



Sunday, January 24, 2010

MISSION BAY AQUATIC CENTER

1001 SANTA CLARA POINT, SAN DIEGO, CALIFORNIA 92109-7299

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Dear Returning CIT's,

Welcome to another year of Mission Bay Youth Water Sports Camp! We are very busy preparing for Spring and Summer Camps that, believe it or not, are just around the corner. If you are planning on being a CIT again this year there are some changes you should be aware of.

You are no longer required to attend the first orientation meeting if you are a returning CIT, however, if you want to be a CIT you will need to fill out the attached application and info and **mail it to CIT Program, 1001 Santa Clara Place, San Diego, CA 92109 before March 20th.** Please be sure to include:

- The completed CIT application with your availability and social security number
- The completed waiver and CIT permission slip
- A copy of your health insurance card
- Your check for the CIT fees (\$275) made out to Associated Students of SDSU (AS of SDSU)
- The date of the training you wish to attend

You still must attend one of the three training dates in the spring. Although it is not mandatory, encourage you to attend one of the orientation meetings as a returning CIT to meet the new applicants and help explain what being a CIT is all about.

We are also looking for returning CIT's to volunteer for spring camp work. **CIT's who volunteer for spring camp will receive two weeks credit toward a free week of camp for each week they work!** Simply mark the weeks you would like to volunteer on your CIT application.

We are looking forward to another great year. If you have any questions please email to **citprogram@mbaquaticcenter.com** or call (858) 488-2040 x242. We will usually get back to you within 4 business days.

Respectfully,

Kevin Waldick
Programs Manager

CIT APPLICATION CHECKLIST

Please be sure to include all of the following with your CIT packet:

- The completed CIT application with your availability and social security number
- The completed and signed (3 signature spots) CIT permission slip
- A copy of your health insurance card
- Your check for the CIT fees (\$275) made out to Associated Students of SDSU (AS of SDSU)
- The date of the training you wish to attend

Mission Bay Aquatic Center Camp 2010
Counselor in Training (CIT) Application

Name: _____

Soc.Sec.Number: _____ (Required for Worker's Comp, you cannot work as a CIT until your Social Security Number is on file)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Birthdate: ____/____/____

Email: _____

School Attending: _____ Grade: _____

In Case of Emergency, notify:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____

Please Check Weeks You Are Available:

When you sign up for a week you will be expected to work unless notified ahead of time. Please only sign up for weeks if you know you will be there. Please sign up for at least 2 weeks.

Spring:

Mar 29-Apr 2 Apr 5-9 Apr 12-16 Apr 19-23

Summer:

June 7-11 June 14-18 June 21-25 June 28-July 2
 July 5-9 Jul 12-16 July 19-23 July 26-30 Aug 2-6
 Aug 9-13 Aug 16-20 Aug 23-27

**CIT Trainings Sat, May 8 / Sun, May 23 / or Sat, June 12,
2010 9am-4pm**

Which date will you be able to attend? May 8 or May 23 or June 12
(Circle one)

Have you ever been a camper or CIT at the Mission Bay Youth Water Sports
Camp before? Yes No

Which year(s)? _____

In which sport(s) are you most experienced? (please circle)

Sailing Surfing Ski/Wakeboarding Kayaking

Describe your sailing experience _____

Please list any other volunteer experience or work related experience with
children:

**MISSION BAY AQUATIC CENTER
COUNSELOR IN TRAINING PARENT PERMISSION FORM**

YOUTH'S NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

Notify in Case of Emergency (preferable relative):

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (DAY) _____ EVENING _____

SWIM TEST VERIFICATION:

To participate in water sports and counselor in training activities youth must be "water safe" (be able to swim 100 yards and tread water for 5 minutes).

I certify that the youth named above is water safe and can swim 100 yards and tread water for 5 minutes:

SIGN HERE X _____

Signature of parent or legal guardian

_____ Date

In consideration of the use of the property, facilities and/or services of the Mission Bay Aquatic Center the undersigned agrees as follows:

1. RISK FACTORS. The undersigned understands and acknowledges that the youth's participation in water sports and counselor in training activities at the Mission Bay Aquatic Center involves various physical risks such as but not limited to the following: RISK OF BODILY INJURY, DEATH, and/or PROPERTY DAMAGE.

2. ASSUMPTION OF THE RISK. The undersigned ASSUMES ANY AND ALL RISK INVOLVED IN OR ARISING FROM THESE ACTIVITIES, including without limitation the risk of DEATH, BODILY INJURY, or PROPERTY DAMAGE resulting from collision; overturning; unavailability of emergency medical care; or the negligent or deliberate act of another person.

3. ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES. The youth will be informed of all the policies and procedures relating to the activity and the undersigned understands that the safe and proper use of the facilities or property or participation in the activity is dependent upon carefully following such policies and procedures.

4. PREREQUISITE SKILLS AND TRAINING. The undersigned acknowledges that the youth has the requisite skills, qualifications and training necessary to properly and safely use the facilities or property or participate in water sports and counselor in training activities at the Mission Bay Aquatic Center. The undersigned agrees that if he or she has any questions as to what skills, qualifications, or training is necessary for the youth to properly use the facilities, property, or participate in these activities then they shall direct such questions to the organization or instructor supervising the activity.

5. RELEASE. The undersigned RELEASES the State of California, trustees of the California State Universities, Regents of the University of California, the Associated Students of San Diego University and all of their officers, employees, and agents and agrees NOT TO SUE them on account of or in connection with any claims, causes of action, injuries, damages, cost or expense arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the negligence or other fault of the parties being released.

6. WAIVER. The undersigned waives the protection afforded by any statute or law in any jurisdiction including California Code S 1542 whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know or suspect to exist at the time of executing the release. This means, in part, that the undersigned is releasing unknown future claims.

7. INDEMNIFY AND DEFEND. The undersigned agrees to INDEMNIFY AND DEFEND the State of California, the trustees of the California State University, the Regents of the University of California, the Associated Students of San Diego University and all of their officers, employees and agents (hereinafter jointly referred to as "indemnitee") against and hold them harmless from any and all claims, causes of action, damages, judgements, cost of expenses, including attorney fees which in any way arise from the activity or this agreement and which include but are not limited to damages to or destruction of any property of the indemnitee or any others, injury or death to the undersigned or anyone else or any liability arising from the act or negligent act of the indemnitee, the undersigned or anyone else.

8. PAY. The undersigned agrees to pay for any and all damages to any property of indemnitee caused by the youth either negligently, willfully or otherwise.

9. LEGAL FEES. In the event of any controversy, claim or dispute between the parties arising out of or relating to this agreement or the breach hereof or the activity, the prevailing party shall be entitled to recover from the losing party reasonable expenses, attorney fees and cost.

10. REPRESENTATIVES. The undersigned enters into this agreement on behalf of the youth for himself, his heirs, assigns and legal representatives.

11. ACKNOWLEDGEMENT. The undersigned has read and understands this agreement and realizes it relates to surrendering and releasing valuable legal rights and does so freely and voluntarily.

APPROVAL OF PARENT (LEGAL GUARDIAN) ON BEHALF OF MINOR

I am the parent or legal guardian of the minor named earlier on this form. I have read and understand the agreement and I realize the agreement involves surrendering valuable legal rights of the minor and of myself. I agree to be bound by all the terms of the agreement. I also give consent to the participation in water sports and counselor in training activities by the minor.

SIGN HERE X _____
Signature of parent or legal guardian

Date

PARENT OR GUARDIAN EMERGENCY TREATMENT CONSENT

I am the parent or legal guardian of the minor named on the reverse side of this form and has agreed to the minor's participation in the subject activity. I hereby give my consent to the medical treatment of the minor in case of a medical emergency.

SIGN HERE X _____
Signature of parent or legal guardian

Date