Bridge Builders Foundation

Ernest E. Just
Youth Marine Science Camp Application-2019

Application Requirements

Program is for minority boys and girls of color, age 10-14. Completed Application Packets must include the following: 1) Marine Science Camp Application (3 pages), 2) Essay, 3) Medical Information and Release Statement, 4) a copy of Last Semester Report Card, and 5) USC Release from Liability Form. INCOMPLETE APPLICATION PACKETS WILL NOT BE ACCEPTED.

Upon acceptance into the program, students will be notified in writing. Detailed program information will be furnished regarding schedules, site locations and directions, drop-off and pick-up points and times, contact points, and dress needs/requirements. Additionally, at least one parent or guardian will be required to participate in a one hour orientation on the first day of the program (to be announced in the acceptance package).

Program Itinerary

First Weekend: Friday, August 9, 9:00 am to 3:30 pm, Los Angeles Southwest College
Saturday, August 10, 8:00 am to 4:00 pm, Cabrillo Park and Aquarium

Second Weekend: Friday, August 16, Bolsa Chica Conservancy in Huntington Beach
Saturday August 17, Aquarium of the Pacific in Long Beach,

Third Weekend: Friday, August 23 – 7:00 am depart San Pedro Harbor (boat to Catalina Island). Return Sunday, August 25, afternoon.

Drop-off and pick-up times and locations will be provided in acceptance package.
Youth Marine Science Camp Application

APPLICATIONS OPEN: APRIL 23, 2019  DEADLINE: JULY 15, 2019

PERSONAL INFORMATION

Student Name: _____________________________________________________________

Parent/Guardian Name: _____________________________________________________

Address: ___________________________________________________________________

Home Phone: ___________________________ Emergency or Cell Phone: ________________

Email: _________________________________________________________________

School: ___________________ Grade: _____ Age: ____ GPA: _____

Date of Birth ___/___/____ Age: ____ Gender: Male ☐ Female ☐ T-Shirt Size _____

Ethnicity: African American: ☐ Hispanic: ☐ Asian: ☐ Caucasian: ☐ Other: ☐

Did you attend the EE Just Saturday Science Academy? ☐ Yes ☐ No. Year? ________

Did you attend a previous EE Just Summer Marine Science Camp? ☐ Yes ☐ No Year? ________

Would you be able to obtain transportation to and from San Pedro Harbor? ☐ Yes ☐ No

List your hobbies/interests/activities: ____________________________________________

____________________________________________________________________________

List science and math courses that you have taken: _________________________________

____________________________________________________________________________

APPLICANT ESSAY:

Please write a brief essay on “what you hope to learn from this program” (150 words or less)
Youth Marine Science Camp Application
Parental Consent

I, ________________________________________________ (Parent or Legal Guardian) understand that the participation of __________________________________________ in the Ernest E. Just Youth Marine Science Camp is voluntary. The program will consist of both classroom and field exploration activities. The Bridge Builders Foundation, Inc., will provide for all costs of the classroom materials, transportation, fees related to venues and other program activities, and lunch on the first two weekends, and breakfast, lunch, dinner, and room while at Catalina Island. Parent/Guardian will provide transportation to and from designated meeting locations at prescribed times.

Please initial each of the following (need actual initials written as signature, not computer generated)

_____ I give my informed consent and permission for my child to participate in the Ernest E. Just Youth Marine Science Camp and its related activities.

_____ I agree to have my child follow all program guidelines and understand that any violation on my child’s part may result in suspension and/or termination from the program.

_____ I hereby acknowledge that my child will be transported by Bridge Builders staff or representatives to various community facilities/venues while participating in the program and that such transportation is voluntary and at his/her own risk.

_____ Attendance of program classroom sessions and field explorations for all three weekends are critical components of the program. Your child may be terminated from the program after any unexcused absence from Weekend 1 activities. **A minimum of the two days of Weekend 1 is a mandatory prerequisite to participate in Weekend 3, the Catalina weekend.**

_____ I release the Bridge Builders Foundation of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any Bridge Builders program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined. (Separate release required for USC at Catalina Island)

_____ I agree to allow Bridge Builders Foundation or its agents to use any photographic image of my child taken while participating in the science program. These images may be used in promotions or other related marketing materials.

_____ I understand that Bridge Builders Foundation will not be responsible to provide any medical care for my child. I further understand the program staff will try to aid my child in getting any medical attention that may be needed in case of an emergency and will make every attempt to contact parent/guardian or emergency contact.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

_____________________________________________________    ___________________
Parent/Guardian Signature                                          Date
Bridge Builders Foundation E. E. Just Youth Marine Science Camp

Medical Information and Release Form

PROGRAM/CAMP INFORMATION

Program/Camp Name: EE Just Youth Marine Science Camp
Date(s)/Time/Location: See published schedule

As a student (Participant), parent or guardian I understand that the information requested on this form is intended to help inform program staff of any pre-existing medical conditions. If Participant has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. *This information will be kept in strict confidence and will only be shared with your permission.* The Bridge Builders Foundation requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment for Participant. You are accountable for providing an accurate medical history. **Final determination about whether to participate is the responsibility of you and your physician.** If Participant has any medical issue that is not requested below, but which you think is important, please include that information. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

*I understand that Bridge Builders Foundation does not offer any form of insurance for participant while participating in Program.*

PART 1. EMERGENCY CONTACT INFORMATION

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PART 2. MEDICAL INFORMATION

It is recommended that Participant consult with your physician prior to participating in this Program. If you are uncertain about any pre-existing medical conditions, *it is your responsibility to consult with your own physician* prior to participating in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

**Physician:**

Name: ____________________________ Phone Number: ____________________________

Date of most recent tetanus toxoid immunization:

Do you have health/accident insurance? (circle one): YES NO   If yes, please indicate policy number, Phone No. and address of insurance company. Company Name: ____________________________ Phone No.: _____________ Policy # ___________________

For the following, circle appropriate response and explain as appropriate:

Does participant have any limiting medical conditions that you or your doctor feel would limit camp participation?

YES

NO

Is participant currently taking medication for any condition? YES NO   If yes, please indicate the medication and the condition being treated:
Does participant have a history of allergies or reactions to medications, insect stings, foods, or plants? YES  NO. If yes, please explain:

Does participant have a history of, or currently suffer from, medical condition(s) with which we need to be aware? YES  NO. If yes, please explain:

PART 3: AUTHORIZATION FOR MEDICAL CARE

In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent/guardian. Medical facilities will not perform services unless this form is presented at the time of treatment.

Participant has my permission to receive medical attention in the event of illness or medical emergency while participating in this Program. I will assume the financial responsibility for any cost of health care for my child that may occur during this Program.

As a participant, parent, or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to Participant and/or others during this Program. By signing my name I represent and warrant that I have provided all materials and important information to Bridge Builders Foundation pertaining to my Participant’s medical, mental and physical condition and that it is accurate and complete. I agree to notify Bridge Builders Foundation of any changes in Participant’s mental, physical or medical condition prior to start of Program.

By revealing or disclosing the above medical information, it can be used by Bridge Builders Foundation personnel or employees to determine Participant’s ability to participate safely in activities. I understand that, if Participant chooses to participate in activities, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and Participant.

Participant Name: ______________________________________________

Parent/Guardian Name: __________________________________________

Parent/Guardian Signature _________________________________________

Date: ______________________

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19

MAIL APPLICATION TO

THE BRIDGE BUILDERS FOUNDATION

P.O. BOX 431358; LOS ANGELES, CA 90043

www.bridgebuildersla.org

or Fax to (323) 296-5827

OR EMAIL TO

bridgebld@bridgebuildersla.org
RELEASE FROM LIABILITY
(University of Southern California)

I, the undersigned, acknowledge and agree that in consideration for permission to participate in the Activities (defined below), I, my spouse, assignees, heirs, guardians, and legal representatives hereby voluntarily indemnify, release from liability, agree to defend, and hold harmless the University of Southern California, The USC Wrigley Institute for Environmental Studies and any organization affiliated therewith, including all of their respective agents, employees, administrators, representatives, officers, trustees, students and assigns (collectively “USC”), for any accident, injury, illness, death, loss, theft, damage to person or property, or other consequences arising or resulting directly or indirectly from any activities which I may engage in, on, about or by access through any property owned, operated or managed by USC (whether permitted or not permitted by USC), including, without limitation, activities such as swimming, diving, snorkeling, scuba diving, wading, or boating (collectively, the “Activities”), including but not limited to claims arising from or related to USC’s negligence and/or products liability, including strict products liability. In the event that I am injured, I agree to assume any financial obligation, either through my health insurance, or through some other means, for any medical costs that I incur. USC assumes no responsibility for any medical expenses, injury or damage suffered by me in connection with my participation in the Activities.

IT IS MY INTENTION BY SIGNING BELOW TO EXPRESSLY ASSUME ALL RISK OF PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE UPON MYSELF, TO THE EXCLUSION OF USC, AND TO EXEMPT AND RELIEVE USC FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH.

By signing this agreement, I waive my right to bring any legal action now or at any time in the future to recover compensation or obtain any other remedy for any injury to myself or my property or for my death, however caused, arising out of my participation in the Activities. I further agree that I, my spouse, assignees, heirs, guardians, and legal representatives will not make any claim against, sue or attach the property of USC for any loss or damage resulting from my participation in the Activities. I understand that none of the Activities are endorsed, sanctioned, guaranteed, supervised or monitored by USC.

I acknowledge and affirm that I am not required to participate in any of the Activities as a condition to obtaining any academic degrees. I further acknowledge and affirm that I am not to be considered and employee of USC and that no benefits customarily afforded to employees of USC will be extended to me by virtue of my participation in the Activities. As an individual who actually IS employed by USC in a capacity unrelated to the Activities, I acknowledge that participating in the Activities is not a condition of my employment.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE OF THE POTENTIAL DANGERS INCIDENTAL TO THE ACTIVITIES, THAT THIS IS A RELEASE OF LIABILITY, A WAIVER OF MY LEGAL RIGHT TO COLLECT DAMAGES IN THE EVENT OF INJURY, DEATH, OR PROPERTY DAMAGE AND A CONTRACT BETWEEN MYSELF AND USC AND SIGN IT OF MY OWN FREE WILL.

I EXPRESSLY AGREE THAT THIS RELEASE IS INTENDED TO BE AS BROAD AND INCLUSIVE AS THE STATE OF CALIFORNIA WILL ALLOW AND THAT IF ANY PORTION IS HELD INVALID, I AGREE THAT THE BALANCE SHALL, NOT WITHSTANDING, CONTINUE IN FULL LEGAL FORCE AND EFFECT.

*STUDENT NAME(S) (PRINT): ___________________________________________  
*PARENT SIGNATURE: ___________________________________  Date: ____________

*WITNESS NAME (PRINT):__________________________________________  
*WITNESSED SIGNATURE: ___________________________________  DATE: ____________

* REQUIRED