



Teen Eco Action



Service Learning + Outdoor Adventures

13-17 year olds ♦ July 22nd-26th 2019 ♦ 9am –4:30pm



Apply now to join this elite program!

Join us for an exploration of Oakland's creeks, rolling green hills, dynamic waterways, and City and Regional Parks. We will be exploring Oakland's natural wonders by boating, biking, fishing, hiking, and doing community service projects. You will also learn job skills and learn about careers in parks + recreation.



Here's what you commit to:

- Successfully apply + interview for a place on the team
- Meet at the Digital Arts and Culinary Academy
July 22nd-26th
- Program time is **9am-4:30pm** each day
- Work hard on service projects in the Parks
- Take part in career talks
- Be ready to go on outdoor adventures



Here's what you get::

- **15** Community Service hours
- Work experience in Parks + Recreation
- Tips for applying to future jobs
- **\$100** stipend upon successful completion
- Fun!
- Meet new people!

To Apply: Please return all completed applications by July 1st to the Digital Arts and Culinary Academy at 5818 International Blvd, Oakland, CA 94621.

Interviews will be held at the Digital Arts and Culinary Academy on July 3rd and 5th from 3:30pm-5:30pm.

After your interview we will notify you if you have been accepted into the program. For more information email Recreation Coordinator, Kelsey Gielen, at: kgielen@ebparks.org or call 510-544-2567.

2019 Teen Eco Action Application

Thank you for your interest in the Teen Eco Action program: **July 22nd-26th**. This application is due by **Monday, July 1st**. Please drop it off at the Digital Arts and Culinary Academy: 5818 International Blvd, Oakland, CA 94621 Applicant interviews will be held on **July 3rd** and **July 5th** from 3:30pm-5:30pm at the Digital Arts and Culinary Academy. After the interview, we will notify you if you have been accepted into the program. Please be sure to fill this application out completely, and double check the spelling!

Teen Last Name: _____ **First Name:** _____ **Date of Birth:** _____

Street Address: _____

City: _____ **Zip Code:** _____ **State:** _____

Teen Phone Number: _____ mobile home

Teen E-Mail Address: _____ **School:** _____

Have you been in Teen Eco Action before? Yes No

How did you find out about the Teen Eco Action program? _____

Are you available from 9am to 4:30pm July 22nd-25th and 9am-5pm on July 26th? _____

Can you get to the Digital Arts and Culinary Academy by 9:00am sharp each of those days? _____

Please list any other languages you speak: _____

Please list any certifications you may have (first aid, CPR, Jr. Lifeguard, etc.): _____

Does your school require community service hours? Yes No if so, how many? _____

Please list 2 references (full name, contact information, relation to reference):

1. Name: _____ Relation: _____ Contact Information (phone or email): _____

2. Name: _____ Relation: _____ Contact Information (phone or email): _____

Parent/Guardian Name: _____ **Parent/Guardian Signature** _____

Parent Phone number: _____ mobile office home **Email:** _____

1. Why are you applying to join the Teen Eco Action program?

2. What types of sports, recreational activities, crafts, or hobbies do you enjoy and participate in?

3. Have you been to any East Bay Regional Parks before? What do you like to do when you're there?

4. What are your education and career goals?

5. Please list five adjectives your friends and family would use to describe you.

6. Is there any further information you would like us to know about you?



Teen Outdoor Programs Health Form + Waiver

PARTICIPANT

Teen Last Name: _____ First Name: _____ Date of Birth: _____ Grade: _____

Phone #: _____ Teen Email: _____ T-Shirt Size: _____ Height: _____

Biking: *If we go on a ride with bikes, helmets, and staff provided, does the teen know how to ride a bike?* _____

PARENTS / GUARDIANS

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Phone: _____

In addition to the Parent/Guardian, who is authorized to pick up the youth and who can we call in case of emergency? Please list more adults in case we can't reach you.

Name: _____ Relationship to Teen: _____ Phone: _____

Name: _____ Relationship to Teen: _____ Phone: _____

My teen has permission to sign in/out and return home on their own. **Yes** **No**

MEDICAL INFORMATION

Please describe any medical issues or injuries that we should be aware of: _____

Please describe any psychological/emotional issues that we should be aware of: _____

Please list all of the teen's allergies: _____

What medications will the teen take during Program? _____ When? _____

Please feel free to attach additional information, or call Recreation Coordinator, Kelsey Gielen, at 510.544.2567 to discuss any issues.



WAIVER, RELEASE AND ASSUMPTION OF RISK AGREEMENT

+

AUTHORIZATION FOR EMERGENCY TREATMENT OR TRANSPORTATION

I, the undersigned, as participant, or as parent or legal guardian of the child listed on this form, hereby assume full responsibility for all risk of injury or loss which may result from my or my child's participation in the program listed below, and hereby agree to hold harmless, release and forever discharge The East Bay Regional Park District, its officers, directors, agents and employees (collectively "District") and **City of Oakland** and their representatives, from any and all claims and demands whatsoever which the undersigned, and any of them or any third party and their representatives or any person acting under their behalf have, or may have, against the District or **City of Oakland** by reason of any accident, illness, injury, or death to any person or persons, or damage to, loss of or destruction of property arising or resulting directly or indirectly from my or my child's participation in the aforementioned activity, and occurring during said participation, or anytime subsequent thereto regardless of whether said claims or demands arise out of negligence on the part of the District or **City of Oakland**. The terms of this release shall serve as a release and assumption of risk for myself, my child, heirs, executives, administrators, and for all of my family members.

I understand, agree, and acknowledge that some activities in this program may be of a hazardous nature and/or include physical and/or strenuous activity. I hereby assume all risk of such activities. Understanding this, I state to the best of my knowledge that I or my child listed on this form have no medical, physical, mental, or emotional health conditions which would hinder my or my child's active participation in the program listed on this form. This health history is correct to the best of my knowledge, and the person herein has permission to engage in all prescribed program activities.

In the case of an emergency in which I am not able to give permission for medical treatment and my designated emergency contact cannot be reached, I authorize the staff or agents of the District or **City of Oakland** to obtain whatever medical treatment is deemed necessary for my or my child's welfare. In the case of my child, this authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether my medical insurance would cover such charges and fees.

I give my full permission to East Bay Regional Park District and any other media sources to use my or my child's name and any photographs, video graphs, motion pictures or recordings for any publicity and promotional purposes without obligation or liability to me.

Name of Program: **Teen Eco Action Week: July 22nd-26th 2019**

Participant's Name: _____ Participant Age: _____

Parent or Guardian Signature (if under 18): _____ Today's Date: _____



Teen Outdoor Programs

Formulario de salud + renuncia

Llene este formulario y devuélvalo con su solicitud a la Oficina

PARTICIPANTE

Apellido: _____ Nombre: _____ Fecha de nacimiento: _____ Grado: _____

Número de teléfono adolescente: _____ Email: _____ Tamaño de camiseta: _____

Bicicleta: *Iremos a pasear en bicicleta con bicis, cascos, y personal proporcionado. ¿Sabe montar en bici el adolescente?*

Sí **No** *Si traemos una bici adecuada...¿qué altura tiene el adolescente?* _____

PADRE O TUTOR PRINCIPAL

Apellido _____ Nombre _____

Calle: _____ Ciudad: _____ Estado: _____ Código Postal: _____

Email _____ Teléfono: _____

Otras personas de contacto de emergencia:

Nombre: _____ Relación con el participante: _____ Teléfono: _____

Nombre: _____ Relación con el participante: _____ Teléfono: _____

Mi adolescente tiene permiso para entrar y salir y regresar al hogar por sí mismo. **Sí** **No**

HISTORIAL MÉDICO:

1. Describa por favor cualquier problema médico o psicológico del que debamos ser conscientes: _____

2. Enumere por favor todas las alergias del participante (alimentos, insectos, medicaciones, animales, etc.): _____

3. Enumere por favor las medicaciones que el participante tomará *durante el viaje*: _____



ACUERDO DE RENUNCIA, EXONERACIÓN Y ASUNCIÓN DE RIESGOS

y

AUTORIZACIÓN PARA EL TRATAMIENTO O TRANSPORTE DE EMERGENCIA

Yo, quien firma más adelante, como participante, o como padre o tutor del niño que aparece en este formulario, asumo por este medio la responsabilidad completa de todo riesgo de lesión o pérdida que pueda resultar de la participación mía o de mi hijo en el programa mencionado más adelante, y acuerdo por este medio considerar inofensivo, exonerar y liberar para siempre al East Bay Regional Park District, a sus funcionarios, directores, agentes y empleados (colectivamente el “distrito”) y a **City of Oakland** y sus representantes, de toda y cualesquier demanda y exigencia de cualquier tipo que la persona que firma más adelante, y cualquiera de ellos o cualquier tercero y sus representantes o cualquier persona que actúe en representación de los mismos, tenga o pudiera tener, contra el distrito o la **City of Oakland** por causa de cualquier accidente, enfermedad, lesión o muerte, a cualquier persona o personas, o daños, pérdidas o destrucción de propiedades, que surjan o sean el resultado directo o indirecto de mi participación o la de mi hijo en la actividad anteriormente mencionada, y ocurriendo durante la participación mencionada, o en cualquier momento subsiguiente, sin importar si tales demandas o exigencias surgen por negligencia del distrito o de la **City of Oakland**. Los términos de esta exoneración servirán como exoneración y asunción de riesgos para mí, mi hijo, mis herederos, ejecutivos, administradores y para todos los miembros de mi familia.

Entiendo, estoy de acuerdo y reconozco que algunas actividades en este programa pueden ser de naturaleza peligrosa e incluir una actividad física y/o vigorosa. Asumo por este medio todo riesgo de tales actividades. Entendiendo esto, declaro, a mi mejor saber y entender, que yo mismo o mi hijo, que aparece en este formulario, no tenemos ninguna condición de salud, médica, física, mental, o emocional, que obstaculicen la participación activa mía o de mi hijo en el programa mencionado en este formulario.

En caso de una emergencia en la cual no pueda dar permiso para un tratamiento médico y no se pueda contactar a la persona designada por mí en casos de emergencia, autorizo al personal o los agentes del distrito o de la **City of Oakland** a obtener cualquier tratamiento médico que juzguen necesario para mi bienestar o el de mi hijo. En el caso de mi hijo, esta autorización se da conforme a las disposiciones de la sección 25.8 del código civil de California. Además, comprendo y estoy de acuerdo en ser responsable a nivel financiero de todas las cargas y tasas por la prestación del mencionado tratamiento de emergencia, sin importar si mi seguro médico cubre tales cargas y tasas.

Doy mi permiso por completo al East Bay Regional Park District y cualquier medio de comunicación para usar mi nombre y el de mi hijo, cualesquiera fotografías mías o de mi hijo, gráficos de video, películas o grabaciones, para cualquier publicidad y propósito promocional, sin obligaciones o responsabilidad hacia mí.

Nombre del programa: **Teen Eco Action Week : July 22nd-26th 2019**

Nombre del participante: _____ Edad del participante _____

Firma del padreo tutor: _____ Fecha de hoy _____