Dear Parent(s)/ Guardian(s),

Stewards of the Coast and Redwoods is pleased to provide a co-educational Day Camp in Russian River Area State Parks for children ages 8 to 12! The camp will run from 8:00 am to 3:30 pm Monday through Wednesday, with an optional extended overnight campout at Bullfrog Pond Campground (Thursday night), and half day on Friday. To participate; read, sign and return the following documents no later than; Fri. June 21st, 2019 at Noon:

1. FAMILY QUESTIONNAIRE  
2. CODE OF CONDUCT  
3. PARTICIPANT AGREEMENT  
4. PHOTO RELEASE

Following this letter is the week’s Itinerary. You or another authorized adult will need to drop off your child at different Russian River State Park locations and pick them up on time each day. Please review the locations, and determine whether or not your child will be able to attend all five days and the overnight campout. Stewards is happy to connect families interested in forming carpools; however, we cannot provide transportation. If your child chooses not to spend the night Thursday, you will need to schedule a time with our staff to pick up your child between 4 pm-8 pm.

Stewards strives to keep programs accessible and affordable for participants from all socio-economic backgrounds. There is a $75 fee associated with camp, with a limited number of need-based scholarships available. Unfortunately, we cannot accept every applicant. Please do not send payment until your child has been accepted. Applications will be accepted on a rolling basis, and families will be notified by Monday, July 1st. Once accepted, we will send additional information including our Suggested Packing Recommendations. Please note, nothing on the packing list is required; the list is intended as a guide to help you make informed packing decisions. We will provide tents, and can loan your child a sleeping pad, bag, and bed liner. Stewards will also provide Thursday night’s dinner, Friday’s breakfast, and Friday’s snack. Parents should provide snacks and lunches Monday through Thursday.

All Stewards of the Coast and Redwoods employees have been fingerprinted (Live Scan) and passed a Department of Justice (DOI) and Federal Bureau of Investigation (FBI) criminal history background check. If you are interested in becoming a member of Stewards or are interested in chaperoning the campout, please fill out and return the additional paperwork, depending on what duties you sign up for you may be asked to complete a background check (you will be reimbursed for any associated costs).

Our staff wants to make camp a fun and stress-free experience. For more information about Stewards of the Coast and Redwoods, please visit www.stewardscr.org. If you have any questions or concerns, please contact:

English/Español: Kat Rawhouser, Volunteer Programs Manager, kat@stewardscr.org; 707.869.9177 x 1#.

Sincerely,
Kat Rawhouser, Volunteer Programs Manager
2019 ITINERARY

*Please contact our office for driving directions. Meet in the parking lot. Parking is FREE.

Monday, July 8th: Tidepooling, Dunes and Sand Castles
8:00 AM Drop Off & 3:30 PM Pick Up (North Salmon Creek Beach, Sonoma Coast State Park)

Plan: Campers will spend the morning Tidepooling (low tide 0.18 at 10:22 am) and learning about the habitat of tidepool critters. In the afternoon we will focus on sand and how beaches are formed culminating in a sandcastle competition. **NOTE: the day will begin with a beach safety talk.** What to Bring? Layered clothing, **two pairs** of shoes (sturdy walking + boots/shoes that can get wet), hat, sunscreen, sunglasses, daypack, lunch, snack and plenty of water (2L).

Tuesday, July 9th: Layers of the Coastal Ecosystem, Geological Focus
8:00 AM Drop Off (Blind Beach, Sonoma Coast State Park, Goat Rock Beach Road)
3:30 PM Pick Up (Shell Beach, Sonoma Coast State Park)

Plan: Students will hike along the Kortum Trail! They will learn about coastal geology, flora & fauna, seabirds and marine mammals. In the afternoon they will hike up to Red Hill learning about ocean shelves and how ecosystems change with elevation (5 mi). If the weather is particularly hot, there will be an alternative afternoon activity on Shell Beach. **What to Bring?** Layered clothing, sturdy walking shoes, hat, sunscreen, sunglasses, daypack, lunch, snack, plenty of water (2L +) and name tag.

Wednesday, July 10th: Redwood Ecology
8:00 AM Drop Off & 3:30 PM Pick Up (Visitor Center, Armstrong Redwoods State Natural Reserve)

Plan: Campers will begin the day by making their own nature journals and learning basic photography. There will be a session on Outdoor Ethics and Leave No Trace before setting off into the trees of Armstrong to learn about Redwood Ecology and the animals of the forest floor. **What to Bring?** Layered clothing, sturdy walking shoes, hat, sunscreen, sunglasses, daypack, lunch, snack, and plenty of water.

Thursday, July 11th: Day Hike, Jr. Ranger/Evening Program, & Optional Tent Campout
8:00 AM Drop Off (**Arrange a pick up time with staff (before or after dinner/s’mores) if student does NOT plan to spend the night**)

Plan: Meet at the Stewards Office (rear parking lot). Campers will load their overnight gear into a truck and then hike up the hill to Austin Creek following the East Ridge Trail (steep 2.1 mile climb) learning about oak woodlands and the animals of Austin Creek. Campers will spend some time in the afternoon learning about camping before transitioning into a Jr. Ranger Program before dinner, bat walk and campfire with s’mores. **What to Bring?** Refer to camping recommendations and packing list (will be included with acceptance letter). Bring lunch and snack for Thursday. Thursday night’s dinner, Friday's breakfast, and Friday’s snack will be provided.

Friday, July 12th: Austin Creek Art & Closing (½ day!)
7:30 AM Drop Off (**If didn’t spend night); 12:00 PM Pick Up (Pond Farm Pottery on Austin Creek Road)

Plan: Campers will wake up, enjoy a yummy breakfast, and clean camp. Campers will then make their way to Pond Farm Pottery for a tour of our historic Pond Farm before getting a lesson in Clay Pottery.

**IMPORTANT:** At the kiosk, inform the attendant you are picking up/dropping off child(ren) for Summer Camp. They will waive the Day Use FEE and let you through with a hour pass. If they are not at the front kiosk, you may come and go without issue. At the Group Picnic Area turn left, up the hill to Bullfrog Pond. This is a single-lane, steep, winding, paved road (2.4 miles from the Group Picnic Area). PLEASE DRIVE SLOWLY, and pass other cars carefully.
FAMILY QUESTIONNAIRE

General
How did you hear about Forest to the Sea Summer Day Camp? ________________________________
Has your child been camping before? Circle one. Yes No
What language(s) do you speak at home? ________________________________
Do you have any fears, concerns, or questions for us? ________________________________

Transportation
Will you, your spouse, or another authorized adult be able to drop off/pick up your child each day? 
Circle one. Yes No Maybe
Would you like Stewards to help you connect with other families to form a carpool? Circle one.
Yes No Maybe
May Stewards give out your name and contact information to other families looking to carpool? Circle one.
Phone: Yes No
Email: Yes No

Scholarship
Are you requesting a need-based scholarship for your child to attend Day Camp? 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 Stewards’ educational scholarship fund?
Circle one. Yes No If yes, how much? $_________
Does your family wish to become a member of Stewards? Circle one. Yes No
If yes, please complete the attached membership form.
**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 with respect and caring.** 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 children 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.

6. **Ensure children are mature enough to preform self-care.** While Stewards will remind children to take care of their needs at appropriate intervals, Stewards is not responsible for making sure children preform basic self-care such as the proper application of sunscreen, drinking water to stay hydrated and using the restroom when it is available.

**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:

**Kat Rawhouser:** kat@stewardscr.org or (707) 869-9177 ext. 1 #

If you are not satisfied with the response by our Volunteer Programs Manager, you may request an appointment to meet with the Executive Director, Michele Luna. (707) 869-9177 x4# or michele@stewardscr.org
Acknowledgement
My child and I have read the Code of Conduct. I have discussed the rules and consequences with my child/teen. We understand that no refunds will be issued if a violation of the Code of Conduct results in expulsion from the program.

I pledge to uphold this commitment. I understand that if I am not able to follow the rules set forth above, I will be asked to leave:

__________________________________________  Age  Date

Minor’s Signature

Minor’s Name (please print): ____________________________________________

I have witnessed the pledge made by my son/daughter, and I understand that if my son/daughter breaks any of the commitments stated in this code of conduct, he/she will be sent home:

__________________________________________  Date

Parent/Guardian Signature

Parent/Guardian Name (please print): ____________________________________________
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

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<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
<th></th>
<th>Y</th>
<th>N</th>
<th></th>
<th>Y</th>
<th>N</th>
<th></th>
<th>Y</th>
<th>N</th>
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</thead>
<tbody>
<tr>
<td>Eyes</td>
<td></td>
<td></td>
<td>Hay Fever</td>
<td>Y</td>
<td>N</td>
<td>Internal Organs</td>
<td>Y</td>
<td>N</td>
<td>Legs</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>Ears</td>
<td></td>
<td></td>
<td>Asthma</td>
<td>Y</td>
<td>N</td>
<td>Epilepsy/Seizures</td>
<td>Y</td>
<td>N</td>
<td>Ankes</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>Head</td>
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<td></td>
<td>Illness</td>
<td>Y</td>
<td>N</td>
<td>Heart/Circulatory</td>
<td>Y</td>
<td>N</td>
<td>Feet</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>Neck</td>
<td></td>
<td></td>
<td>Diabetes</td>
<td>Y</td>
<td>N</td>
<td>High Blood Pressure</td>
<td>Y</td>
<td>N</td>
<td>Knees</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>Back</td>
<td></td>
<td></td>
<td>Shoulders</td>
<td>Y</td>
<td>N</td>
<td>Orthopedic/Bone/Joint</td>
<td>Y</td>
<td>N</td>
<td>Pelvis</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>Wrists</td>
<td></td>
<td></td>
<td>Eating Disorder</td>
<td>Y</td>
<td>N</td>
<td>Sleep Walking</td>
<td>Y</td>
<td>N</td>
<td>Hands</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Arms</td>
<td></td>
<td></td>
<td>Menstrual</td>
<td>Y</td>
<td>N</td>
<td>Learning Disability</td>
<td>Y</td>
<td>N</td>
<td>Lungs</td>
<td>Y</td>
<td>N</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Depression</td>
<td>Y</td>
<td>N</td>
<td>Behavior Disorder</td>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
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</table>

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*

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Type of Reaction</th>
<th>Medication Required</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Part III. List any medication your child is using, including herbs and over the counter medications.

*Please list below or circle: None*

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage Instructions (amount &amp; freq.)</th>
<th>Time Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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.)?

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 three (3) 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, 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 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’ 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, 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 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: ____
CHAPERONE AGREEMENT

Thank You for Your Support! Without the help of volunteer chaperones, many Programs would not be possible. Due to staffing limitations, our Program Leaders may rely on adult chaperones to assist with group management/logistical constraints. Our aim is to allow opportunities for our staff and program providers to step away for allotted breaks in their work day, while also maintaining constant adult supervision. Although we always accept applications, we do not always have a need for chaperones, depending on staff availability, number of enrolled participants, and activity (for example, a day at the ocean’s edge exploring tidepools requires more adult supervision than a leisurely stroll through Armstrong Redwoods). Therefore, Stewards welcomes family members over the age of 21 to complete this agreement. It is great to see involved parents wanting to share experiences with their children; however outdoor experiences away from parental oversight can help children develop their sense of self, personal identity, and emotional maturity. Therefore, we discourage volunteering for the sake of being close to your children. Your child will be well supervised, and we hope our youth programs provide formative “coming of age” and “rights-of-passage” experiences.

As a chaperone, you represent Stewards and/or State Parks and should present yourself and our organizations in a professional manner. Volunteer chaperones will report to the Chaperone Leader. The Chaperone Leader will outline available tasks, delegate and divide workload among chaperones, and schedule breaks. It is your responsibility to communicate your interests and abilities to the Chaperone Leader, and notify him/her if you are unable or unwilling to perform any task asked of you. If being put to work does not appeal to you, Stewards offers Family Programs where family members take on a participatory role, and are not expected to serve as staff support. Please keep these programs in mind for the future instead of volunteering as a chaperone for this event.

Chaperone Requirements:

- Must be a parent, guardian, relative, Stewards’ volunteer, OR employee/volunteer of a partner organization
- Must be 21 years or older
- May be checked against the Megan’s Law public sex offender database
- Must be qualified by the Chaperone Leader as a responsible supervisor. Stewards may call references to inquire about character and judgment
- Must be willing and physically able to participate in all activities
- If driving minor participants: provide Stewards with a photocopy of your proof of insurance, valid driver’s license (class B license not required), and DMV driving record
- If you would like to assist with First Aid: provide Stewards with a photocopy of your valid CPR/First Aid certification. Without this certification on file, you will only be allowed to assist with the first aid of your own child (if necessary)
- Submit to a background check prior to providing any services that will require me to be alone with a child not my own (such as during bathroom breaks).

Although all Stewards employees have been Live Scanned and passed a DOJ and FBI criminal history background check, it is not practical for Stewards to require Volunteer Chaperones to undergo similar background checks. However, California law authorizes certain governmental and private organizations to conduct criminal offender record information background checks to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled.
Have you previously completed and passed a fingerprint-based background check through a law enforcement agency, school, non-profit organization, in-home supportive care agency, or similarly authorized organization? Circle one  Yes  No

Year of most recent Live Scan: __________________________

Ordered For (Organization Name): __________________________

Person We Can Contact at the Organization: __________________________

Organization Phone Number: __________________________

**Chaperone Selection Process:**
To ensure the best supervision for minor participants, all chaperones must be chosen by Stewards staff. It is a **privilege** for you to participate in the Stewards-sponsored program. It is imperative that you adhere to the applicable provisions of the Chaperone Agreement.

You must provide the names of three (3) references. Two of the three must be personal or professional references that are not family members. If you have been fingerprinted, one of the references must be from the organization that ordered the Live Scan. The third reference can be a family member.

**Reference #1 (please print) __________________________**

Phone __________________________ Email __________________________

Address __________________________

**Reference #2 (please print) __________________________**

Phone __________________________ Email __________________________

Address __________________________

**Reference #3 (please print) __________________________**

Phone __________________________ Email __________________________

Address __________________________

**Chaperone Duties:**
- Help with group management – keep an eye on children, and make sure they are staying with the group and following directions
- Supervise “free time”
- Make sure students are following all safety rules. If a student refuses to follow your instructions, inform the Chaperone Leader and/or Program Leader(s) as soon as possible
- Unless a student poses an imminent threat to the safety of him/herself or others, **never** physically handle a youth
- Monitor and help enforce the Youth Code of Conduct. Disciplinary actions should be dealt with by Program Leader(s)
- If an incident involving a student occurs, write down what happened and any witnesses
- Carry a list of cell phone numbers of the other chaperones/Program Leader(s) attending the trip
- Do not leave children alone or unescorted. Keep the group together, and when necessary, escort children to the restroom. Help enforce the “buddy system”
- **Never** put yourself in a position where you are alone with a single child
Chaperone Conduct
Stewards is fully committed to safeguarding and promoting the wellbeing of all participants and reserve the right to terminate or suspend program privileges of any person who is in violation of the Chaperone Agreement. It is in the best interest of all students attending a Stewards’ Program that each chaperone agrees to the following mandated guidelines. Violation of the mandated guidelines could result in dismissal.

- No alcoholic beverages or illegal drugs shall be consumed by any participant (youth and adult) at any time during the Program
- Tobacco is not permitted for the duration of the Program
- No weapons are permitted
- No use of foul language will be tolerated by any Program participant
- Only age-appropriate topics of discussions shall occur around students during the Program
- Appropriate attire is required as an example to the students
- Follow all safety rules
- Adhere to and not deviate from the scheduled itinerary
- Introduce yourself and know the names of the students in your group
- Children not enrolled in the Program (e.g., younger siblings) are not allowed as they could become a distraction from the supervising duty

Acknowledgement
I have read and pledge to uphold the Chaperone Agreement. I agree to accept the responsibility of chaperone and in doing so, agree to abide by all the above terms and meet all requirements as specified by the Chaperone Leader. I understand that if I am not able to follow the rules set forth above, I will be asked to leave:

__________________________________________________________________________
Chaperone Signature                                           Date

Chaperone Name (please print): __________________________________________________

Languages Spoken (please circle):   English   Spanish   Other: ______________________________

Phone ______________________________ Email ______________________________

Address ________________________________________________________________

Relationship to Event (Youth’s name, Organization, etc.) _______________________________

*Please attach copies of driver’s license, insurance, driving record, and current First Aid/CPR if applicable*