



# Zulu Adventure Camp

## PARENT PERMISSION AND STUDENT INFORMATION

I give my child permission to participate in the 2019 Zulu Adventure Camp

Student's Name

Grade

Date of Birth

Parent/Guardian Name (Please print)

Signature

Today's Date

Home Address

City

Zip

Home Phone

Work Phone

Cell Phone \*

Email Address (Primary)\*

Email Address (Secondary)

Program announcements will be made by email and text.

Can you receive text messages? Yes

No

## EMERGENCY CONTACT INFORMATION

In case of emergency please contact:

Name

Relationship

Phone: work/home/cell

Does your child have health coverage?

Yes

No

Name of Medical Insurance

Policy/ Insurance #

Primary Insured's Name

Medical History that may be of importance

Medication Student is taking

List any Allergies

Name of Child's Doctor

Telephone

I authorize Zulu Adventure Camp Staff to furnish and/or obtain emergency medical treatment which may be necessary for my child during the Zulu Adventure Camp.

Parent/Guardian Name

Signature

Date



**RELEASE OF LIABILITY**

I understand the nature of the Zulu Adventure Camp and that participation is voluntary. I understand that the Ujima Foundation is not responsible for loss, damage, illness, or injury to person or property as a result of participation in the Zulu Adventure Camp. I hereby release and discharge the Ujima Foundation and its officers, employees, agents, and volunteers from any and all claims for injury, illness, death, loss or damage as a result of Zulu Adventure Camp activities.



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

**PHOTO/VIDEO RELEASE**

During your child's attendance in the Zulu Adventure Camp, he may participate in an activity that is being photographed or videotaped; these photographs/video recordings may be used for promotional purposes. My child \_\_\_ may \_\_\_ may not be photographed/videotaped by the Zulu Adventure Camp promotional purposes. I authorize Ujima Foundation or any third party it has approved to photograph or videotape my child during Zulu Adventure Camp activities and to edit or use any photographs or recordings at the sole discretion of Ujima Foundation. I understand that I and my child shall have no legal right or interest arising from the recording, including economic interest. I also agree to release and hold harmless Ujima Foundation and any third party it has approved from and against all claims, demands, damages, and liabilities arising out of or use of the recording.

**Registration Fee \$500-600**

**Payment Instructions**

Cost

- 1) You can pay by cash, check or money order. **Checks & money orders must be written to Ujima Foundation.**
  - a. You can mail check and money orders along with the application forms to our following address: 835 Isabella St., Oakland, CA 94607
  - b. Or you can drop off payment and application at the following address (Monday thru Friday up until May 30<sup>th</sup> between 8:30am-6:00pm):  
 Burckhalter Elementary  
 3994 Burckhalter Ave.  
 Oakland, CA 94605
  - c. After May 30<sup>th</sup>, you must mail payment and application to the following address:  
 Allendale Elementary  
 835 Isabella Street  
 Oakland, CA 94605



## Zulu Adventure Camp Student Health Form

### STUDENT INFORMATION

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade completed \_\_\_\_\_ Language spoken in the home \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name (First, Last) \_\_\_\_\_

Student's Home Address \_\_\_\_\_

Phone (home) \_\_\_\_\_

Parent/Guardian Cell # \_\_\_\_\_ Parent/Guardian Work # \_\_\_\_\_

### EMERGENCY

In case of emergency, please contact:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### HEALTH

Please check if your child has any of these Health Conditions and requires management after school:

- Asthma (please leave your child's asthma pump with site coordinator)
- Diabetes
- Seizures
- Severe Allergies
- Other: \_\_\_\_\_

Does your child have vision problems? \_\_\_\_\_

Have you ever been notified that your child has difficulty seeing? \_\_\_\_\_

Is your child supposed to wear glasses? \_\_\_\_\_



**Medical History:**

Does your child have any dietary restrictions? (Vegetarian, Vegan, etc,) **NO** **YES** If YES, please explain below.

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Do your child have any allergies? (include medicine, foods, bites, stings, hay fever) **NO** **YES**  
If YES, please explain below.

*Allergy*                      *Reactions (date of last reaction)*                      *Medications*

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Is your child taking any medications? **NO** **YES** If YES, please explain below.

*Medication*                      *Condition*                      *Dosage (amount/frequency)*                      *Side Effects*

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**Current Medications Being Taken:**

Camper takes NO medication \_\_\_\_\_

Camper takes medication as follows:

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Specific times taken each day \_\_\_\_\_

Please keep ALL medications in their original bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

**Describe any current physical, mental, or psychological conditions of camper that we should be aware of at camp.**



## **Ujima Foundation/Zulu Adventure Camp** **RELEASE AGREEMENT**

I understand that there are risks and dangers inherent in participating and/or receiving instruction in the activities with the Zulu Adventure Camp. I also understand that in order to be allowed to participate and/or receive instruction in experiential and outdoor adventure activities, I must give up my rights to hold both the Board of Directors of the Ujima Foundation and all those associated with its Zulu Adventure Camp liable for any injury or damage which I may suffer while participating and/or receiving instruction in these activities.

Knowing this, and in consideration of being permitted to participate and/or receive instruction in experiential and outdoor adventure activities, I hereby voluntarily release the Board of Directors of Ujima Foundation and all those associated with its Zulu Adventure Camp from any and all liability resulting from or arising out of my participation and/or receipt of instruction in experiential and outdoor adventure activities.

I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, agents, volunteers, project directors, and employees of those entities.

I understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation and/or receipt of instruction in experiential and outdoor adventure activities. This Release constitutes a complete release, discharge and waiver of any and all actions causes of action against the Board of Directors of Ujima Foundation, its officers, agents, volunteers, project directors, and employees and all those associated with its Zulu Adventure Camp.

I understand and agree that this release applies to personal injury, property damage, or wrongful death, which I may suffer, even if caused by the acts or omissions of others.

I understand and agree that by signing this Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating and/or receiving instruction in instruction in experiential and outdoor adventure activities.

I understand and agree that this Release will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and guardian ad litem for said children.

I understand and agree that by signing this Release, I am to release, indemnify and hold the Board of Directors of Ujima Foundation its officers, agents, volunteers, project directors, and employees and all those associated with its Zulu Adventure Camp harmless from any and all liability or costs, including attorneys fees, associated with or rising from my participation and/or receipt of instruction in experiential and outdoor adventure activities.

I acknowledge that I have read this Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating and/or receiving instruction in experiential and outdoor adventure activities.

For participants under age 18

Print Child's Name \_\_\_\_\_

Print Parent's Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Transportation & Directions

### Shuttle Vans

Transportation will be provided via shuttle vans at the following location:

Burckhalter Elementary  
3994 Burckhalter Ave,  
Oakland, CA 94605

- Drop-off times are from 8:00am-9:00am on Monday(s)
- Shuttle return time 8:30pm on Friday(s)

### Camp Sessions

Please put an **X** next to the specific camp you are registering your child for:

**Calaveras Big Trees State Park**      Tuesday, June 11<sup>th</sup> – Friday, June 14<sup>th</sup>  
Ziplining, Cavern Exploring, Rock Climbing      **Cost \$600**

**Big Basin Redwoods State Park**      Tuesday, June 25<sup>th</sup> – Friday, June 28<sup>th</sup>  
Outdoor Laser Tag, Hiking, Swimming      **Cost \$600**

**Tahoe National Forest**      Tuesday, July 23<sup>rd</sup> – Friday, July 26<sup>th</sup>  
Backpacking, Rafting, Karting, Laser Tag      **Cost \$500**



<b>Camping Supply List</b>	<b>Quantity</b>	<b>Got It</b>
<b>Clothes</b>		
Pants	2	
Long Sleeve Shirt	2	
Short Sleeve Shirt	3	
Sweat Shirt or sweater	1	
Pajamas (or sweat outfit)	1	
Shorts	1	
Swimsuit	1	
Hat with brim & Beanie	1	
Socks	3	
Underwear	3	
Jacket	1	
Shoes (one pair of non open toe)	2	
Bandana	2	
<b>Toiletries / Cosmetics</b>		
Toothbrush & Toothpaste	1	
Deodorant	1	
Soap	1	
Brush/Comb	1	
Lotion	1	
Sunscreen, chapstick	1	
Towel	1	
Washcloth	1	
<b>Misc. Supply</b>		
Prescription Medication		
Cup, Bowl, Spoon, Fork	1 of each	
Re-usable Water Bottle	2	
Bag for Dirty Laundry (plastic bag is fine)	1	
Flashlight	1	
Journal/Notebook	1	
Pen/Pencil	2	
Camera, Sunglasses, Bug Repellant***	1	
Musical Instrument***	1	

**\*\*\*Optional**

**We will provide sleeping bags and tents (do not send your child with a sleeping bag or tent).  
Please do not send your child with junk food (soda, cookies, candy, etc.).**



# Itinerary

## **Day One**

Overview of camp safety rules, welcoming, get to know each other, and learn fun & challenging camping skills from our supportive leaders. After setting up camp, we will begin to explore the campground, hiking trails, and begin making countless memories with our new-found friends. Finally, our day will conclude around the crackling campfire with toasted-hot marshmallows.

## **Day Two**

After our daily early morning meditations, exercise and basic martial arts training, we head out to our main fun activity of the day. Our day will conclude with written journal reflection around the campfire followed by a group discussion about modern day manhood.

## **Day Three**

Today we will continue to explore the nearby area by hiking out to nearby location in which we will immerse ourselves among the redwood & pine trees while enjoying hours of outdoor laser tag. Before returning to camp, we will relax and plunge into the cool refreshing water at nearby pool, creek, river, or lake.

## **Day Four**

On our final day together, we will do some closing activities, breakdown our tents, pack-up our gear, and begin heading back home, but not before participating in our hip-hop paint party. Everyone will be guided by a professional artist in creating their own masterpiece, capturing the wonderful memories of their time together. Finally, we'll stop for delicious pizza before arriving back in Oakland.