town of Avalon. Its secluded beach is nestled between two mountain ridges. The only access to camp is by boat or hiking, as there is no road into the compound. CBS provides a setting for retreats that is free from many of the mainland distractions. It is a place to appreciate nature and a simple lifestyle. An understanding of the following information and guidelines will make your stay at CBS a more enjoyable one.

Facilities: The camp compound consists of the following:

1. Enclosed cabins, open air cabins or deck-mounted tents
2. No electricity available in cabins or tents but electric lanterns are provided
3. Centrally located restroom pavilion with flush toilets, hot showers and power outlets
4. Enclosed dining hall and meeting rooms
5. Camp store with soda, candy, books and sundries

Recreation: Waterfront – swimming, sea kayaks, snorkeling, inner tubes, boogie boards
Activities – basketball, volleyball, ping-pong, tetherball, horseshoes, hiking, and campfire

Water Use: CBS is located on a desert island where water is considered a precious resource. All campers are asked to conserve water wherever possible (especially during showers).

Smoking and Fire: Absolutely no smoking is allowed in camp except at the campfire ring at the beach due to the extreme fire danger and isolation from outside assistance. No playing with matches, lighters or fireworks. All cabins are supplied with a fire extinguisher, and a \$75 fine will be charged against any individual who discharges one without compelling reason. _____ (initial by parent or adult participant)

Alcohol and Drug use: Use of alcohol or non-prescription drugs will be cause for automatic dismissal from camp. All travel and related expenses incurred will be borne by the dismissed camper, and all camp fees will be forfeited. Such activities are contrary to the very purpose of the camp and may jeopardize future use of the camp by the individual's group. _____ (initial by parent or adult participant)

Disciplinary Action and Property Damage: Any camper sent home for disciplinary reasons will pay all travel and related expenses, forfeit all camp fees and must make full payment for any damaged property. _____ (initial by parent or adult participant)

Hiking: CBS does not maintain any hiking trails. However, there are various hiking areas. Hiking outside of camp requires checking out at the camp office and hiking with a partner. No hiking or climbing on cliffs is permitted, and hiking into Avalon must be arranged by group leadership. _____ (initial by parent or adult participant)

Dining: Dining at CBS is “family style.” This means that each table of 10 is served enough food to go around at least once. Additional portions are available once everyone is served. Shirts and shoes are required at meal times. At each meal, a group of campers will have an “opportunity to serve.” Opportunity to Serve (OTS) consists of setting up the dining area 10 minutes prior to meals and cleaning the dining area, including dishes, after meals. Each OTS group must have at least 2 adults to supervise and assist!!

Cabin Conduct: Groups bringing minors must provide at least one adult chaperone per room in the cabins. No food is allowed in cabins where wild animals may enter to find snacks. Fines will be charged for any defacement of CBS buildings or equipment. _____ (initial by parent or adult participant)

Waterfront: Waterfront use is allowed only at designated times, and only while a lifeguard is on duty. Diving from the pier is strictly prohibited. There is no SCUBA or spear fishing permitted at CBS. Snorkeling equipment and wetsuits are available for camper use, free of charge. _____ (initial by parent or adult participant)

Camp Store: CBS operates a camp store for your convenience. The store hours are set by the program director at specific times during your camp itinerary. The store is located on the east side of the building labeled “Main Deck.”

U.S. Mail: Mail is picked up and sent to Avalon at 1:30 p.m. daily. A mailbox for outgoing mail is located outside the camp store. Please do not send mail to CBS. The short stay of your group will not permit receipt. Any mail or packages sent to campers care of CBS will not be returned.

Medical Facilities/First Aid: There is a first aid station at CBS. More serious conditions will be sent to Avalon (3 miles by boat) or 911 will be called, bringing emergency help via Avalon Baywatch. Campers should carry a medical insurance card, and the medical release form (included in this packet) must be completed prior to arrival at CBS.

Contacting CBS: Please telephone CBS only in emergencies. The phone number at CBS is (310) 510-0015. Any other communication should be with your school or group leadership, or you can call LBMI at (562) 431-7156. Campers can call home by using a pay phone located near the camp store.

Please keep a copy for your records

INDIVIDUAL PARTICIPANT AGREEMENT Long Beach Marine Institute

participant name:	responsible party (parent/guardian):
street address	home phone:
city, state and zip code	day time phone:
member organization: Gilbert Christian School	event: Catalina Island Camp 2019
date/time beginning: 9/25/2019 7:00 AM	date/time ending: 9/27/2019 12:00 PM

This agreement informs the "responsible party" or the participant if 18 years or older of the terms associated with an overnight educational program with Long Beach Marine Institute (LBMI, a division of NCC). This field excursion shall conform with the LBMI tuition agreement, a copy of which is available from either LBMI or the Member Organization with whom the participant is associated.

AS THE RESPONSIBLE PARTY, I AGREE TO THE FOLLOWING: (Please initial each item)

I. PAYMENT TERMS

The responsible party, or the participant (if over 18 years of age) agrees to comply with the following payment schedule, and the responsible party understands that each payment is to be treated as a non-refundable deposit. Charges are made based upon variable operation and reservation costs which tend to be irreversible and costly. Therefore, NO MONEY SHALL BE REFUNDED FOR ANY REASON after the due date unless the excursion is canceled by LBMI due to unforeseen circumstances and the camp is unavailable for rescheduling. Unless otherwise arranged, all money is to be paid directly to the member organization on the due dates listed below. Failure to make payments in a timely fashion may result in the participant's reservation being canceled.

Tuition amount per student and non-chaperone adult:

\$425.00

Installment one:

\$212.5.00/person

Due Date:

8/18/2019

Installment two:

\$212.5.00/person

Due Date:

9/15/2019

Installment three:

\$.00/person

Due Date:

II. FORM DISTRIBUTION

Please read and sign (where applicable) each of the following forms (available through the member organization listed above) and return signed forms to the member's agent with your first payment.

Individual Participant Agreement

Packing List

Chaperone Agreement

Medical Release Form

Campus by the Sea Information and Orientation

Exclusive Use Contract Addendum

III. DISMISSAL POLICY

If a participant is dismissed due to unacceptable behavior, they will be immediately sent home and the responsible party listed above agrees to pay any additional costs incurred in such action.

IV. AGREEMENT FINAL AND COMPLETE

I/We, as the responsible party listed above, verify that the participant has agreed to follow all the rules and regulations associated with the excursion, and I/we shall hold the owners, agents, and staff of LBMI harmless beyond the scope and limits of their insurance policy in case of accident or injury.

Responsible Party Signature	date
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Individual Release

This release must be signed by camper (both youth and adult) and parent or legal guardian and presented to group leader prior to departure. Campers will not be allowed to board any vessel to Catalina without this and other required forms.

I understand that Campus by the Sea, a camp operated by Inter-Varsity Christian Fellowship of the United States of America (INTER-VARSITY) with programs provided by Long Beach Marine Institute (LBMI) has rustic facilities, is located on a rugged mountainous island, and is accessible only by boat or by foot. I also understand that participation in any activities, recreational or otherwise, will carry risks inherent to such activities and to the wilderness location.

Of my free will, I desire to participate in activities which carry special risk of injury or loss to person or property including, but not limited to: swimming in open water, kayaking, snorkeling, hiking, travel by public carrier, and/or organized games, and I understand that such activities carry inherent risks.

In consideration for being permitted to engage in this activity, I agree to abide by all expressed rules and requirements for the activity. For myself and any who would claim under me, I release and discharge INTER-VARSITY and LBMI, their trustees, employees, and agents from any liability resulting from loss, injury or damage to my person or property as a result of my attendance at or participation in these activities, excluding any liability arising solely from the negligent actions of INTER-VARSITY or LBMI, their trustees, employees or agents.

PARENTS: As the parent or guardian of the camper listed below, I permit him/her to participate in the activities agree upon by the school or group with whom the camper is associated. I have listed any exceptions below in the space provided.

EXCEPTIONS: (list here)

SNORKELING EQUIPMENT: I also understand that snorkeling, wetsuits and other equipment is available for use free of any extra fees, and I agree to care for this equipment in the manner set forth at camp orientation. I shall replace by way of fine any damaged or lost equipment with which I have been entrusted.

SWIMMING ABILITY: I understand that snorkeling and other water events requires swimming experience. Due to the fact that there are inherent dangers involved in swimming activities, LBMI requires that each participant have the ability to swim, at least as a "weak swimmer," in order to participate in waterfront activity. I understand that a personal floatation device (life preserver/jacket) will be made available to me for waterfront activities if I am unable to swim proficiently.

Note swimming ability of camper here: non swimmer weak swimmer moderate swimmer strong swimmer

Campers Name: _____ Campers Signature: _____

FOR CAMPERS UNDER THE AGE OF 18:

As the parent or guardian, I consent to participation of the above listed camper in the activities hosted at Campus by the Sea and fully agree to the conditions of this release.

Parent/Guardian signature

date of agreement

Photo Release (please circle DO or DO NOT below)

I, hereby **DO** or **DO NOT** consent that the photographs, videotapes and or audio recordings, for which he/she posed, may be used by Long Beach Marine Institute/CBS or their successors in whatever way they desire. Furthermore, that such photographs, films and recording shall be their property, and they shall have the right to duplicate, reproduce and make other uses of such photographs, films or recordings as they may desire free and clear of any claim whatsoever on my part.

Parent/Guardian signature

date

Medical History and Release

Complete within one week of camp, and present to group leader before departure.

Name _____ Date of Birth _____ Sex _____

Street Address _____

City _____ State _____ Zip _____

List any ALLERGIES (include reactions to Penicillin, other drugs and insect bites):

Have you been exposed to any contagious or infectious disease (including cold or flu) in past 3 weeks?
If "Yes," which one(s)? _____

If you are or have been under the CARE OF A PHYSICIAN during the last three (3) years, list the condition(s) for which you have been treated (medical, surgical or emotional).

Current MEDICATION required (specify dosage): _____

PAST OR PRESENT ILLNESS OR INJURY: (mark with date ill or injured)

_____ allergies	_____ mumps	_____ major surgery
_____ sinus trouble	_____ measles	_____ kidney trouble
_____ colds, sore throat	_____ chicken pox	_____ bladder trouble
_____ headaches	_____ bronchitis	_____ heart trouble
_____ fainting	_____ tuberculosis	_____ stomach trouble
_____ abscessed ears	_____ mononucleosis	_____ joint injury/disease
_____ night sweats	_____ major accident	
_____ diabetes	_____ convulsion/seizures	

IMMUNIZATION AND TESTS: (check if current)

_____ tetanus (date: _____)	_____ diphtheria	_____ polio
_____ typhoid	_____ tuberculin	_____ other: _____

The undersigned hereby authorizes Long Beach Marine Institute or Campus by the Sea representatives to obtain such medical aid or assistance as might be required for the immediate care of my son/daughter/other in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray examination or hospitalization such as might be ordered by a duly licensed medical doctor. In no event will LBMI or CBS, its officers or representatives; be held liable for any first aid rendered or treatment performed pursuant to this consent. This authorization shall remain effective during the course of the camp facilitated by both LBMI and CBS to which my son/daughter/other is a party.

Signed: _____ Date: _____

Name: _____ Phone: _____

Note: **Please attach a copy of the front and back of the applicable insurance card to this form.**

Medical Treatment Release Form

I, _____, give my permission for the staff of the Long Beach Marine Institute, Campus By the Sea, and/or Gilbert Christian Schools to seek any emergency medical services on my behalf that are necessary to treat my child _____, during the Gilbert Christian Schools' 8th Grade Trip. This authorization is effective September 24th-27th, 2019. I understand that I am responsible for any costs associated with these services.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____