

## SAN DIEGO COUNTY FRIDAY NIGHT LIVE PARTNERSHIP

6401 Linda Vista Rd, San Diego, California 92111 (619) 777-6365

Dear Parent,

We are pleased that your child will be attending the 2022 Spring Jam hosted by the San Diego Friday Night Live Partnership on April 2, 2022. This packet is intended to provide you with key information because your support is imperative in assuring that your child has a meaningful experience. Spring Jam is a program that has been designed to enhance leadership skills, promote a healthy lifestyle, and encourage community involvement.

Throughout the day Spring Jam offers educational workshops on a variety of teen related issues. We will provide training on strategies to help them make a positive change on their campus and in their community. There are two primary goals of Spring Jam; the first is to provide youth leadership skill development. The second goal is to provide opportunities for them to use those leadership skills to advocate living a healthy lifestyle free from alcohol, tobacco, and other drugs. The main priority for Friday Night Live staff is to make sure that your child is safe, supported, and supervised at all times. This is accomplished by having adults and advisors present at all times.

The **registration fee of \$30** includes transportation to and from Spring Jam, meals, and conference materials. Additional money will not be needed at Spring Jam. The activities are both active and sedentary. Please note any activity restrictions on the registration form. Spring Jam is held at Camp Camp Cuyamaca, located in Descanso, right off the 79. The weather gets cold, especially at night.

We encourage your child to leave electronics and expensive devices at home, as we are not responsible for any lost or stolen items. **Please do NOT bring iPods, laptops, expensive cameras, video cameras, or anything that would be especially missed, if lost.** We strongly discourage students from bringing their cell phones as the campgrounds have extremely limited reception. Cell phones are not permitted for use during the conference. In case of an emergency, if you need to contact your student, there is a facility phone available; the number is (858) 298-2100 or (619) 777-6365.

If you have any questions or concerns, please do not hesitate to visit our website at [sdfnl.net](http://sdfnl.net) or contact me by phone at (858) 298-2100 or by email at [sugarcia@sdcoe.net](mailto:sugarcia@sdcoe.net).

Sincerely,

Salvador Garcia

County Coordinator  
San Diego County Friday Night Live Partnership

# Spring Jam

**Middle School Youth Leadership Conference  
April 2, 2022 – Camp Cuyamaca**

**Youth Registration Form Due March 15, 2022**

Registration form -- Fee per participant \$30

## Registration Information

Name: \_\_\_\_\_ Year of HS Graduation \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Grade: 5th | 6th | 7th | 8th T-Shirt Size:: S | M | L | XL | 2XL

School: \_\_\_\_\_ Advisor Name: \_\_\_\_\_

## Conference Guidelines

**Behavior Expectation:** All youth participants agree to be responsible for their own actions and will act in an appropriate manner at all times. Any violation of any of the SDCOE and/or school rules will subject youth to immediate expulsion from the event. In the event of expulsion from the event, parents/guardians will be responsible for their child's immediate transportation home.

**Personal Property:** Please note that participants should not bring items of value—laptops, iPods, cell phones etc. to the event. The SDCOE will not be responsible for lost or stolen items.

**Use of Drugs or Alcohol:** Participants either found using or under the influence or in possession of alcohol, tobacco or other drugs, will be removed from the program. Smoking cigarettes is not permitted.

**Activities:** Youth may choose to participate in a variety of supervised outdoor activities, such as swimming, hiking, rock climbing, or any other activities planned by the SDCOE or Camp Cuyamaca staff. Appropriate training and safety information will be provided. I understand that it is my child's choice to participate in the activities listed above.

**Dress Code:** Clothing should be constructed and worn in such a manner that is not unduly revealing nor should clothing be worn so that undergarments are revealed. This includes midriff tops that expose the stomach area and which are not long enough to be tucked into the pants, muscle shirts, very short miniskirts or short shorts, and other garments of this nature are not acceptable.

**Transportation:** Participants will be transported by bus coordinated by SDCOE. Participants may be transported by their parents or by transportation arranged by their school (bus or car/van provided by their parent or advisor). Upon advance notice, transportation may be either by school, car, van provided by SDCOE or chapter advisor. Parents are responsible for transportation to and from pick up locations. Youth may be transported to and from events in SDCOE vehicles.

**Media Release:** Parts of these activities will be photographed and/or videotaped. By allowing my child's participation in these activities, I hereby waive the right to the use of their name, likeness, performance and voice for the purpose of advertising or promoting the SDCOE in print or media, including the worldwide web without compensation either now or in the future.

This release is effective for: San Diego County Superintendent of Schools from April 2, 2022.

**My signature below indicates my acceptance of all the above conditions and releases:**

\_\_\_\_\_  
Youth Participant's Name (Please Print Clearly)

\_\_\_\_\_  
Youth Participant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**MAIL, SCAN OR YOUR COMPLETED FORMS AND PAYMENT BY March 15th**

**TO: Friday Night Live - San Diego County Office of Education**

**6401 Linda Vista Road, San Diego, CA 92111**

**Ph: 619-777-6365 | Email: [robert.gozum@sdcoe.net](mailto:robert.gozum@sdcoe.net) | Visit us at [www.sdfnl.net](http://www.sdfnl.net)**

**Outdoor Education Program**  
**Student Registration and Health Form**  
**2021-22**

**To be Completed by Parent or Guardian**  
\* Please Print Double-sided on Pink Paper \*

Attendance Dates:  
From: \_\_\_\_\_  
To: \_\_\_\_\_  
Teacher: \_\_\_\_\_

*For office use only:*  
Reviewed by  
school health  
technician or RN.  
Initial: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:**  F  M  
Last First

**School:** \_\_\_\_\_ **School Phone:** \_\_\_\_\_

**Parent/Guardian:**

1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Cell # Home # Work #

2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Cell # Home # Work #

**Home Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**If you cannot be reached in an emergency, who should be called?**

3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Cell # Home # Work #

**Physician Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Student Health Information and Authorization for Treatment**

Check () **ALL** applicable conditions of child and **explain below**

- |   |  |
|---|--|
| <p><b>A.</b> Allergies (specify below)</p> <p><input type="checkbox"/> Bee Stings/Insect Bites (circle)</p> <p><input type="checkbox"/> Food *(list below)</p> <p><input type="checkbox"/> Hay Fever/Sinus</p> <p><input type="checkbox"/> Poison Oak</p> <p><b>B.</b> <input type="checkbox"/> Asthma <input type="checkbox"/> Sending RX</p> <p><b>C.</b> <input type="checkbox"/> Back or Neck Problems</p> <p><b>D.</b> <input type="checkbox"/> Bedwetting (currently)</p> <p><b>E.</b> <input type="checkbox"/> Bowel Problems</p> <p><b>F.</b> <input type="checkbox"/> Epilepsy or Seizure Disorder</p> <p><b>G.</b> <input type="checkbox"/> Fainting</p> <p><b>H.</b> <input type="checkbox"/> Headache/Migraines</p> <p><b>I.</b> <input type="checkbox"/> Heart Condition</p> <p><b>J.</b> <input type="checkbox"/> Nose Bleeds</p> | <p><b>K.</b> <input type="checkbox"/> Recent broken bone or other injuries<br/>Body part injured: _____ Date of injury: _____<br/>Activity Restrictions: _____</p> <p><b>L.</b> <input type="checkbox"/> Recent Surgery - body part: _____ Surgery Date: _____<br/>Activity restrictions: _____</p> <p><b>M.</b> <input type="checkbox"/> Vegetarian</p> <p><b>N.</b> <input type="checkbox"/> Sleep walking (history of) - Date of last episode: _____</p> <p><b>O.</b> <input type="checkbox"/> ADD or ADHD (circle) <input type="checkbox"/> Sending RX</p> <p><b>P.</b> <input type="checkbox"/> Diabetes - Type: _____ Date of diagnosis: _____</p> <p><b>Q.</b> <input type="checkbox"/> Special Ed? <b>Y/N</b> IEP? <b>Y/N</b> for: _____</p> <p><b>R.</b> <input type="checkbox"/> Psychiatric/Emotional Illness: _____</p> <p><b>S.</b> <input type="checkbox"/> Does child require teacher aid in classroom? <b>Y/N</b> with ADLs? <b>Y/N</b></p> <p><b>T.</b> Date of last tetanus vaccine: _____</p> |
|---|--|

Has your child been vaccinated for COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> NO	Has your child been exposed to any communicable disease within the past month, including COVID-19? If yes, please specify:
--	--

**Briefly explain ALL items checked above (refer to each item by letter)**

And explain any other medical issues not listed above (use additional sheets if necessary)

Letter	Explanation

**Allergies**

(\*Also disclose all medically necessary dietary requirements on a Special Meal Accommodation Form signed by a physician.)

Specify type(s)	Child's reaction	Authorized treatment(s)

**ALL routine medications (BOTH prescription and non-prescription) must be in the original container and accompanied by a Medication Authorization Form signed by a prescribing physician (MD, DO, NP, or PA) and parent/guardian.**



These sections must be completed for your form to be processed



### Non-Prescription Medication Available on an As-Needed Basis

Occasionally, it is necessary to provide students with non-prescription medications when they are at the camp. The medications listed below are kept in stock at the camp for this purpose. **Do not send any of these items to the camp.** Please check "yes" or "no" () below to indicate your permission for the listed medications to be administered by the Outdoor School Nurse or an authorized responsible staff member.

**We will not administer any medication without authorization.**

YES NO

- Tylenol (head/muscle aches/cramps fever/pain)
- Ibuprofen (head/muscle aches/cramps fever/pain)
- Throat lozenges (sore throat)
- Tums/ Pepto-Bismol (stomachache / diarrhea)
- Fiber Choice (constipation)
- Dramamine (motion sickness)

YES NO

- Benadryl oral/ topical (allergies, itch/bite)
- Claritin / Zyrtec (allergies / hay fever)
- Sudafed PE (congestion)
- Robitussin (cough)
- Hydrocortisone Cream (itch / rash)
- Neosporin antibiotic ointment (cuts/ burns)

### **Authorization for Medical Treatment – Signature required for student to receive treatment.**

I hereby authorize emergency medical or surgical care at the nearest hospital, should a medical emergency arise, and I am not immediately available. I further authorize site personnel to assist my child in the use of the medications indicated above and those listed on the attached Medication Authorization Form.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IMPORTANT: Are you sending prescription or non-prescription medication to the site?  Yes  No**

If "Yes", then complete the **Medication Authorization Form** and send with the medication. Send a copy of the completed Medication Authorization Form to your home school's nurse at least 3 weeks prior to your student's encampment.

### Medical Insurance Information

- Medi-Cal Coverage Policy # \_\_\_\_\_
- Private Insurance Insurer Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

## Parent/Guardian Permission for Participation in the Cuyamaca Outdoor School Sixth Grade Camp

### **Participant Liability Release, Hold Harmless and Indemnification**

I, the undersigned parent/guardian, consent to my child's voluntary participation in an extended school field trip at San Diego County Office of Education (SDCOE)'s Cuyamaca Outdoor School (COS). I acknowledge that my child and I fully understand that participation may involve risk of serious injury or death, including losses which may result not only from my child's own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where activities are being conducted. I understand that if I have any risk concerns, I should discuss the associated risks with my child's school before I sign this document and before the field trip begins.

I acknowledge that I am aware that there are risks to my child, myself, and any members of our household of exposure to, directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

In consideration of having the opportunity to participate in the Cuyamaca Outdoor School program, I hereby voluntarily agree to waive, hold harmless, indemnify, and release SDCOE/COS, its Board members, administrators, officers, agents, employees, volunteers, representatives, and other individuals acting on its behalf from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my child's participation in COS. I indicate my agreement to this hold harmless elective by signing below.

### **COVID-19 Testing at Cuyamaca Outdoor School**

I hereby give permission for a trained COS staff member to administer a nasal swab COVID-19 test if my child becomes ill and/or exhibits any COVID-19 related symptom(s).

### **Authorization for Student Transportation**

I hereby authorize employees of San Diego County Office of Education and/or my child's school or district to transport my child in buses, SDCOE owned vehicles, or personal vehicles for field trips, between home, school, and Cuyamaca Outdoor School, and for emergency purposes.

### **Required Pick Up**

I acknowledge that If my child becomes ill, exhibits COVID-19 related symptoms not related to a pre-existing medical condition listed above, tests positive for COVID-19 while at COS, or does not follow school and/or COS rules, I or the emergency contact listed on this form, will be required to pick up my child from COS *within four-hours of being notified*.

### **Discipline Policy**

I acknowledge that if my child does not follow school and COS rules, COS staff will attempt to work with my child to help them make better choices. In some circumstances, disciplinary consequences may be implemented. Depending on the severity of the behavior, consequences may include being "timed out" of fun activities, suspended from their home school, and/or having to be picked up and brought home by me or the emergency contact listed on this form.

### **Media Release**

Videos and/or photos may be taken and used for promotional and/or news purposes. If you *do not* wish to have your child included in such videos or photos, it is your responsibility to contact the camp secretary no later than two (2) weeks prior to camp at 760 765-3000

**I HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS AND CONDITIONS OF THIS DOCUMENT. BY SIGNING BELOW, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ THIS ENTIRE AGREEMENT, THAT I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING MY RIGHT TO SUE, AND THAT I HAVE SIGNED THIS AGREEMENT KNOWINGLY AND VOLUNTARILY.**

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian



Parent/Guardian



# Spring Jam

**Middle School Youth Leadership Conference  
April 2, 2022 – Camp Cuyamaca**

**Who:** Club Live Youth

**When:** April 2, 2022

**What to Bring**

- Warm Clothes
- Rain Gear
- Comfy Clothes

**Where:**

Camp Cuyamaca  
12561 CA-79,  
Descanso, CA 92036  
858-298-2100

## **Q. What is Spring Jam?**

A. Spring Jam is a leadership conference for middle school youth. Activities focus on prevention of alcohol, tobacco, and other drug use. It also provides opportunities to build leadership skills, team-building, public speaking, activity planning, and community engagement.

## **Q. When is Spring Jam and how long is it? How will I get there?**

A. Camp is on April 2, 2022. The FNL team will arrange for bus transportation. Bus stops will be placed at various sites around the county. Students will need to be transported to the nearest pick-up location. Buses will pick-up on Saturday at 7:00 am and will leave Camp Cuyamaca at 7:00 pm on Sunday arriving at your pickup location around 8:00pm. Please note these times are approximate and may vary depending on bus schedules, traffic, weather, etc.

## **Q. What is the difference between this youth leadership conference and other conferences I may have attended from other organizations?**

A. High school and college students from all over the county organize, design, plan, and lead all aspects of Spring Jam. This experience will help you build your leadership skills and provide you the opportunity to use those newly learned skills at school or in your community.

## **Q. What is the cost per student?**

A. There is a registration fee of \$30 per person. Ask your advisor for their specific deadline for you to turn in your registration form and payment to them. (Registration forms and fees are due from your advisor to the FNL Office by 3 pm Tuesday, March 15<sup>th</sup>. Your advisor may want them earlier). The registration fee includes transportation, meals, and conference materials. Ask your advisor about payment and/or fundraising opportunities.

## **Q. What is expected of me while I am at Spring Jam? What items should I NOT bring?**

A. You are expected to behave according to the rules and dress code established by your school and Friday Night Live/Club Live. Your participation in ALL conference activities is required. Remember to bring your positive attitude and friendly face! Cell phones will not be permitted for use during the day. You may use them if reception is available to contact your parents when you arrive at Spring Jam. Please leave all expensive electronic devices at home. FNL is not responsible for any lost or stolen items.