

April 13, 2010

Dear Potential Life Skills Participant,

We are very excited to offer the opportunity to you to attend our 3rd Annual Life Skills Retreat. Enclosed in this packet are release forms that you will need to sign and send back for you to attend for our weekend retreat. If you are under the age of 18, please have your parent or guardian sign the forms.

We will be accepting participants based on their application as well as if the application is returned by the due date. We have the ability to serve 20-25 participants for our annual retreat but, keep in mind that we are inviting more than that to attend. To have your best chance at getting a spot for our retreat, please fill out this application and send it back as soon as possible. Take your time on the questions, as this is how we will decide who to accept. **The deadline to receive all applications is May 15, 2010.**

Our Life Skills Retreat will be held at Pepperdine University in Malibu, California. The dates of the retreat are June 17-20, 2010. Pepperdine is one of the most beautiful universities in California with ocean views from almost every area on campus. You will get a real college feel when we are staying in the dorms and eating in the cafeteria.

At the Life Skills Retreat, you will learn valuable skills to help you be successful in the next phase of your life. Seminars may include: public speaking, how to write a resume, how to apply for college, what career path is right for you and many more! This retreat would be an amazing opportunity for you.

Please fill out the attached application forms and return them as soon as possible to:

Project Kindle  
c/o Nichol Costa  
28245 Ave Crocker, Ste.104  
Santa Clarita, CA 91355

You may also fax the forms to: (702) 995-9186

If you have any questions or concerns please call or email Nichol at 877-800-2267 ext 708 or nichol@projectkindle.org. Travel arrangements will follow after the selection process is complete.

Thank you and I look forward to seeing you in June!

Best Regards,



Nichol Costa  
Director of Camping Programs  
Project Kindle, Inc.  
877.800.2267 ext 708

**PLEASE MAIL BACK TO PROJECT KINDLE, C/O NICHOL COSTA 28245 AVE CROCKER,  
STE 104, SANTA CLARITA, CA 91355**



28245 Ave Crocker, Ste. 104, Santa Clarita, CA 91355  
Toll Free 877-800-2267 ext 708 E-mail: nichol@projectkindle.org

## 2010 LIFE SKILLS RETREAT APPLICATION FORM

### PERSONAL INFORMATION:

Name \_\_\_\_\_ Sex: M F

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Address Valid Until \_\_\_\_\_

Phone Evening ( ) \_\_\_\_\_ Day ( ) \_\_\_\_\_

Pager/Cell Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Age: \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthday Month/Day/Year (example 09/26/85) \_\_\_\_/\_\_\_\_/\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Is your driver's license in good standing? YES NO

Have you ever been convicted of a felony? YES NO If yes, please attach an explanation

T-shirt Size: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**FREE ANSWER QUESTIONS**

1. Why do you want to attend the Life Skills Retreat?

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2. What do you hope to gain by attending?

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3. Do you feel prepared for your next step in life? (i.e. college, full time work) Why or why not?

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# PROJECT KINDLE CONSENT AND MEDIA RELEASE

## 1. CONSENT

I agree that the participant (print participant's name), \_\_\_\_\_, may participate in Life Skills Retreat activities provided by Project Kindle.

## 2. PARTICIPATION AGREEMENT

- I understand and certify that the participant's participation with Project Kindle is completely voluntary. I have familiarized myself with Project Kindle and the Life Skills Retreat program and activities in which the participant will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of air travel and travel by automobile in a large city. I acknowledge that although Project Kindle has taken safety measures to minimize the risk of injury to participants, Project Kindle cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries.
- Further, I have received approval from a doctor authorizing my child to travel with Project Kindle and participate in the Life Skills Retreat.
- I also agree to inform Project Kindle of any activities in which my child may not participate.

## 3. LIABILITY RELEASE

I understand that occasionally accidents may occur while transporting to/from Project Kindle activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of Project Kindle activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge Project Kindle and any of their officers, directors, employees, and agents from all claims, causes of action or damages arising out of any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to my child during or related to my child's participation with Project Kindle.

Project Kindle needs photographs, video, artwork, and other materials to assist with fundraising and marketing. You and your child's assistance in the matter are greatly appreciated. However, we also understand your privacy and we will respect your decision as indicated below by your initial to the right of each statement and signature below.

## 4. MEDIA CONSENT

\_\_\_\_\_ By my initial to the left and signature below, I agree that it is permissible for my child to be filmed and or photographed while with Project Kindle for any Press - Media or Internet purposes. I understand that there may be members of the press and media periodically on site to document the Project Kindle experience for possible broadcast or release. Often, general field shots are taken of children speaking, presenting etc. where my child's face may appear alone or in a group. By signing below I agree that this is permissible to use my child's face to appear in any Media Release or on Project Kindle's Internet web page. I do give full consent to Project Kindle and its partners/the media for the right to interview and/or to take photographs, audio or audio-visual recordings of my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. Project Kindle and its partners shall have the right to use photographs or other images of me/my child in promotion, educational or fundraising materials. I acknowledge that Project Kindle and its partners/media shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Project Kindle and its officers, agents, employees and partners from all liability connected with the taking and use of these materials as is authorized by Project Kindle. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

### PRESS - MEDIA INTERVIEW RELEASE

\_\_\_\_\_ I agree that it is permissible for the participant to be interviewed by members of the press.

### PRESS- MEDIA NAME RELEASE

\_\_\_\_\_ I agree that it is permissible for the participant's **first** name to appear in the Press or Media.

\_\_\_\_\_ I agree that it is permissible for the participant's **full** name to appear in the Press or Media.

Parent/Guardian or Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name: \_\_\_\_\_

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# PROJECT KINDLE MEDICAL RELEASE AND INSURANCE FORM

Participant's Full Name (Please Print) \_\_\_\_\_

## MEDICAL RELEASE FORM

In reference to the above child participating with **Project Kindle** I grant permission to the Medical Staff or Representative of **Project Kindle** to exercise the following.

- To apply individualized child assessments, based on history and physical examinations, appropriate supportive care, and treatment plans for any acute and chronic medical problems.
- To administer prescribed medications, as documented on Speaker Application Form, and any other therapy that would be indicated and available for prevention and/or treatment of any medical problems, depending on each case as determined by the Medical Staff.
- In cases of emergency permission is granted to perform, provide or arrange medical and surgical emergency services (including diagnostic procedures), that may include transport to a medical facility, as determined by Project Kindle, to preserve the health of my child.
- To apply all of the above and the standards of medical care and safety during the transportation to and during the Life Skills Retreat, and during any events associated with **Project Kindle**.

I understand that I am responsible for sending all the participant's medications with him/her to the event.

I understand that my child's participation in Project Kindle is voluntary. I also agree that in the event of any injuries to my child from participation in any Project Kindle activities, I will not hold responsible **Project Kindle** and/or any volunteer who participates as staff for these injuries. My signature below acknowledges my voluntary authorization for my child's participation in any and all activities with **Project Kindle**.

By signing this form below, I (we) understand and consent to all of the above.

## MEDICAL/INSURANCE INFORMATION

*All basic medical care will be rendered at camp free of charge. In case of emergency, the information below will be needed for emergency room or hospital care and you may be financially responsible for this. You will be contacted as soon as possible should this occur.*

Medicaid #: \_\_\_\_\_ CIDC# : \_\_\_\_\_

Private Insurance Company Name: \_\_\_\_\_

Group #: \_\_\_\_\_ Insurance Co. Phone #: \_\_\_\_\_

Name of physician that cares for your child: \_\_\_\_\_

Office address \_\_\_\_\_

Office phone number: (\_\_\_\_) \_\_\_\_\_

**"I hereby authorize you to release to Project Kindle, Inc. all medical information concerning my child/children."**

Parent/Guardian's or Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name \_\_\_\_\_

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## MEDICINE INFORMATION FOR PROJECT KINDLE PARTICIPANT

Participant's Name \_\_\_\_\_

If the participant has no medications, please initial. \_\_\_\_\_

Please list **ALL** medicines the participant takes **EVERY DAY**:

NAME OF MEDICINE	DOSE/ AMOUNT	WHAT TIMES DO YOU GIVE THE MEDICINE?	HOW DO YOU USUALLY PREPARE THE MEDICINE (e.g. crush tablet, on spoonful of applesauce, with a certain juice, etc.)?

List any other medications the participant takes **ONLY WHEN NEEDED**:

**This may include Tylenol, ibuprofen/Advil, and asthma or allergy medicines.**

NAME OF MEDICINE	DOSE/AMOUNT	HOW OFTEN TO GIVE IT?	WHAT TO GIVE IT FOR (pain, fever, etc.)?

Describe the pattern in which the participant prefers to take their medication. \_\_\_\_\_

\_\_\_\_\_

If participant will not take medication, how would you like the nurse to handle this? \_\_\_\_\_

\_\_\_\_\_

*\*Please be sure all medicines are in original pharmacy containers and your pharmacist types the dosage. No parental modifications can be honored. The camp medical staff will receive, store and administer the drugs as directed. Project Kindle Medical Staff will follow times drugs are to be administered, however, due to the nature of the Life Skills RetreatCamp environment, drug administration times may have to be altered due to emergency situations.*

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