



## Camp Pacifica - Deaf Camp Field Trip 2021

**CALIFORNIA GREAT AMERICA- SANTA CLARA SAT., JULY 31ST**

**Location:** 4701 Great America Pkwy, Santa Clara, CA 95054

**Purpose:** Camp Pacifica Deaf Camp - Field Trip!

**Means of Transportation:** Charter Bus - pick up/ drop off only in Fresno, Merced & Modesto. If you live elsewhere, we can arrange to meet at the site.

**Special Instructions:** D/HH/CODA/NERDA Children age 7 to 15 (16-17 CILT) years old with no behavior issue and able to stay with assigned Adult / Supervision are eligible to participate.

My child (name) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
has permission to be assigned to an adult to supervise my child during this trip. I assure that my child does not have any behavior issues and I have explained to my child that he/she will have to stay with the assigned group at all times. In the event my child misbehaves or has an emergency, I will be responsible to pick up my child at said location. **Initial**

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

Grade in Fall 2021 \_\_\_\_\_ school \_\_\_\_\_

The undersigned is the parent or guardian of the child whose name is listed above. The undersigned gives permission for the child to participate in the activities. The undersigned recognizes that activities may involve the risk of injury to persons or property. Such injuries include, but are not limited to, cuts, contusions, bruises, sprains, fractures to, or death of the child. The undersigned expressly assumes the risk of injury, death, or property damage as a result of the activity.

In the event of a medical emergency, CA Lion Clubs Foundation Camp Pacifica Deaf Camp is authorized to obtain emergency medical care and treatment of the child, including transportation to a licensed medical facility. Gateway Community Church shall notify the undersigned immediately concerning any such emergency. All costs and expenses resulting from a medical emergency shall be borne exclusively by the undersigned.

I understand that as a participant, my child may be photographed or videotaped during normal events or activities, and these photos/videos may be used in all forms and media, and in all manners for lawful purposes. The undersigned agrees to indemnify and hold Camp Pacifica Deaf Camp harmless from any claims, suits, liabilities, judgments, settlements, damages, costs and expenses, including reasonable attorney's fees, resulting from the injury, death, or property damage suffered as a result of the described activity. Due to Covid-19 we will do our best to follow all CDC protocols and guidelines, however inherent risk of exposure to the virus exists in any public place where other people are present. By signing this waiver I understand and acknowledge the possible risks related to the exposure of Covid-19.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete and email it to [DeafCampPacifica@gmail.com](mailto:DeafCampPacifica@gmail.com) with Subject: Six Flags - Your child name, then mail the original slips to ATTN: Angelica Martinez 1836 K Street, Merced, CA 95340**

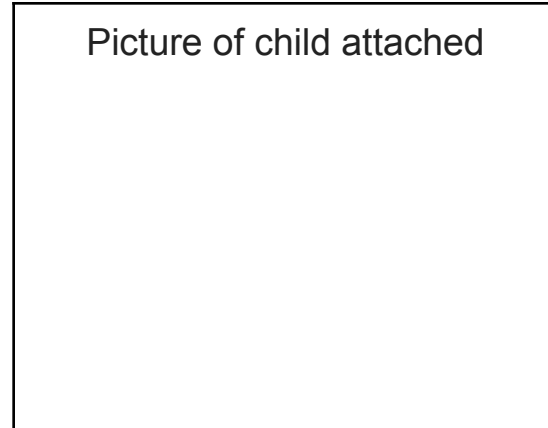


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Day Camper Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

My Child is (Circle) Deaf Hard of Hearing CODA SODA NERDA Other: \_\_\_\_\_



### Emergency Contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Text / FT / VP / Voice

Health Insurance Company: medical \_\_\_\_\_ Policy # \_\_\_\_\_

Holder's Name: \_\_\_\_\_

Please list any allergies (food, medication, etc.) or medical conditions:

\_\_\_\_\_

