

**Deaf Studies Retreat Application**

*Alpine Meadows Camp*

42900 Jenks Lake Rd W, Angelus Oaks, CA 92305

March 3<sup>rd</sup>-5<sup>th</sup>, 2017

\*PLEASE PRINT LEGIBLY\*

**Applications are accepted on a first come, first serve basis.  
Space is limited, so make sure to reserve your spot!**

**Contact Information:**

Name:

\_\_\_\_\_

Street Address:

\_\_\_\_\_

City, State, Zip Code:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Email Address (CSUN students must use CSUN email address):

\_\_\_\_\_

**CSUN Student:**

Are you a current CSUN student (circle one): Yes      No

If NO, which school or organization are you with: \_\_\_\_\_

**Signing Level:**

This weekend will be conducted in American Sign Language. No interpreters will be provided except for during explanation of rules and regulations. This question is just to have an idea of your signing proficiency.

ASL 1

ASL 2

ASL 3

ASL 4

ASL 5

Native Signer

**Emergency Contact:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Food/Medical/Accommodations:**

Are you allergic to any foods? If so, what are they?

\_\_\_\_\_

Are you allergic to medications?

\_\_\_\_\_

Do you take any medications? (If yes, please list all medications)

\_\_\_\_\_

\_\_\_\_\_

Are you a Vegetarian?            Yes            No  
Are you a Vegan?                Yes            No

Do you have any additional accommodations we should know about and need to make arrangements for?

\_\_\_\_\_

\_\_\_\_\_

**Please circle your gender pronoun:**

He/Him/His

They/Them/Theirs

She/Her/Hers

Fill in Alternate: \_\_\_\_\_

**Cabin Accommodations:**

All participants will be assigned to a cabin. Cabin assignments will be announced the first day of camp. Please circle your preferred cabin.

Women's

Men's

Gender Neutral\*

**\*This cabin is a gender inclusive environment.**

### **Driving Information:**

Bus transportation will be provided for all attendees to and from the Alpine Meadows Camp. If you would like to drive yourself to the camp, please fill out and turn in the **Student Authorization to Operate Privately Owned Vehicle** form (see attached). Due to weather and road conditions in the area, please note that if you would like to drive yourself, it may be **REQUIRED** for your vehicle to carry tire chains. Vehicles without tire chains may be prohibited from entering the retreat site. If you have any questions or concerns about transportation, please contact Deaf Studies Association at [deafstudies.club@gmail.com](mailto:deafstudies.club@gmail.com).

### **Payment (Cash or Check only):**

CSUN STUDENTS: \$140

NON-CSUN STUDENTS: \$150

***WARNING: Payment is non-refundable after February 24th, 2017. 50% refund will be issued for any cancellations prior to the February 24<sup>th</sup> cutoff. Any bounced check will require an additional \$35.00 fee.***

### **You can submit your application by:**

- Dropping off your completed application, forms, and payment in an envelope to the Deaf Studies Office during the hours listed below (excluding holidays):

<b>Monday:</b> 8:00am – 5:00pm	<b>Tuesday:</b> 8:00am – 5:00pm	<b>Wednesday:</b> 8:00am – 5:00pm	<b>Thursday:</b> 8:00am – 5:00pm	<b>Friday:</b> 8:00am – 5:00pm
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If you are unable to drop-off the application and payment during times above, please feel free to contact [deafstudies.club@gmail.com](mailto:deafstudies.club@gmail.com) to schedule a different time.

- Mailing your completed application, forms, and payment to the Deaf Studies Office at the address:

**Deaf Studies Department  
18111 Nordhoff Street  
Northridge, CA 91330-8265**

Your mailed application must also contain your payment and be postmarked by February 13, 2017 to be accepted. **REQUIRED:** Send an email to [deafstudies.club@gmail.com](mailto:deafstudies.club@gmail.com) to notify the club of your intent to attend to reserve your spot for the retreat. If we do not receive an email and/or a completed application, we will be unable to reserve your spot for the retreat.

**Agreement and Signature:**

**By signing this form, I agree to the following as a part of my participation in the Deaf Studies Retreat at Alpine Meadows Camp in Angelus Oaks, CA on March 3<sup>rd</sup>-5<sup>th</sup>, 2017:**

- Release California State University, Northridge and the Deaf Studies Association from any and all liability.
- To support the organization policy to provide equal opportunities without regard to race, color, religion, national, origin, gender identity, sexual orientation, language skills, age, or disability.
- CSUN policy prohibits the use of drugs or alcohol. If you bring drugs or alcohol to the retreat, you will be ordered to leave immediately and you are responsible for coordinating your own transportation back home.
- Pay the above Silent Weekend fee by registration deadline and any bounced checks will be charged an additional \$35 fee. (Note: Payment is non-refundable after February 24<sup>th</sup>, 2017. 50% refund will be issued for any cancellations prior to the February 24<sup>th</sup> cutoff).
- If you choose to carpool, you assume all responsibility to get back to campus.
- I am 18 years old or older (NO EXCEPTIONS).
- Respect people's gender pronouns at all times.
- Respect and support all sign language levels and to sign at all times. The retreat has a 100% signing environment policy. If you explicitly violate this policy, you may be asked to leave and will be responsible for coordinating your own transportation back home.
- The information I have provided is true and accurate.

**Name (Please print):** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLICATIONS DUE: February 17th, 2017 at 5:00PM**

**\*\*NOTE: Full payment is mandatory upon turning in your application\*\***

**\*For Office Use Only\***

**Amount due:** \_\_\_\_\_

**Check:** Check # \_\_\_\_\_ (Payable to: *Associated Students- Deaf Studies Association*)

**Cash:** \_\_\_\_\_ If you are paying cash, please bring exact change\*

**DSA Officer's Initials** – (that payment was received) \_\_\_\_\_

# Health History Form

Name of User/Rental Group \_\_\_\_\_

For Use by Members of User/Rental Groups

All members of groups using/renting the facilities at Pilgrim Pines Camp **MUST** complete this form, per California health regulations. All minors (under age 18) **MUST** have this form completed and signed by the custodial parent or guardian.

Check Box. I, (please print), \_\_\_\_\_, am 18 years of age or older and I am declining to provide this information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## CAMPER INFORMATION *IF providing information (not declining) please fill in information below.*

First & Last Name		Age	Blood Type
Address		City, ST, Zip	
Home Phone	Cell Phone	E-Mail Address	

1. Are you a smoker? ( ) No ( ) Yes
2. Are you currently taking any medications? ( ) No ( ) Yes - *if yes, please list medications.*

3. Do you have any health conditions (allergies, drug allergies, food allergies, chronic conditions) or special circumstances (religious convictions or legal arrangements) which may affect program participation or that we ought to know prior to emergency treatment? ( ) No ( ) Yes - *if yes please explain below.*

4. When was your last tetanus immunization? \_\_\_\_/\_\_\_\_/\_\_\_\_.

5. **Consent and Emergency Treatment Authorization:** In the event that I cannot be reached in an emergency or I, myself, am injured or in need of emergency medical care, I do hereby give my consent for the above named camper to receive such emergency treatment as deemed necessary by an attending physician.

Signature and Date \_\_\_\_\_

6. **EMERGENCY NOTIFICATION** - Please list two people to be notified in case of an accident or medical emergency.

First & Last Name			
Address			City, ST, Zip
Home Phone	Cell Phone	Work Phone	Relationship
First & Last Name			
Address			City, ST, Zip
Home Phone	Cell Phone	Work Phone	Relationship

7. Health Insurance Carrier & Policy # \_\_\_\_\_

Signature of Participant, Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_



### Academic Field Trip Waiver of Liability and Hold Harmless Agreement

I, the undersigned participant, am requesting participation in the CSU, Northridge,

Name of department and college: \_\_\_\_\_

Activity: \_\_\_\_\_

that begins on: \_\_\_\_\_

and ends on: \_\_\_\_\_

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Northridge and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I **understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant's Signature : \_\_\_\_\_

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

Print Participant's Name \_\_\_\_\_

Phone No: \_\_\_\_\_

Instructor's Signature \_\_\_\_\_

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

Print Instructor's Name: \_\_\_\_\_

Phone No: \_\_\_\_\_



Office of Insurance and Risk Management

Student Authorization to Operate Privately Owned Vehicle for any University-Affiliated Program or Trip

PROGRAM/TRIP INFORMATION:

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_
Course/Organization: \_\_\_\_\_ Program/Activity: \_\_\_\_\_
Destination: \_\_\_\_\_
Departure Date/Time: \_\_\_\_\_ Return Date/Time: \_\_\_\_\_

VEHICLE INFORMATION:

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
Vehicle License #: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
Name of Vehicle's Registered Owner: \_\_\_\_\_
Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_
List Passengers Traveling in the Vehicle:
\_\_\_\_\_
\_\_\_\_\_

CERTIFICATION:

I hereby certify that, whenever I drive a privately owned vehicle to or from a University-affiliated event, I will have a valid driver's license in my possession, all persons in the vehicle will wear safety belts, and the vehicle shall always be:

- 1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage).
2. Equipped with safety belts in operational condition.
3. To the best of my knowledge, in safe mechanical condition as required by law, and adequate for the work to be performed.

I further certify that I have no outstanding warrants. I further certify that while using a privately owned vehicle on University-affiliated business, I will report all accidents to the Office of Environmental Health & Safety (818) 677-2079 and form STD. 270 will be completed and filed within 48 hours of the accident.

I understand that in the case of an accident my personal vehicle insurance will be the primary coverage.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVAL:

Proof of Insurance has been verified and use of a privately owned vehicle on State business is approved:

Signature & Title: \_\_\_\_\_ Date: \_\_\_\_\_