Rev 06-03-2026

MEDICAL HISTORY/CHECK-OUT PERMISSION FORM

CHILD 1 NAME	BIRTHDATE	AGE
CHILD 2 NAME	BIRTHDATE	AGE
CHILD 3 NAME	BIRTHDATE	AGE
CHILD 4 NAME	BIRTHDATE	AGE
ADDRESS		
CITY	STATE	ZIP
PARENT/GUARDIAN 1 NAME	CELL PHONE	WORK PHONE
EMAIL		BEST CONTACT ○CELL ○WORK
PARENT/GUARDIAN 2 NAME		CELL PHONE

WILL THIS CAMPER REQUIRE MEDICATION WHILE AT CAMP? ○ YES ○ NO

IF "YES" PLEASE COMPLETE AUTHORIZATION TO ADMINISTER MEDICATION FORM BELOW

↓ YOU DO NOT NEED TO RECOMPLETE THIS SECTION IF YOU HAVE ALREADY SUBMITTED THIS INFORMATION ONLINE ↓

AUTHORIZED PICK UP PERSONS (Please list the names of persons, including yourself, authorized to pick up your camper(s). If you would like your camper(s) ages 11 and up to be able to self-checkout please add their name to this list.)

EMERGENCY CONTACT NAME (OTHER THAN PARENT)	PHONE	RELATIONSHIP

PLEASE LIST ANY PERTINENT MEDICAL CONDITIONS OR ALLERGIES YOU WOULD LIKE US TO BE AWARE OF.

PLEASE LIST ANY LIMITATIONS YOUR CAMPER MAY HAVE IN PARTICIPATING IN THE ACTIVITIES OR SPECIAL INSTRUCTIONS TO ASSIST IN YOUR CAMPER'S ENJOYMENT OF CAMP.

CHILD'S IMMUNIZATIONS ARE CURRENT/UP TO DATE?
○ YES ○ NO/EXEMPT

IN THE CASE OF A LOCAL OUTBREAK WE WILL WORK WITH THE CDC TO DETERMINE AN APPROPRIATE RESPONSE.

A HEALTHY CAMP BEGINS AT HOME
PLEASE PERFORM THIS SELF ADMINISTERED HEALTH SCREENING PRIOR TO ATTENDING CAMP EACH DAY

PLEASE CONDUCT THE FOLLOWING HEALTH SELF ASSESSMENT EACH DAY OF CAMP:

1. IS YOUR CAMPER FEELING WELL TODAY? ☐ YES ☐ NO
2. HAD A FEVER OF OVER 100 DEGREES? ☐ YES ☐ NO
3. HAD ANY SYMPTOMS BELOW: ☐ YES ☐ NO

Cough • Shortness of Breath or Difficulty Breathing • Fever • Chills • Muscle Pain • Sore Throat • New Loss of Taste or Smell • Nausea • Vomiting • Diarrhea

IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS KEEP YOUR CHILD AT HOME. CALL OUR OFFICE TO DISCUSS RESCHEDULING CAMP OR TO REQUEST A REFUND. IF YOU HAVE QUESTIONS ABOUT YOUR CHILD'S HEALTH OR SYMPTOMS, CALL YOUR CHILD'S HEALTHCARE PROVIDER.

1. I, the undersigned parent/person having legal custody/guardianship of the said minor listed below (the "Participant"), understands and acknowledges that the activities of wakeboarding, waterskiing, surfing, sailing, windsurfing, kayaking, stand up paddling, marine science, related water sports, beach activities, and transportation during camp (the "Activity") involve risks such as but not limited to risk of physical or psychological injury (including paralysis and death), illness, property damage or economic or emotional loss which might result from the activity itself, the acts of others or the unavailability of emergency care.

2. In consideration for the Participant being allowed to participate in the Activity and/or use of the Premises or Facility, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** the State of California, the City of San Diego, the YMCA of San Diego County, the Trustees of the California State Universities, San Diego State University, Regents of the University of California, the University of California San Diego, the Associated Students of San Diego State University and their employees, officers, directors, volunteers and agents (collectively "Released Parties") from any and all claims, including claims of the Released Parties negligence resulting in any physical or psychological injury (including paralysis and death), illness, property damage or economic or emotional loss the Participant may suffer because of participation in the Activity.

3. The undersigned acknowledges that the Participant has the skills, qualifications, and physical ability to properly participate in the activity and that the Participant is "water safe" (able to swim 50 meters and comfortably tread water). The undersigned agrees that if he or she has any questions as to what skills, qualifications and physical ability is necessary to properly participate in the activity, then they shall direct such questions to Camp management.

4. I agree to hold the Released Parties harmless from any and all claims, including attorney's fees or damage to personal property that may occur as a result of participation in this Activity, including travel to, from and during the Activity. If the Participant needs medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that the Participant should carry their own health insurance.

5. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

6. The undersigned agrees to pay for any and all damages to any property of the Released Parties caused by the Participant whether negligently, willfully or otherwise.

7. EMERGENCY TREATMENT CONSENT: The undersigned hereby gives consent to medical treatment of the Participant in the event of an emergency.

APPROVAL OF PARENT/LEGAL GUARDIAN ON BEHALF OF MINOR: I am the parent and/or legal guardian of the above-named Participant. I give my consent to the participation in the activity by the Participant. I have read and understand this agreement and realize the agreement involves releasing valuable legal rights of the Participant and myself. Nonetheless I agree to be bound by all of the terms of the agreement.

_____

SIGNATURE OF PARENT AND/OR LEGAL GUARDIAN

_____

PARENT AND/OR LEGAL GUARDIAN NAME

_____

DATE

AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY

If Applicable

For the safety of our campers, we have a strict policy for the handling of medication at camp. If your child will be taking medication while at camp, please be sure to follow the specific procedures listed below. Please note: Students will not be admitted to camp if these procedures are not followed.

- We ask that students attending camp please take ALL medication and/or vitamins before camp, unless they MUST be taken during camp hours.
- ALL medication MUST be brought to camp in their ORIGINAL CONTAINERS and given to camp staff on the first day of camp. Please do not take the medication out of the container.
- The original container must identify (in English) the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.
- Students will be responsible for self administering medication in accordance with the instructions below. In the case of emergency, or the camper cannot administer the medication themselves, a camp staff member will assist.
- Students needing injections (insulin, hormones, etc.) will need to self-administer the medication.
- Camp staff are not medical professionals. We will attempt to meet all reasonable accommodations regarding your camper and the medication they need to take during camp.
- All medication information MUST be completely entered in your child's Health History form.
- It is the responsibility of the Parent/Guardian to pick up any remaining medication at the end of the week. Any medication and/or vitamins left at camp will be disposed of.

MEDICATION 1	
DOSAGE	TIME OF DAY
NOTES	

MEDICATION 2	
DOSAGE	TIME OF DAY
NOTES	

I HEREBY AUTHORIZE the designated representatives of The Watersports Camp to administer the medication described on this AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY form. It is the policy of The Watersports Camp to provide the medicine to the camper to self-administer in accordance with instructions listed on this form. Should the camper be unable to administer the medication themselves, a staff member will assist in the administration. In consideration of the administration of this medication in accordance with the directions of my child's doctor, I hereby release State of California, the YMCA, the Trustees of the California State Universities, San Diego State University, Regents of the University of California, the University of California San Diego, the Associated Students of San Diego State University and all of their officers, employees and agents (referred to below as the "RELEASED PARTIES") from any and all liability for damages resulting from the administration of this medication to my child. I further agree to hold harmless and indemnify the RELEASED PARTIES from any costs or expenses associated with any claim brought against them for actions taken pursuant to this AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY and such indemnification to include attorney fees, costs of any litigation or claim or any damages or out of pocket costs occasioned by The Watersports Camp, its agents or representatives or employees.

_____ _____

SIGNATURE OF PARENT AND/OR LEGAL GUARDIAN DATE

_____

PARENT AND/OR LEGAL GUARDIAN NAME

Rev 06-03-2026

MISSION BAY AQUATIC CENTER
YOUTH PHOTO & MEDIA RELEASE

MINOR PARTICIPANT(S) - MUST BE COMPLETED BY LEGAL GUARDIAN			
CHILD 1 NAME	BIRTHDATE	CHILD 2 NAME	BIRTHDATE
CHILD 3 NAME	BIRTHDATE	CHILD 4 NAME	BIRTHDATE

1. OUR GOAL: SHARING THE STORY - We are asking for your consent to capture and share your child's image and successes because we want to share these moments with you and the community. By documenting our activities, we are able to:

- **Build Community:** Show the public the positive impact our youth are making.
- **Bring the Action Home:** We want to share photos/videos with our families and communities so that you can be close to the action and see all the fun things happening at camp!
- **Secure Our Future:** Provide visual stories to donors and grant-makers that prove our program works, ensuring we can keep serving your family.

2. HOW WE PROTECT PRIVACY Even when we share these stories, your child's safety is our priority. In accordance with California privacy standards for youth programs **No Private Details:** We will never publish your child's last name, home address, email, or school name.

- **Right to Revoke Consent:** You may revoke your consent at any time by emailing **mbac@sdsu.edu.** Upon revocation, we will cease using your child's covered information for marketing purposes going forward.
- **No Sale or Sharing:** We will never sell or share your child's covered information to or with any third party for any reason, regardless of whether you have provided consent for marketing use.
- **Information Used Only as Authorized:** Your child's covered information will only be used for the specific purposes for which you have provided consent as described in this notice.

3. WHAT IS INCLUDED IN THIS CONSENT? By selecting **YES** below, you are providing express consent for your child's covered information (picture, video, audio recording, likeness, or attributed statement) to be used for **all** of the following communication and marketing purposes:

- **Social Media & Web:** Posts/blogs on our official sites including mbac.com, watersportscamp.com, sdsu.edu, ucsd.edu, as well as our social media pages including Instagram, Facebook, YouTube, Tik Tok or other sites.
- **News & Marketing:** Sharing photos/videos with local media and partners and in our marketing materials including flyers, emails, ads, brochures, presentations, newsletters, and annual reports.
- **Funding & Grants:** Photos used in presentations to help us secure and maintain program funding including sharing with the California Parks and Recreation Division of Boating and Waterways for use in boating safety communications and outreach.

This consent notice is a standalone document, separate from all enrollment forms, waivers of liability, and other program documents. Your child's enrollment and participation in this program will not be affected by your decision on this form. Choosing "NO" will have no impact on your child's ability to participate in any Mission Bay Aquatic Center program.

Please choose one:

[ ] YES – PHOTO/VIDEO CONSENT I have read this notice and understand the purposes described above. I provide my express consent for Mission Bay Aquatic Center to use my child's covered information for **all** communication and marketing purposes described in Section 3 of this notice. I understand that I may revoke this consent at any time by emailing mbac@sdsu.edu, and that my child's covered information will not be sold or shared with third parties.

[ ] NO – NO PHOTOS/VIDEO I do not grant permission for my child's covered information to be used for marketing or communication purposes. I understand that this will have no effect on my child's enrollment or participation in the program.

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

Parent Name: _____