Upcoming Outdoor Recreation Leadership Training Opportunities for 2016

Presented by California State Parks – Office of Community Involvement & California State Parks Foundation

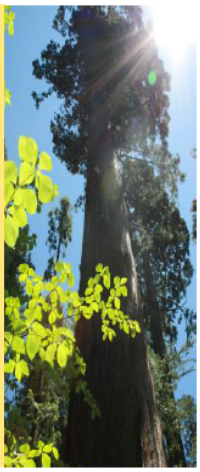
This exciting training focuses on the role of outdoor recreation in developing leadership skills. The training combines outdoor recreation leadership, youth development principles, and community building tools. Participants will experience outdoor challenge activities as well as plan, implement and evaluate an overnight camping trip. Participants will be prepared, not only to lead overnight camping experiences with more confidence, but develop strategies and techniques to enhance *all* of their community programming. Upon completion of the training participants will have access to the California State Parks' *FamCamp*®* program, gear, parks, and network of other community organizations who share the pursuit of introducing community groups to camping and the benefits of outdoor experiences.

TRAINING DATES & LOCATIONS

TRAINING DATES	LOCATIONS	REGIONS
April 19, 20 & 21	San Luis Reservoir SRA	No. California
May 3, 4 & 5	Castaic Lake SRA	So. California

The training session consists of three-days & two nights of camping, starting 1:00 pm the first day, a full 2nd day and ending at 12 Noon on the last day.

*Training dates and locations are subject to change.



Registration Cost: $200 per participant, payable at time of registration. *Payments can be made by agency check, money order or credit card.* ***A 10% registration discount applies for enrollment of three or more participants per agency.***

Training Topics Include:

- Role of recreation in community building
- Youth development principles and community improvement strategies with implementation tools and tips
- Leadership development and networking opportunities
- Outdoor recreation skill development and program planning
- Group facilitation with diverse communities
- Team building activities and opportunities to enhance programming and much more!

Upon completion of the training, participants will receive a two-year certification that provides access to take others camping using the California State Parks' *FamCamp® Program.*

Visit our website at www.parks.ca.gov/oci for additional information on all of our programs or contact Dolores L. Mejia at (916) 653-5454 or via email at Dolores.Mejia@parks.ca.gov

Space is limited - so don't miss out on this fantastic opportunity.
Register early!

Outdoor Recreation Leadership Training
Registration Form

Participant Name:	Work Phone: ( )
Name of Agency:	Cell Phone: ( )
Agency Address:	FAX: ( )
City: Zip code:	E-mail:

I WILL BE ATTENDING THE ORL CLASS SCHEDULED FOR: _____
MY PAYMENT IS ATTACHED TO MY REGISTRATION IN THE AMOUNT OF: _____

Through this registration, I realize that no medical insurance is provided by California State Parks, Pacific Leadership Institute or California State Parks Foundation and agree to assume the risk for any injury related to my participation. I agree to make no claims against the above listed agencies or any other officers, employees or volunteers for any injury or incident arising from this activity, however caused, including liability and negligence. I am physically able to participate in this activity and agree to pay for any medical treatment required. I realize that the above listed agencies are not responsible for lost or stolen articles.

Signature: Date:

How did you hear about the training?

Do you have any special needs that require specific accommodations so you can fully enjoy or participate in the training? Yes ☐ No ☐ If yes, please specify below:

Mail or fax your registration and payment to:
Dolores L. Mejia
California State Parks
Office of Community Involvement
1416 9th St. Room 918
Sacramento, CA 95814
FAX (916) 651-2079

This class is a project of California State Parks, the Pacific Leadership Institute, and the California State Parks Foundation.

For more information, please contact the Office of Community Involvement at (916) 653-5454.

Outdoor Recreation Leadership Training

Participant Agreement Form

Thank you for considering the Outdoor Recreation Leadership training. To best prepare for the experience and to make the training a success for all participants, please review the following expectations and requirements listed below. If you agree with each statement, please sign and date at the bottom of this page.

All participants attending the Outdoor Recreation Leadership training will be required to:

- Start as early as 6 am on days 2 and 3
- End your days as late as 10 pm on days 1 and 2
- Be on your feet and active for most of the training sessions
- Willing to cook meals with other training participants
- Ability to lift and carry a minimum of 10 pounds
- Participate in <u>all</u> training/teambuilding activities

All training participants must agree to the following:

- Participants understand that the following will not be tolerated: inappropriate sexual behavior, sexual harassment, foul language, possession and/or use of firearms, any instrument that can be perceived as a weapon, liquor, narcotics, and illegal drugs or shared prescription drugs.
- During the training, participants understand that they may not leave the training at any time without notifying OCI staff.
- During the training, participants agree that everyone is representing themselves, their community, their organization, and California State Parks. Participants will help to promote a positive and respectful image of the Outdoor Recreation Leadership training.

_____

Training Participants Name (PLEASE PRINT YOUR NAME)

_____ _____

Training Participants Signature Today's Date

Outdoor Recreation Leadership
Registration Form

Please Print or Type When Completing This Form

Participant Name: _____ Birthdate: _____ Age: ____
FIRST M.I. LAST

Address: _____
NUMBER STREET APT. # CITY ZIP CODE

Home Phone #: _(_____)_____-_____ Gender: M o F o

Name of Your Organization:_____

PHYSICIAN AND/OR MEDICAL CLINIC INFORMATION

Physician's Name: _____ Facility Name: _____

Mailing Address: _____
NUMBER CITY STATE OFFICE # ZIP CODE

Office Phone #: _(_____)_____-_____ Fax Number: _(_____)_____-_____

HEALTH INSURANCE INFORMATION

Carrier Company: _____ Policy / Medical #: _____

Office Phone #: _(_____)_____-_____ Fax Number: _(_____)_____-_____

*** Please attach a photocopy of your insurance card.**

HEALTH HISTORY:
(Please check all that apply.)

Asthma __ Chronic Upset Stomach ___
Headaches __ Fainting __ Heart Problems __
Convulsions __ Sleepwalking __ ADD __
ADHD __ Other __
Comments or restrictions for any item checked:
_____
_____
_____
_____
_____
_____

LIST ALL ALLERGIES:

Food: _____
_____
Medicine:_____
_____
Other:_____

IMMUNIZATION RECORD:
(Please indicate month & year of last booster.)

Tetanus: _____ MMR: _____
Diphtheria: _____ Polio: _____
Hepatitis B Vaccine: _____

IMPORTANT

Training Participant – Food and Drink Allergies

Questionnaire

To ensure that all meals prepared during the training meet everyone's needs, we would like to know if you have any food allergies. For example, there are some people that cannot eat peanuts because they will have a reaction such as: having a hard time breathing, break out in a rash and/or swell up. If you are a "Vegetarian" please also indicate this under "Other"

Please place a check mark next to any food that you *cannot or choose not to eat or drink.*

☐	Milk	☐	Orange Juice
☐	Cheese	☐	Apple Juice
☐	Strawberries	☐	Mayonnaise
☐	Peanuts	☐	Ketchup
☐	Beef	☐	Chicken
☐	Pork	☐	Tuna

☐ Certain Vegetables (please list) _____

_____

☐ Other (please specify) _____

_____

Do you have any other allergies that are not listed above? ☐ No ☐ Yes

If Yes, please specify: _____

☐ **I do not have any food allergies. Thank you for checking ☺**

Participant's Signature _____

Participant's Name (please print) _____

Today's Date _____

YOUR CURRENT MEDICATIONS
(LIST ALL MEDICATIONS BEING TAKEN AT THIS TIME)

Name of Medication	Used For	How Often	How Much

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Home Phone #: _(_____)_____-_____ Work Phone #: _(_____)_____-_____

Pager Phone #: _(_____)_____-_____ Cellular Phone #: _(_____)_____-_____

Address: _____
NUMBER STREET APT. # CITY ZIP CODE

Please list <u>two</u> additional people to contact, if primary contact cannot be reached.

Name: _____ Relationship: _____

Home Phone #: _(_____)_____-_____ Work Phone #: _(_____)_____-_____

Pager Phone #: _(_____)_____-_____ Cellular Phone #: _(_____)_____-_____

Name: _____ Relationship: _____

Home Phone #: _(_____)_____-_____ Work Phone #: _(_____)_____-_____

Pager Phone #: _(_____)_____-_____ Cellular Phone #: _(_____)_____-_____

Participant Signature _____ Date: _____

CONSENT AND RELEASE FORM

RELEASE FROM LIABILITY

In consideration of the acceptance of my application, as a participant in any programs and/or activities of California Department of Parks and Recreation, California State Parks Foundation and its affiliates, I hereby agree to assume all risks attendant upon myself while participating in said programs and/or activities. I hereby waive, release, and discharge any and all claims for damages, death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in the California Department of Parks and Recreation or California State Parks Foundation program or activity. I agree to indemnify and hold harmless from liability the California Department of Parks and Recreation, California State Parks Foundation, its affiliates and/or any of their agents, servants, or employees by reason of any accident, death, injury, or damages to persons or property which I may suffer while participating in the said program and/or activity. This release is intended to discharge in advance the California Department of Parks and Recreation, California State Parks Foundation, its affiliates and/or any of its agents, servants, or employees by reason of any accident, death, injury or damages to persons or property which I may suffer, from and against any and all liability arising out of or connected in any way with my participation in the said program and/or activity, even though the liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to assume all responsibility for any property damage or injury to any person caused by me while participating in the California Department of Parks and Recreation and California State Parks Foundation program and/or activity.

I have read, understand and approve the **RELEASE FROM LIABILITY**.

Participant Name: _____
(please print)

Participant Signature _____ Date: _____

State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION

DATE VISUAL MEDIA CREATED

VISUAL MEDIA CONSENT

NAME OF PERSON CAPTURED IN VISUAL MEDIA *(print)*

PRIVACY RIGHTS AND USE OF INFORMATION

I give the State of California, Department of Parks and Recreation (DPR) permission to make photographs, videotapes, films or other likenesses of me, my child or legal ward. I hereby grant to DPR the unrestricted right to copyright any of the above-mentioned materials containing images of me, as well as the unrestricted right to use and reuse them, with their caption information, in whole or in part, in any manner, for any purpose and in any medium now known or hereinafter invented. These rights include, but are not limited to, the right to publish, copy, distribute, alter, license and publicly display these materials and images for editorial, trade, marketing and/or advertising purposes. I also grant to DPR and its licensees the unrestricted right to use and disclose my name in connection with use of the above materials.

I understand and agree that I will not be paid for any use described above.

I also waive, and release and discharge the State of California, DPR, its officers, employees and/or agents from, any and all claims arising out of or in connection with any use of the materials, caption information and images described above, including any and all claims for libel, defamation and/or invasion of privacy or publicity. I realize I cannot withdraw my consent after I sign this form and I realize this form is binding on me and my heirs, legal representatives and assigns.

SIGNATURE ▶	PHONE NUMBER ( )
ADDRESS	CITY/STATE/ZIP CODE

IF THE ABOVE PERSON IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST COMPLETE THE FOLLOWING:

I am the parent or legal guardian of the person named above and I hereby sign this consent form on behalf such person in accordance with the statements above.

PARENT OR LEGAL GUARDIAN SIGNATURE ▶	PRINTED NAME	PHONE NUMBER ( )
ADDRESS	CITY/STATE/ZIP CODE	

FOR DEPARTMENT USE ONLY

IMAGE NUMBERS

_____ _____ _____ _____ _____ _____ _____

PURPOSE

This form is designed to protect the Intellectual Property Rights of the California Department of Parks and Recreation. It is also designed to protect the Department and avoid the violation of any privacy rights regarding display or use of visual media (i.e. still photography, video footage, etc.) featuring members of the public. Multiple copies of this form must be carried in the field whenever the creation of visual media may capture members of the public when said visual media displays members of the public in a recognizable way.

COMPLETION INSTRUCTIONS

General Instructions

Individuals captured in various visual media by California Department of Parks and Recreation employees must complete this form. This form must be completed while the employees are in the process of capturing visual media.

- ALL people captured in a particular shot must fill out a separate copy of the form.
- ONE person CANNOT sign for a particular group; however, multiple children can be included on one form if they share the same parent and/or legal guardian.
- A parent's or legal guardian's signature on a minor's form DOES NOT count as consent for use of the parent's/legal guardian's image as well.
- BE SURE that the form is properly completed before moving on to another shot.

Item Instructions

DATE VISUAL MEDIA CREATED: Enter the date the visual media is created (i.e., date photograph taken, date video footage filmed, etc.).

NAME OF PERSON CAPTURED IN VISUAL MEDIA: Have the person appearing in the visual media print his/her full name.

SIGNATURE / PHONE NUMBER / ADDRESS: Have the person appearing in the visual media enter his/her signature, telephone number and current address.

IF THE ABOVE PERSON IS UNDER 18 YEARS OF AGE: ***If the person appearing in the image is under the age of 18, his/her parent or legal guardian MUST complete this bottom section.*** The parent or legal guardian ***must enter ALL requested information for the form to be valid*** . If the form is not valid, the image is unusable.

PARENT OR LEGAL GUARDIAN SIGNATURE / PRINTED NAME / PHONE NUMBER / ADDRESS: Have the parent or legal guardian enter his/her signature, printed name, telephone number and current address.

Participant Signature_____Today's Date _____