

# Be a Super Hero with CADA Leadership - 2011

## CALIFORNIA ASSOCIATION OF DIRECTORS OF ACTIVITIES Summer Student Leadership Registration Form

### OFFICE ONLY

EARLY ARRIVAL     CASL  
 TRANS.

U.C. Santa Barbara I, July 6 - 9, 2011     U.C. Santa Barbara III, July 16 - 19, 2011  
 U.C. Santa Barbara II, July 11 - 14, 2011     U.C. Santa Barbara Middle School, July 21 - 23, 2011

T-SHIRT SIZE  
 SM     MED     LG     XL

 **I have been to CADA Camp before**     Yes     No    If YES, number of years \_\_\_\_\_

Name \_\_\_\_\_ Home Telephone No. (    ) \_\_\_\_\_ Cell No. (    ) \_\_\_\_\_

Mailing Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

School Name \_\_\_\_\_ School Telephone No. (    ) \_\_\_\_\_

School Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Advisor's Name \_\_\_\_\_ Advisor's Home Phone No. (    ) \_\_\_\_\_

Advisor's Mailing Address \_\_\_\_\_ Advisor's Cell No. (    ) \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_ E-Mail \_\_\_\_\_


Student's Age \_\_\_\_\_ Circle One:    Male    Female     **Current School Office Held**

Name & Address of Father \_\_\_\_\_

Telephone No: Home (    ) \_\_\_\_\_ Business (    ) \_\_\_\_\_

Name & Address of Mother \_\_\_\_\_

Telephone No: Home (    ) \_\_\_\_\_ Business (    ) \_\_\_\_\_



**Emergency Contact Person (if parents cannot be reached)**  
Name \_\_\_\_\_ Telephone No. (    ) \_\_\_\_\_  
List any health concerns or restrictions: \_\_\_\_\_  
If any medication or drugs are to be taken by the student, list name of drug and reason here: \_\_\_\_\_  
**Medical insurance Carrier** \_\_\_\_\_ **Policy No.** \_\_\_\_\_

**Transportation Information**

- I will come to camp with a school official designated by the principal. (Auto, Van, School Bus)
- I will come to camp with a parent (Name): \_\_\_\_\_
- I will come to camp by Train/Plane. I have made the following reservations:  
(Arrive) \_\_\_\_\_ (Time) \_\_\_\_\_  
(Train or Plane Number) \_\_\_\_\_
- I will go home with a school official designated by the principal. (Auto, Van, School Bus)
- I will go home with a parent (Name): \_\_\_\_\_
- I will go home by Train/Plane. I have made the following reservations:  
(Time) \_\_\_\_\_ (Train or Plane Number) \_\_\_\_\_

We, the parents or legal guardians of the student named above agree to absolve, release, and hold blameless the California Association of Directors of Activities and/or its Instructors or other adults participating in the program, from any financial liability or claim for damages of any nature arising out of any event associated with the CADA Summer Student Leadership Camp during the period \_\_\_\_\_ to \_\_\_\_\_ both inclusive. We realize that every attempt will be made to safeguard students and equipment, but that no amount of precaution taken by the instructors can insure the safety if the student does not obey and co-operate and is unable to accept the responsibility of his/her own actions. CADA Student Leadership Camps carry insurance as a secondary coverage only. I also certify that I have read and understand the Participants Information Sheet which explains some of the rules and penalties, and I agree to them.

Furthermore, the undersigned parent or legal guardian of the named student consent in advance to whatever medical treatment or procedures might be necessary for my son/daughter in case of injury or illness during the CADA Student Leadership Camp.

Such treatment may include, but is not limited to, anesthesia, x-ray examination, and medical or surgical diagnostic procedures, and shall be in the best judgement of the attending physician. I understand that every reasonable effort shall be made to reach me in case of serious illness or injury. I believe that the named student is able to safely participate in all of the activities of the program.

Signature of Parent(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Advisor \_\_\_\_\_ Date \_\_\_\_\_

As the Advisor, I agree to have this student represent my school at the CADA Summer Student Leadership Camp.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

As the student who is participating in the CADA Summer Student Leadership Camp, I certify that all of the information is correct to the best of my knowledge, Furthermore, I have read the Participants Information Sheet and I agree to abide by all of the rules.

During the course of camp, students may be photographed and/or videotaped. These photos and tapes may be used for promotion of CADA camps or for training purposes.  
\_\_\_\_\_  
Signature here indicates permission is granted to use these materials.

 PLEASE MAIL **TWO COPIES** OF THIS FORM TO:  
JACK ZIEGLER, 552 COLLEGE STREET, WOODLAND, CA 95695  
**FORMS MUST BE POSTMARKED NO LATER THAN JUNE 10, 2011**

PLEASE KEEP THE PINK FORM FOR YOURSELF AND BRING IT TO CAMP  
RETURN THE WHITE AND THE YELLOW