

# 2023 - 2024 Program (YOUTH) Application

To attend Ocean Discovery programs, the child must be currently enrolled in one of the City Heights schools designated to the Hoover High school-shed.

STUDENT INFORMATIO	N													
Child's Name:														
Address:														
City, State, and Zip:														
Birthdate:						<mark>Studen</mark>	t ID N	<mark>umber</mark> :						
School (Circle one):				E: Fra	dison uclid anklin milton	rclid Jo nklin Norm			over HS Rowan Syner Wilson MS Al Heights Sa Parks					
Grade (Circle one):	K	1	2	3	4	5	6	7	8	9	:	10	11	12
Child's Gender?	Female Male	Female Other Child's Primary Male Prefer Not to Say Language:				ary								
Is Child Hispanic/Latino	?		YI	ES _		NO								
Child's Racial Background (Select One): If you do not check a racial option, we will assume "Other Multi-Racial".														
American Indian/ Alaskan Native & Black/ African AmericanAmerican Indian/ Alaskan Native & WhiteAmerican Indian/ Alaskan NativeBlack/ African American & WhiteAsianAsian & WhiteBlack/ African AmericanWhite														
How many individuals live in your household?12345678 or More														
What is your household income (combined from all household members) from all sources?  \$ Monthly OR \$ Yearly														
Is the head of your household male or female?Head of household refers to the primaryFemaleadult member of the family who is responsible for the majority of household income.Male														
PARENT/GUARDIAN #1 INFORMATION														
Name:														
Same Address as Stud	ent?	YE	:S	NO		Lives	with (	<mark>Child</mark> :			_YES		NC	)
Address (if different):									•					
City, State, and Zip:														
Home Phone:						Wor	<mark>k Phon</mark>	<mark>ie:</mark>						
Mobile Phone:	Mobile Phone: Email Address:													
Relationship to Child:								Can Pi	<mark>ck U</mark> p	<mark>)</mark> :	Y	'ES		_ NO

PARENT/GUARDIAN #2 INFORMATION												
Name:												
Same A	ddress as Student?	nt? YES NO Live			vith Child:			_ YES	NO			
Address	(if different):					•						
City, Sta	ite, and Zip:											
Home P	hone:			Work P	hone:							
Mobile	Phone:	Email Add										
Relation	nship to Child:	d:					p: _	YES	NO			
OTHER EMERGENCY CONTACT PERSON												
Name:												
Home Pho	one:		<mark>hone</mark> :									
Mobile Ph	ione:		ddress:									
Relations	hip to Child:						<mark>p</mark> :	YES	NO			
OTHER AUTHORIZED TO PICK UP												
Name:												
Home Pho	one:			Work Phone	:							
Mobile Ph	none:	Email Address:										
Relations	hip to Child:	o Child:						YES	NO			
MEDICAL												
Allergies o	of the Child:											
Is this child limited or prevented in any												
VEC NO					please explai							
Other medical conditions/special instructions:												
Current medications:												
By signing below, I certify that all of the information in this application is true and correct.												
Parent/Guardian Signature:  Date:												
	Academic Year Weel	*** For Staff Use Only *** ear Week: Summer Camp Week:										
	Other Program(s):				ı·							



# **Consent to Participate Agreement**

## 1. Waiver of Liability

I hereby waive any right or cause of action arising as a result of my participation and/or my child's participation in Ocean Discovery Institute's programs from which any liability may or could accrue against Ocean Discovery Institute and its funders, officers, and partners including but not limited to the City of San Diego and the San Diego Unified School District. This participation includes any activities associated with Ocean Discovery Institute, including but not limited to those that take place on the Living Lab site (inside the facility and outdoors), at the adjacent canyon, in the classroom, in the field and while being transported in Ocean Discovery vehicles or San Diego Unified School District buses. I understand there are uneven surfaces on the Living Lab site and within outdoor/boundary areas (e.g., adjacent canyon and open space), and I and/or my child will wear the appropriate clothing and shoes and enter these areas at my/our own risk. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from damages, losses or injuries to my child and/or personal property, including claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney's fees, which are sustained in connection with my activities associated with Ocean Discovery Institute's programs.

### 2. Medical Treatment, Injury, and Illness

I have taken the necessary steps to ensure my safety and/or my child's safety by fulfilling all necessary medical treatments and requirements set forth by Ocean Discovery Institute. I hereby authorize the staff of Ocean Discovery Institute to act for me/my child according to their best judgment in any emergency requiring medical attention. I hereby waive and release Ocean Discovery Institute from any and all liability for injuries, conditions, or illnesses arising out of participation in Ocean Discovery Institute's programs.

# 3. Data Collection

Ocean Discovery Institute collects data from participants to continually assess and improve its programs. The types of data collected include science achievement and beliefs and attitudes. Data is collected through written assessments, surveys, and interviews. I understand that my name or my child's name will not be used in reports outside the organization, unless I give prior written permission. I agree to participate and/or have my child participate in data collection for program evaluation.

# 4. Photographs, Audio, & Video

All photographs, audio and video taken of participants are the sole property of Ocean Discovery Institute and partners of Ocean Discovery Institute. Ocean Discovery Institute and their partners reserve the right to use such items for evaluation, research, publicity, publication, and advertising purposes. For students under the age of 18, when names are associated with photos, only first names will be used. This content may then be used on Ocean Discovery Institute's and/or their partners' websites. Provided, however, Ocean Discovery Institute will not knowingly use such information without a participant's authorization. I hereby authorize Ocean Discovery Institute and their partners to photograph, audio record, and videotape myself and/or my child during their participation in Ocean Discovery Institute programs, unless I have declined this authorization by checking the box below.

I do <u>NOT</u> authorize Ocean Discovery Institute and their partners to photograph, audio record, and videotape myself and/or my child during their participation in Ocean Discovery Institute programs.

#### 5. Virtual Learning and Mentoring

As part of our plan to provide distance learning and mentoring opportunities for our participants, Ocean Discovery Institute programming will be utilizing virtual platforms. Ocean Discovery Institute adopts the same virtual platforms used by San Diego Unified School District, and we approve only the virtual platforms that comply with the requirements of the Children's Online Privacy Protection Act ("COPPA"), the California Consumer Privacy Act ("CCPA"), the Federal Education Rights and Privacy Act ("FERPA"), and other applicable law. Virtual platforms that can be used in accordance to the policies include: Zoom, Microsoft Teams, Google Hangout, Google Classroom, and smart phone video calling. The platforms can be a helpful tool for conducting mentoring sessions, classes, or working with program participants while not on site at the Living Lab. Ocean Discovery Institute is committed to providing a safe learning environment, including during this time of virtual experiences. We have established an acceptable use policy for electronic interactions with minors designed to keep your child safe online. Please support us in this effort by monitoring your child's activity while online or otherwise engaged with Ocean Discovery Institute in a virtual capacity.

#### 6. <u>Behavior Agreements</u>

In an effort to successfully create a safe and welcoming environment for all individuals to make discoveries, I agree to uphold the Behavior Agreements below while at the Living Lab or during Ocean Discovery programs. The following behaviors are not acceptable and may result in the immediate suspension of a participant for the remainder of the current program day, week or possibly the year.

- Endangering the health and safety of children and/or staff, program participants, and volunteers.
- · Stealing or damaging Ocean Discovery facility or personal property. Parents may be billed for replacement cost.
- Leaving the program without permission.
- Continuing to disrupt the program.
- Refusing to follow the behavior guidelines or rules.
- Using profanity, vulgarity, or obscenity frequently.
- Using technology or personal electronics for non-program or inappropriate purposes.
- Sexual behavior or public displays of affection.
- Defying instructions of instructors.
- Threatening behavior, bullying, verbal or physical abuse to other program participants, staff, or guests.
- Borrowing of others' possessions without their consent.
- To be in possession of a weapon or implement that staff deem dangerous or potentially dangerous.
- Any illegal activity.

#### 7. Grievances/Consequences

Anyone observing the Behavior Agreements being broken must report it immediately to an Ocean Discovery Institute staff member. When a child does not follow the Behavior Agreements, Ocean Discovery Institute staff will take the following steps:

- Staff directs the child to more appropriate behavior. The child is reminded of the behavior guidelines and rules, and a discussion will take place.
- If the behavior persists, a parent is notified of the problem.
- If the problem still persists, the student may be sent home for the day or remainder of the week.
- If a problem persists and a child continues to disrupt the program, Ocean Discovery reserves the right to suspend the child from the program. Expulsion from the program will be considered.
- If a child's behavior at any time threatens the immediate safety of themselves, other children, or staff, the parent is notified and instructed to pick up the child immediately.
- Any intentional participant behavior that puts Ocean Discovery, the Living Lab, staff or others at physical or emotional risk or threatens may result in immediate dismissal from the program.

I understand that my participation and/or my child's participation in Ocean Discovery Institute's programs is/are wholly voluntary. I may revoke this agreement at any time by submitting a written request to withdraw consent to Ocean Discovery Institute. I have shared all of the above information with those other parties responsible and understand that before signing this agreement, I have the right to consult with the advisor, counselor, or attorney of my choice. I understand that if anything changes relevant to the representations I have made, it is my obligation to notify Ocean Discovery Institute in writing and re-execute this agreement with the changed information.

I agree to the terms of the Consent to Participate.							
Child's Name:							
Parent/Guardian Signature:		Date:					