



Stewards of the Coast and Redwoods & Raizes Collective

Youth Environmental Artist Summit (Y.E.A.S.)



Dear Parents,

Stewards of the Coast and Redwoods and **Raizes Collective** are proud to provide an opportunity for 9th-12th grade high school students to attend our second Youth Environmental Artist Summit (Y.E.A.S.)! The camping summit will run **Thursday, July 13th (9:30 AM)** through **Sunday, July 16th (5:00 PM)** and take place at Willow Creek Environmental Campground. This year's theme is ***Unificando Conciencia***, or *Unifying Consciousness*. To participate, please read, sign, and return the following documents no later than **Monday, June 19th**:

1. Participant Questionnaire
2. Youth Code of Conduct
3. Participant Agreement
4. Photo Release
5. Shuttle Authorization[†]

You, or another authorized adult, will need to drop off your teen at Willow Creek Environmental Campground and pick them up at the Jenner Visitor Center on time. We will arrange a shuttle service to/from a central location in Santa Rosa if there is enough interest. [†]Van shuttles will be used to transport Y.E.A.S. participants to/from Shell Beach, Goat Rock, Jenner Visitor Center, the campground, and other project locations TBD. Therefore, please indicate on the application whether or not your teen will need transportation. Families are invited and encouraged to join us for the closing Award Ceremony on Sunday. We realize some teens may possess a provisional or full driver's license; however, due to limited parking and shuttle logistics, student participants are not permitted to drive themselves or other students to/from Y.E.A.S.

Stewards and Raizes Collective strive to keep programs accessible and affordable for participants from all socio-economic backgrounds. Y.E.A.S. staff wants to make this a fun and stress-free experience. There is a **\$50 fee** associated with Y.E.A.S., with a limited number of need-based scholarships available. Once accepted, we will send additional information including driving directions and a suggested packing list. Nothing on the packing list is required, but the list is intended as a guide to help you make informed packing decisions. Participants are welcome to borrow camping gear.

All staff members have been fingerprinted (Live Scan) and passed a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check. For more information, please visit www.stewardscr.org or www.raizescollective.org. If you are interested in being a chaperone on any of the days/overnights, please fill out the additional paperwork.

If you have any questions or concerns, or request Spanish translation please call Mina Sanabria. Si tiene preguntas o necesita ayuda en español, por favor llame Mina Sanabria: (707) 869-9177

Sincerely,

Jazzy Dingler
Programs Manager
Stewards of the Coast & Redwoods

&

Isabel Lopez
Founder/Executive Director
Raizes Collective

FAMILY QUESTIONNAIRE

The front page should be completed by the student applying to attend Y.E.A.S.
The back page should be completed by the student's parent or legal guardian.

General Information

Youth Participant's Name (please print) _____ School _____

Parent or Legal Guardian's Name (please print) _____

Contact Method

We may ask you and your parents/guardians to attend an informational meeting and/or request that you come in for an interview (depending on the number of applications received). How would you like us to notify you? Check all that apply.

Cell Phone (____) _____ Home Phone (____) _____

Email: _____

Interest

Please briefly tell us why you are interested in participating in Y.E.A.S.

How did you hear about Y.E.A.S.? _____

Have you been camping before? Circle one. Yes No If yes, please tell us about your experience.

What language(s) do you speak at home? _____

Do you play any musical instruments? Circle one. Yes No Instrument(s): _____

Do you participate in any sports? Circle one. Yes No Sport(s): _____

What other activities/hobbies are you involved with outside of school? How much time do you spend on these activities? _____

Do you have any fears, concerns, or questions for us? _____

The following sections should be filled out by a parent or legal guardian.

Transportation

Will you, your spouse, or another adult in your family be able to drop the participant off at Willow Creek Environmental Campground at 9:30 AM on the first day (Thursday, July 13)? *Circle one.*

Yes No Maybe

Will you and/or other family members be able to attend the closing Award Ceremony and drive your participant home from the Jenner Visitor Center on the last day (Sunday, July 16)? *Circle one.*

Yes No Maybe

If transportation was provided to from a central location in Roseland/Santa Rosa, would you take advantage of it? *Circle one.*

Yes No Maybe

Scholarship

Are you requesting a need-based scholarship for your child to attend Y.E.A.S.? *Circle one.*

Full Scholarship Partial Scholarship No Scholarship needed

Annual combined household income (*optional*):

20k or less 20-25k 25-50k 50-75k 75-100k 100K+

Does your family wish to make a tax-deductible contribution to the Y.E.A.S. scholarship fund? *Circle one.*

Yes No If yes, how much? \$ _____

YOUTH CODE OF CONDUCT

Stewards of the Coast and Redwoods (“Stewards”) offers youth and family programs that promote connections with nature within the Russian River area State Parks. To ensure a safe and enjoyable experience for all, we require all participants abide by a strict code of conduct. We expect all individuals to act in a manner that upholds these principles when participating in our programs. Please read the following, familiarize your children with the rules, and sign below.

Children/Teens agree to...

1. **Listen to and follow all instructions.** Give adults your full attention and follow directions the first time they are given. This includes following all scheduled times, including curfew and wake-up.
2. **Stay with your assigned group at all times.** Participants must keep within the defined boundary of the activity area and may not leave without permission or supervision, including visits to the restroom. While hiking, participants should be within eye-sight of an adult and not venture ahead of the group.
3. **Be courteous and sensitive toward others, and treat others as you like to be treated.** All participants must respect the well-being, rights, dignity and worth of all participants regardless of age, gender, ability, race, cultural background, religious beliefs, or sexual identity.
4. **Any form of bullying will not be tolerated.** Put-downs, insults, swearing, name-calling, backtalk, teasing, practical jokes, inappropriate peer pressure, hazing, sexual innuendo, offensive gestures/body language, or any form of physical/verbal abuse will not be tolerated. This includes cyber bullying, including chat-rooms, social media, or text messages.
5. **Value and respect others’ ideas regardless of personal viewpoints.** Participants should not negatively criticize other participants’ projects or artwork, as this is a form of self-expression.
6. **Abide by all local, state, and federal laws.** This includes State Park rules and regulations concerning the protection of natural and cultural features. Participants shall not possess weapons, pornography, alcohol, tobacco, other drugs, and/or paraphernalia (pipes, lighters, *e-cigarettes*, etc.).
7. **Remain seated and keep all body parts inside the van.** Stewards may use passenger vans to shuttle participants between locations. All of our authorized drivers maintain clean driving records, and parents will be notified in advance if vans will be used.
8. **Respect the property and possessions of others.** Valuables and electronic devices should be left at home (e.g., money, iPods, DVD/Blu-Ray players, video games, laptops, tablets, and e-Readers). Certain items may be allowed if included on the packing list (i.e., cell phones, cameras, binoculars, etc.).
9. **Use cell phones appropriately.** Cell phones may be used to call home for rides and/or to take photographs. Participants should not text friends/family, browse the internet, listen to music, etc. Items posing a distraction, or used inappropriately, will be confiscated and handed over to the parent.
10. **Maintain a positive attitude, actively participate, and have fun!** Being outside can test comfort zones. Participants will never be forced to share their thoughts/feelings with the group. Activities may be challenging by design, but participants always have the right to pass or sit-out.

Parents/Guardians agree to...

1. **Drop children off and pick them up on time.** Keep to agreed timings or inform staff if you are going to be late. An itinerary with specific locations/directions will be provided after your child has been accepted into the program. Stewards works out of Armstrong Redwoods, Austin Creek, Willow Creek, and Sonoma Coast. Meeting locations may change daily, so double check the location and allow extra time for traffic.
2. **Parents must check participants in and out.** Our staff needs to know that your child arrived and departed safely. If parents form carpools, Stewards must be notified ahead of time.
3. **Make sure your children are prepared for activities.** This includes packing sun/wind/rain protection. Dress must be in accord with the activity and appropriate for an outdoor environment. A program specific packing list will be provided.
4. **Encourage your children to participate, but do not force them.** Homesickness may occur, and is a normal part of childhood. Be supportive, and praise their efforts for meeting new people and trying something new.
5. **Encourage teens to follow the Code of Conduct.** Children/Parents must inform staff if there is a problem with another child or other issues. If we are not informed, we cannot address the situation.

Dismissal Policy & Process of Dispute

Stewards is fully committed to safeguarding and promoting the wellbeing of all participants and reserves the right to terminate or suspend program privileges of any person who is in violation of the Code of Conduct. Participants are encouraged to practice social skills that will allow them to peacefully resolve conflicts. When disciplinary situations occur that require intervention, staff will provide the child(ren) with clear explanations as to why a specific behavior is inappropriate. Behavior incidents will be handled with a warning and removal from activity. An Incident Report will be sent home for minor incidents or injuries. If the transgression is serious, staff may choose to call parents immediately. If your child is on medication for a behavior disorder or learning disability, please share this information with our staff as it may help us to better understand and guide your child. All personal information will be kept confidential.

All program comments or concerns should be directed to the Programs Manager:

Jazy Dinger: jazy@stewardscr.org or (707) 869-9177 ext. 1 #

If you are not satisfied with the response by our Programs Manager, you may request an appointment to meet with the Executive Director, Michele Luna. (707) 869-9177 x4# or michele@stewardscr.org

PARTICIPANT AGREEMENT FOR MINOR PARTICIPANTS

Assumption of Risk

Stewards of the Coast and Redwoods (“Stewards”), a California non-profit in partnership with California State Parks, offers a variety of outdoor recreational and educational programs (“Program”) that may possess inherent risks. Programs include school sponsored outings, camping/overnight trips, tidepooling, hiking, kayaking, etc. I understand that my child may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent and cannot be eliminated without destroying the unique character of the Programs. I further understand and agree that there may be risks and dangers not known or reasonably foreseeable at this time.

Declaration of Fitness

My child is not participating against medical advice or treatment. I declare that in the event that my child feels ill or unwell, has any physical complaints, or if an injury is sustained of any kind during the course of the Program, I will notify the Program’s “Leader” (guide/ naturalist/employee/docent/instructor) immediately.

Medical History

In the event of a medical emergency, these forms should accompany your child to the medical treatment facility. For Parts I-IV please attach additional paper if more space is needed.

Part I. For each of the following, circle YES or NO and EXPLAIN BELOW if your child has any previous injuries or pre-existing conditions.

Any limiting physical disabilities (temporary or permanent)?		Yes	No				
History of headaches, dizziness, or fainting?		Yes	No				
Eyes	Y N	Hay Fever	Y N	Internal Organs	Y N	Legs	Y N
Ears	Y N	Asthma	Y N	Epilepsy/Seizures	Y N	Ankles	Y N
Head	Y N	Illness	Y N	Heart/Circulatory	Y N	Feet	Y N
Neck	Y N	Diabetes	Y N	High Blood Pressure	Y N	Knees	Y N
Back	Y N	Shoulders	Y N	Orthopedic/Bone/Joint	Y N	Pelvis	Y N
Wrists	Y N	Eating Disorder	Y N	Sleep Walking	Y N	Hands	Y N
Arms	Y N	Menstrual	Y N	Learning Disability	Y N	Lungs	Y N
		Depression	Y N	Behavior Disorder	Y N		

EXPLAIN ANY “YES” ANSWERS HERE

Part II. Does your child have any allergies to medicines, latex, foods, bites, or stings?*Please list below or circle: **None***

Allergy	Type of Reaction	Medication Required

Part III. List any medication your child is using, including herbs and over the counter medications.*Please list below or circle: **None***

Medication	Dosage Instructions (amount & freq.)	Time Taken

It is the parents' responsibility to supply Stewards with prescribed medications (non-expired and in original containers). All medications should be stored in a clear resealable bag and labeled in permanent marker with your child's name. Hand the bag directly to the Program Leader to ensure safe-keeping. Authorized staff will dispense medications according to the pharmacy's label and/or your written instructions. Older and responsible children are permitted to carry and self-administer their own life-saving medications (such as inhalers, epinephrine, or insulin) when requested. Please remember to pick up your child's medications on the last day of the Program.

Part IV. Does your child have any **dietary needs** (vegetarian, gluten free, no nuts, no eggs, kosher, etc.)?

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Medical Treatment Authorization

I authorize Stewards' Program Leader(s) who have received appropriate training to administer basic first aid and "over the counter" medication, including aspirin, Tylenol, ibuprofen, Benadryl, Neosporin, Pepto-Bismol, and similar medications. I understand that Stewards' staff does not carry epinephrine for the treatment of life threatening allergic reactions.

I authorize any adult chaperone or Program Leader to obtain professional medical care for my child. I consent to any treatment and/or hospital care that may be recommended by a licensed physician and/or dentist. *Parents and/or Legal Guardians are responsible for any medical expenses.*

Insurance Information

Insurance Company _____ Group # _____ ID#: _____

Policy Member's Name _____ Policy Member's SS #: _____

Does your Insurance require pre-authorization? *Please circle:* **Y N** If yes, Phone (____) _____

Child's Doctor's Name _____ Doctor's Phone (____) _____

Notification

In the event of minor illnesses or injuries, I understand that Stewards will attempt to contact me at the earliest opportunity. In the event of major illnesses or injuries, I understand that Stewards will attempt to contact me before the commencement of any medical treatment, unless my child's condition is such that treatment must be commenced immediately.

Participation Screening & Confidentiality Notice

Stewards will not disclose the content of this document, except to facilitate medical treatment, in accordance with the Health Insurance Portability and Accountability Act (HIPPA). Please submit this form **at least two (2) weeks prior to your child's Program**. Allow a minimum of seven (7) business days for delivery if mailed and two (2) business days if faxed or emailed. Medical information will be reviewed and screened by Stewards' staff. Depending on your child's medical history, we may choose to review this document with you over the phone, or request a supplementary letter from your child's physician before being allowed to participate.

Arbitration Agreement

I agree that any dispute concerning this Participant Agreement shall be submitted to arbitration in Sonoma County, in accordance with the Rules of the American Arbitration Association, as a condition precedent to any legal action that may be taken to resolve said dispute.

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for my child's acceptance as a participant in these Programs, and the services and amenities to be provided by Stewards in connection with these Programs, I confirm my understanding that:

- My child and I have completely answered all medical history questions and read the Youth Code of Conduct, and any additional rules and conditions applicable to the Program made available.
- I acknowledge my child's participation is at the discretion of Stewards. I understand that **Stewards reserves the right to exclude any person** it judges to be incapable of meeting the rigors of participating in the Program's activities, or who refuses or is unwilling to follow the directives of the Program Leader(s).
- This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.
- I release Stewards, California State Parks, their directors, officers, employees, partnering

organizations, contractors, agents, and designees from liability for any claims by me or any third party in connection with my child’s participation. I agree not to sue the foregoing for any and all claims, liability, injury, or loss in connection with the Program.

- I hold Stewards harmless from any claims, damages, injuries or losses caused by my child’s own negligence while a participant on the Program.
- I assume full financial responsibility for the costs of any evacuation and/or any medical care/treatment that my child may receive. I give authority and power to render care that a physician in the exercise of his/her best judgment may deem advisable.

I have carefully read this Participant Agreement, I understand its terms, and am signing it voluntarily. I have had any questions concerning the Program answered to my satisfaction. I have been advised to consult with an attorney of my choosing if I have any questions regarding the translation of this Participant Agreement. I understand that in the event of any issue regarding the translation, the English version of this Participant Agreement shall control.

I attest that I am the parent or legal guardian of the minor participant named below and that I have the authority to waive his/her legal rights. I HAVE CAREFULLY READ AND UNDERSTAND THIS PARTICIPANT AGREEMENT. I UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND THAT THIS AGREEMENT REPRESENTS A CONTRACT BETWEEN STEWARDS OF THE COAST AND REDWOODS AND MYSELF. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Child’s Name (*please print*) _____ Female Male Nonconforming

Date of Birth (MM/DD/YYYY) ___/___/___ Grade _____ School _____

Parent/Guardian’s Name (*please print*) _____

Cell Phone (_____) _____ Home Phone (_____) _____

Work Phone (_____) _____ Email _____

Address _____

Emergency contact must be an adult other than yourself, who is NOT chaperoning/attending the Program:

Emergency Contact _____ Phone # (_____) _____

Address _____

Relationship (*to child*) _____

Signature of Minor Participant (*under 18 years old*)

_____/_____/_____
Date (MM/DD/YYYY)

Signature of Parent/Guardian

_____/_____/_____
Date (MM/DD/YYYY)

PHOTO, VIDEO & IDENTIFYING INFORMATION RELEASE FORM

FOR MINOR PARTICIPANTS

I, _____ (*print name*), hereby grant **Stewards of the Coast and Redwoods** (Stewards), a California non-profit in partnership with California State Parks, and **Raizes Collective** the absolute right and permission to use photograph(s) and or video/sound taken of my minor child(ren) for whom I am legal guardian in publications designed for news, fundraising, publicity, outreach, informational, or educational purposes. I understand that pictures of me and my minor child(ren) may appear in a print ad, direct-mail piece, electronic media (e.g. video, internet), and/or any other form of internal or external publication or promotion. I also grant Stewards permission to share images with their partner organizations for their use.

I release Stewards and Raizes Collective from any expectation of confidentiality for the undersigned minor children. I attest that I am the parent or legal guardian of the minor(s) named below and that I have the authority to authorize Stewards to use their photographs, videos, and names. I acknowledge Stewards and Raizes Collective's right to crop, alter, or treat the photograph in any manner at its discretion. I also acknowledge that Stewards may choose not to use my photo(s) or video at this time, but may do so at any later date. Participation in publications and web content is voluntary, and I agree that I am not entitled to financial compensation or acknowledgment of any type. I also acknowledge that participation confers no rights of ownership whatsoever.

I release the photographer/videographer, Stewards, California State Parks, Raizes Collective, their directors, officers, employees, contractors, agents, and designees from liability for any claims by me or any third party in connection with the participation of the undersigned minor children. I agree not to sue the foregoing, for any and all claims in connection with such use, including, without limitation, any claims for defamation, invasion of privacy, violation of right of publicity, or other violation of any personal or proprietary right I may have. I AM OVER 18 YEARS OF AGE, UNDERSTAND THE CONTENT OF THIS RELEASE, AND AGREE THAT THIS RELEASE SHALL BE BINDING UPON ME, MY HEIRS, AND LEGAL REPRESENTATIVES.

Please check the appropriate box and fill in personal information for all minor participants:

I grant Stewards and Raizes Collective permission to use name(s), photograph(s), video(s), and other media for the undersigned minor(s).

I do not wish to allow photograph(s), video(s), or name(s) of the undersigned minor(s) to be used.

Print Name (Parent or Legal Guardian): _____

Signature: _____

Address: _____ City _____ State _____ Zip _____

Phone: (____) _____ Email: _____ Date: _____

Print Names and Ages of All Minor Participants:

Child #1: _____ Age: _____ Child #2: _____ Age: _____

SHUTTLE AUTHORIZATION & WAIVER TO TRANSPORT MINOR PARTICIPANT

Authorization Is Valid: ____/____/____ (MM/DD/YYYY) - ____/____/____ (MM/DD/YYYY)

Child's First Name: _____ Child's Last Name: _____

Child's Date of Birth: ____/____/____ (MM/DD/YYYY)

I authorize my child to ride in a shuttle van for activities related to a program affiliated with Stewards of the Coast and Redwoods. My child will be driven by an individual authorized by Stewards of the Coast and Redwoods. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer.

My child is expected to

- Wear their safety belt during travel.
- Listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip.
- Remain in their seat and not be disruptive to the driver of the vehicle.

INITIAL EACH STATEMENT

_____ I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. Riding in a motor vehicle may result in personal injuries or death from collisions or acts by riders, other drivers, or objects. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

_____ As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Stewards of the Coast and Redwoods, their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

_____ I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ **Date:** _____

Youth Participant Signature: _____ **Date:** _____

(Youth participants should sign if they will be 18 years or older as of the start date of their Program. Non-minor youth participants are signing this authorization and waiver on behalf of themselves.)