



APTOS  
WATSONVILLE  
SCOTTS VALLEY

6500 Soquel Drive  
Aptos, CA 95003  
831.479.6100  
www.cabrillo.edu

## Cabrillo College Extension Youth Programs

This form includes the following: Emergency Contact Information, Photo Release, Transportation Authorization, Student Code of Conduct and Behavior Agreement, Liability Release and Hold Harmless Agreement. This information is gathered as part of the online registration process. **This form need only be completed if you registered your child over the phone, by mail-in or walk-in registration. This form must be completed and signed. One form must be completed for each child attending and returned 48 hours prior to class start date to: Cabrillo College Extension 6500 Soquel Drive, Building 2100 A Aptos, CA 95003**

Class Name: \_\_\_\_\_ Date(s) of Class: \_\_\_\_\_

Child/Minor Name \_\_\_\_\_ Gender: \_\_\_\_ Birth Date: \_\_\_\_\_  
Last First

Grade at start of class: \_\_\_\_\_ Parent/Guardian email address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_

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

**PLEASE LIST A PHONE NUMBER WHERE CARE GIVER WILL RESPOND:**

Father/Guardian \_\_\_\_\_ Primary # \_\_\_\_\_ Alternate # \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Primary # \_\_\_\_\_ Alternate # \_\_\_\_\_

**1) EMERGENCY CONTACT (Other Than Parents) - I AUTHORIZE THESE ADDITIONAL PERSONS TO PICK UP MY CHILD:**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**2) MEDICAL INFORMATION:**

**Does camper take medications?** (Circle) Yes No

**Note:** Any medication dispensed to your child must be brought to camp in its original prescription container and **include written directions from child's physician**. Written directions need to be on file in the Extension Office one week prior to the beginning of camp.

Name of medication: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Please list any allergies (medication, food, other) and/or medical conditions we should be aware of

\_\_\_\_\_

\_\_\_\_\_  
Parent Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## Cabrillo College Extension Youth Programs

### Student Photo Release

I agree that photographs, pictures, slides, movies, video, or other media coverage of my / minor may be taken in connection with my minor's participation in the activity without compensation from Cabrillo and the officers, employees, and agents of same and consent to the use of photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose.

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Parent Name (print)

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Signature

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Date



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## Cabrillo College Extension Youth Programs

### Transportation Authorization

We understand that sometimes it may be difficult to get time off work to drop-off/pick-up your child from our Cabrillo College Summer Youth Programs held on the Cabrillo campuses, and it sometimes becomes necessary for parents to send a family member, friend or even allow their children to walk/bus/drive home. In order for us to confirm the pick-up arrangements for your child, or allow your child to take the bus, walk home, drive home, or get picked up by an adult other than you, it is important that you authorize consent for us to release your child.

Please review the information below and specify **ONE** selection.

**Parent/ Legal Guardian pick up**

I \_\_\_\_\_, (Parent/legal guardian) will pick up \_\_\_\_\_ (Child's name) at the end of the Cabrillo College Summer Youth Program.

**Release to walk home/take the bus/drive home**

I \_\_\_\_\_, (Parent/legal guardian) hereby authorize \_\_\_\_\_ (Child's name) to: (please circle)

- Walk home from the Cabrillo Summer Youth Institute
- Bus home from the Cabrillo Summer Youth Institute
- Drive themselves home from the Cabrillo Summer Youth Institute
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**Release to Responsible Party**

I \_\_\_\_\_, (Parent/legal guardian) hereby authorize \_\_\_\_\_, (Responsible party) to pick-up my child \_\_\_\_\_ (Child's name) from the Cabrillo College Summer Youth Program.

I understand that the individual listed above will need to demonstrate a photo ID and check in with Cabrillo College Summer Youth Program staff.

I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my / minor's transportation to and from Cabrillo College. I agree I am financially responsible for any losses resulting from my / minor's method of transportation and will indemnify Cabrillo College and the officers, directors, employees, and agents of same for any loss or damage caused by myself / minor during this activity.

\_\_\_\_\_  
Parent Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Cabrillo College Extension Youth Programs

### Student Code of Conduct/Behavior Agreement

Extension youth classes are taught by a single instructor. In order to provide a positive and meaningful experience and a safe environment for all students, we require that all students have self-discipline. Students must be able to follow instruction given by one instructor in a classroom environment, must be able to manage their own behavior in a group setting, work independently, and perform tasks in class. Students must be able to function in a group environment without disruption of other student's learning.

Discipline plays an important role in helping children develop socially, emotionally, and physically, and is also vital for student safety. Students are expected to follow this code of conduct and behavior agreement at all times. If behavioral problems persist, parents will be contacted to discuss the situation. If a child's behavior is unsafe or harmful to themselves or others, parents will be notified to pick up their child. Disruptive behavior will result in student being withdrawn from class. Recurrent behavioral problems may result in permanent suspension from the program without a refund.

- Students are expected to adhere to the highest standards of good citizenship, honesty, and integrity in their academic work and in their personal conduct.
- Students are expected to show courtesy and respect for their fellow students, for Cabrillo personnel, and for campus visitors.
- Students shall not take part in or facilitate discrimination of any kind, including, but not limited to, discrimination based on gender, race, national origin, ethnicity, age, religion, sexual orientation, disability, handicap, or intelligence.
- Students are expected to show respect for and take reasonable care of campus property, equipment and furnishings.
- Students are expected to respect the belongings of their fellow students. They shall not borrow, use, or disturb items belonging to other students or camp staff without clear prior permission.
- Students shall not use, possess, or distribute alcohol, tobacco, or drugs, with the exception of prescription and over-the-counter medications approved for use by the participant's parent or guardian. Participation in an incident involving alcohol, tobacco, or drugs is cause for immediate dismissal, even if the participant did not consume or intend to consume these substances.
- Students are expected to be well-behaved and follow the instructions of the camp counselors, instructional staff, and other campus personnel.
- Students shall not commit acts of violence on persons or property, nor shall they threaten to commit any act of violence.
- Students shall not engage in any form of harassment or bullying. Harassment consists of conduct of any type (including but not limited to written, verbal, graphic or physical conduct) which has the purpose or effect of interfering with an individual's academic or work performance or which creates an intimidating, hostile, or offensive learning, residential, or working environment.
- Students shall uphold high standards of academic integrity through honesty, trust, fairness and responsibility. Students are expected to demonstrate a spirit of cooperation and exploration within the guidelines provided by their instructors, and to meet the intellectual challenges of the program through honest effort and hard work.

By signing this agreement I agree to these standards and have reviewed them with my child.

\_\_\_\_\_  
Parent Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## Cabrillo College Extension Youth Programs Liability Release and Hold Harmless Agreement

I, the parent of above referenced student-minor request voluntary participation for the minor to participate in the Youth Programs and/or classes sponsored by Cabrillo College Extension all of which are hereinafter referred to as the “activity.”

I consent to my minor’s participation in the activity and acknowledge that the minor and I fully understand my minor’s participation may involve risk of serious injury or death, including losses which may result not only from my / minor’s own actions, inactions or negligence, but also from the actions, inactions, or activity is being conducted, and / or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my minor’s participation in the activity with the coordinators and staff before I sign this document and before the activity begins.

I certify that my minor is in good health and have no physical conditions that prevent participation in this activity. Furthermore, I agree to use my minor’s personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my minor’s participation in the activity. I agree I am financially responsible for any losses resulting from my minor’s actions and will indemnify Cabrillo College and the officers, directors, employees, and agents of same for any loss or damage caused by myself / minor during this activity.

In consideration of my minor’s participation in the activity, I hereby waive all claims or cause of action against Cabrillo College and the officers, directors, employees, and agents of all of same, arising out of my minor’s participation in the activity and hereby release, hold harmless, and discharge Cabrillo College and the officers, directors, employees, and agents of each of same from all liability in connection therewith except such loss or damage which was resulting to the sole negligence or willful misconduct of Cabrillo College and it’s officers, employees, representatives, and volunteers, and the officers, directors, employees and agents of each of same

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against Cabrillo College and the officers, directors, employees, and agents of each of same is knowingly given up in return for allowing my minor’s participation in the activity. My signature on this document is intended to bind not only myself but also my succession, heirs, representatives, administrators, and assigns.

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Parent/Guardian Name (print)

Relationship to participant

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Parent/Guardian Signature (required)

Date