



**pablove shutterbugs**  
a program of the pablove foundation

## **PARTICIPANT APPLICATION**

### **Enclosed you will find an application to enroll in the Pablove Shutterbugs Los Angeles Alumni Summer Camp**

Pablove Shutterbugs, the signature arts program of The Pablove Foundation, teaches children living with cancer to develop their creative voice through the art of photography. Learning photography concepts alongside other kids undergoing similar experiences empowers our students to express themselves, exercise their independence, and practice new ways of seeing- all while having fun! There is no cost for children to participate in this program.

This three-day overnight camp is open to past Pablove Shutterbugs students, ages 8-18 years old, who have already participated in the Pablove Shutterbugs 8-Week Mentorship Program, 5-Week Program, or Pablove Shutterbugs 5-Day Summer Camp. During the camp, students will attend advanced photography classes that will expand upon their knowledge of photography, improve their skills, and further develop their self-expression. The classes will be taught by experienced teaching artists and special guests. Students will have the opportunity to interact with other Pablove Shutterbugs alumni who have experienced the program before, explore the beautiful natural setting of Malibu, CA, and participate in fun extracurricular activities like swimming, playing tennis, playing sand volleyball, and more.

Students are expected to bring their cameras from Pablove Shutterbugs with them to the camp. We will have a limited number of loaner cameras available on site for students to use if students no longer have their cameras or their cameras no longer function.

To apply, please scan and email the completed application, including the doctor's consent form, by **May 29<sup>th</sup>, 2015** to [shutterbugs@pablove.org](mailto:shutterbugs@pablove.org), fax to (323) 952-2897, or mail to Pablove:

The Pablove Foundation  
6607 W. Sunset Boulevard  
Los Angeles, CA 90028  
Phone: (323) 657-5557  
Fax: (323) 952- 2897

Please return pages 1-7 to Pablove and keep the cover pages for your reference.  
Space is limited; **applications are accepted until all slots are filled.**

If you have any questions, please do not hesitate to contact The Pablove Foundation at (323) 657-5557 or email [shutterbugs@pablove.org](mailto:shutterbugs@pablove.org).

We are very excited to work with you again!

## About The Pablove Shutterbugs Alumni Summer Camp:

♥ **Who We Serve:** Pablove Shutterbugs alumni who have participated in the program before. Pablove Shutterbugs alumni are students who have participated in the Pablove Shutterbugs 8-Week Mentorship Program, 5-Week Program, or Pablove Shutterbugs 5-Day Summer Camp.

**Age Group:** 8 – 18 years old

**Students will participate in one of two learning groups:** 8-13 year olds + 14-18 year olds

**Number of participants:** 20 – 24 students

♥ **What We Offer:** Three day, two-night overnight camp for Pablove Shutterbugs alumni to learn advanced photography concepts and techniques, explore the natural environment of Malibu using their cameras, interact with other Pablove Shutterbugs alumni who have experienced the program before, and participate in fun group activities with other kids and teens.

♥ **Dates: Monday, June 29- Wednesday, July 1, 2015**

Parents will drop off their children on Monday morning at 9:30 a.m. and pick up their children at the conclusion of the camp on Wednesday morning at 11:00 a.m.

♥ **Location:** Pepperdine University  
24255 Pacific Coast Highway  
Malibu, CA 90263

♥ **Camera Equipment:** Shutterbugs students will use the camera they received from past classes during camp. If the student no longer has their camera or it is no longer functioning, we will have loaner cameras available to use.

♥ **Reservation Deposit:** To secure your child's spot at camp, parents must submit their application with a \$20 deposit (cash or check). This deposit can be converted to spending money for the student during their time at camp, or can be returned directly to the parent.

♥ **Questions? Call us at 323.657.5557 or email [shutterbugs@pablove.org](mailto:shutterbugs@pablove.org)**

- **Where will students be staying?** Students will be staying in double occupancy dorm rooms. They will be placed in 4-bedroom suites with campers of a similar age and gender and at least one adult counselor of the same gender per suite. Each suite comes equipped with a bathroom and common area for students to enjoy.
- **What activities will my child participate in?** Activities include: photography workshops and lessons, group meals, art gallery tour, photography nature walk, free time for extracurricular activities, nighttime group activities, and a final photography presentation of student work. Extracurricular activities include: swimming, tennis, beach volleyball, hiking, optional arts and craft activities, and "free shoot" photography time.

- **What is the medical care like?** Medical supervision is provided by on-site pediatric oncology doctors and nurses from Children's Hospital Los Angeles. Medical staff can help assist with medications that must be taken during camp. While we welcome students in active treatment, the Pablove Shutterbugs Alumni Summer Camp is outpatient and is NOT equipped for students who need infusion or other on-going medical procedures during the three-day camp. The nearest hospital to Pepperdine University is UCLA. Parents will be contacted immediately if any medical issues arise and there will be medical staff present to assist.
- **What should my child bring with them to camp?** We will provide a comprehensive list of supplies and equipment for each camper to pack for camp.
- **What is Pepperdine's campus like?** Pepperdine's campus is very scenic and is equipped with state of the art facilities. However, as the campus is positioned on a hill overlooking the ocean, students will participate in a fair amount of walking uphill and downhill to get to and from various activities. *The campus is wheelchair accessible; please contact us if your child has mobility issues and needs special accommodations.*



pablove shutterbugs  
a program of the pablove foundation

## PARTICIPANT APPLICATION

**Please complete all the information on this application and submit it to The Pablove Foundation with a \$20 deposit. Any missing information may hinder your participation in the program. The \$20 deposit can be converted to spending money for the student during their time at camp, or can be returned directly to the parent.**

STUDENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

STUDENT AGE \_\_\_\_\_ STUDENT DATE OF BIRTH \_\_\_\_\_

Gender of Student:  Male  Female

Language spoken by: STUDENT \_\_\_\_\_ PARENT \_\_\_\_\_

**Each student will receive a Pablove Shutterbugs T-Shirt. Please specify T-Shirt Size of the child:**

Child Medium  Adult Unisex Small  Adult Unisex Medium  Adult Unisex Large

**ETHNIC BACKGROUND (Optional- check all that apply):**

- American Indian or Alaska Native  Asian  
 Black or African American  Hispanic or Latino  Middle Eastern  
 Native Hawaiian/ Pacific Islander  White  Decline to State

### EMERGENCY CONTACT INFORMATION:

NAME RELATIONSHIP PHONE NUMBER

1. \_\_\_\_\_

2. \_\_\_\_\_



**pablove shutterbugs**  
a program of the pablove foundation

**Parent/ Guardian & Medical History Questionnaire:**

**Does your child still have their working camera from Pablove Shutterbugs available to bring with them to the camp?**

- Yes, my child has their camera and can bring it to the camp.
- No, my child will need to borrow a loaner camera for the camp.

**Does your child have any food allergies or dietary concerns?**  Yes  No

If Yes, Please explain:

**Has your child ever successfully slept away from home before?**  Yes  No

If No, please share concerns, if any:

**What, if any, concerns do you or others that care for your child have about their behavior?**

Please explain:

**Does your child have any disabilities or limitations that may affect any camp activity?**  Yes  No

If Yes, Please explain:

**Level of Assistance for your child: Is your child independent with the following?** If No, Please explain below:

Daily care (brushing teeth, combing hair, dressing)  Yes  No

Meals  Yes  No

Bathing/ Showering  Yes  No

Toileting/ Bathroom  Yes  No

Does your child use a wheelchair, walker or cane?

Yes  No  Sometimes

Does your child have difficulty speaking clearly?

Yes  No

Does your child have good use of both hands?

Yes  No

Does your child have a vision or hearing impairment?

Yes  No

Please list any other special assistance your child may need for camp:

**Is there anything else we should know about your child?**  Yes  No

If Yes, Please explain:



## PARENT/ GUARDIAN PARTICIPATION CONSENT / RELEASE FORM

To be completed by parent/guardian if participant is under 18 years old.

\_\_\_\_\_ (the "Student") has my permission to participate in the Pablove Shutterbugs Alumni Summer Camp.  
(Print student name)

In consideration of the Student being permitted to participate in the Pablove Shutterbugs Alumni Summer Camp, I, on behalf of myself and the Student hereby waive, release, discharge (i.e., give up), and covenant not to sue the Pablove Releasees for any Liability that may arise at any time relating to the Student's participation in the Pablove Shutterbugs program. "Liability" includes all claims for damages or other remedies for death, personal injury, property damage, theft of my/my child's property, or other loss, whether arising out of negligence or carelessness on the part of the Pablove Releasees or otherwise. The "Pablove Releasees" are the Pablove Foundation, and its employees, directors, volunteers, any affiliated medical institutions, and any and all agents of the Pablove program.

I authorize and consent to the disclosure and use of the Student's medical diagnosis and other medical information to determine the Student's eligibility and any limitations or restrictions to participation in the Pablove Shutterbugs program. My physician, as well as his/her authorized representatives, is authorized to fill out, and provide to Pablove any forms that Pablove may require; including forms relating to Patient's medical eligibility, the requested activities, and related medical considerations.

In the event that the Student's parent or guardian is not present, I authorize an agent of the Pablove Foundation to obtain emergency medical treatment for the Student as required, and release the Pablove from any Liabilities associated with such medical treatment. I hereby represent that the Student is of sufficient health to participate in the Pablove Shutterbugs Alumni Summer Camp and that there are no medical restrictions that would prevent or limit the Student's participation.

Additionally, I hereby authorize any employee of The Pablove Foundation and the Pablove Shutterbugs Program to authorize transport of me/my child for the purpose of providing emergency medical care to any medical facility and further empower to authorize medical treatment deemed necessary by a licensed physician for the health and safety of my child.

In all other (non-emergency) circumstances in which the Pablove participant may need medical care while participating in the Pablove program, I hereby consent to the provision of first-aid care to the participant as deemed appropriate and necessary until I can be contacted to consent to further treatment (if any is needed).

These consents will remain in effect for as long as the Student is participating in the Pablove program.

**X Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(if student is 18 years old or older)

**X Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(if student is under 18 years)



pablove shutterbugs  
a program of the pablove foundation

## MEDICAL INFORMATION

Every item on this page must be completed

ONCOLOGY DIAGNOSIS \_\_\_\_\_

DATE OF DIAGNOSIS \_\_\_\_\_ HOSPITAL TREATED AT \_\_\_\_\_

NAME

PHONE

PRIMARY PHYSICIAN \_\_\_\_\_

MEDICAL SPECIALIST \_\_\_\_\_

Are you still receiving treatment? \_\_\_\_\_ If no, how long has it been? \_\_\_\_\_

ALLERGIES (medications, food, etc.) \_\_\_\_\_

**If you are presently taking medications and will need to take them during the Summer Camp, please list below each medicine you will need to take, the exact dosage, and how often. It is your responsibility to get your doctor's consent. Bring all necessary medicines with you. You will need to have all medications ready for the camp labeled in the appropriate bottles, with your name. Medical staff can help assist with medications that must be taken during camp.**

Medication

Dosage

How Often

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## DOCTOR'S CONSENT

(May be completed by patient's specialist or primary physician)

Your patient (listed below) would like to attend a two-night overnight camp at Pepperdine University in Malibu, CA, June 29- July 1, 2015. This camp is organized by The Pablove Foundation and is offered to children and teens (ages 8-18) on and off treatment for cancer. Attendees will share rooms in a dorm with other participants and will have the option of participating in various recreational activities including hiking, volleyball, tennis, and swimming. In addition to these activities there will be photography workshops and group activities.

One physician and one nurse will be present during the trip to provide medical assistance if needed.

By filling out and signing this release you indicate that there is no medical reason why the patient listed below cannot participate in the camp. You are not in any way assuming liability or medical responsibility for this patient by signing this release.

My patient, \_\_\_\_\_,  
(student name)

\_\_\_\_\_, \_\_\_\_\_,  
(DOB) (Oncology diagnosis)

is able to participate in the **Pablove Shutterbugs Alumni Overnight Summer Camp (3 days; 2 nights) at Pepperdine University, Monday, June 29- Wednesday, July 1, 2015** through the Pablove Shutterbugs program.

Please list any physical limitations or special concerns, especially as they relate to outdoor recreational activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Name \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_





## EXPECTATIONS OF A PARTICIPANT AND PARENT

**We expect our program to be the best of its kind. In order for your time at camp to be safe, fun, and enjoyable for all, we have some expectations we would like you to review before going to your first lesson. Both parents and guardians and participants must read, complete, and sign this section. After you have read this, please sign the letter and return with your application.**

1. We expect each participant to treat the instructor, volunteers, and other members of the camp with mutual respect and consideration.
2. You are expected to attend all activities and to remain in the group for the entire camp; wandering off on your own is not allowed.
3. You are expected to complete all lessons and participate in classes. Each student will be responsible for completing a photography assignment after camp is over that you will submit as a final project two weeks after camp.
4. Special care and respect should be given to the property where your lessons will take place. Remember that you are guests and your opportunity to take these lessons depends on your behavior.
5. You will have many opportunities to interact with your instructor and with other students. We expect participants to conduct themselves in such a way that upholds our high Pablove standards.
6. During any Pablove activity, the use or possession of alcoholic beverages, cigarettes, drugs (other than those prescribed by your doctor), or sexual activity by participants is not allowed.
7. Pepperdine University will be providing three meals a day: breakfast, lunch, and dinner, in their cafeteria. The Pablove Foundation will also be serving healthy snacks, juice, and water during the session. Please list any food allergies or limitations for your child. While the Foundation will do its best to announce menu items in advance, it is the responsibility of the parent/guardian to monitor and communicate to your child about their dietary needs and restrictions.
8. Pablove only reveals information about the student or their physical/cognitive limitations to the volunteers on a need to know basis. Pablove may share your medical information with the nurse/doctor on staff.
9. Any participant that breaks the law will be passed over to local law-enforcement authorities.
10. You are expected to follow the rules of the Pablove Shutterbugs Alumni camp and the rules established by Pepperdine University and to respect the Pepperdine campus and property.
11. Pablove loans materials to students for use during their lessons to enhance the learning experience. We ask that you take good care of the loaned materials.
12. Pablove reserves the right to terminate participation if any of these expectations are not met.

Please respect the guidelines we have set in place, as they are designed to maximize your experience and provide you with the most beneficial learning environment. **By signing this contract I understand that failure to meet any or all of these expectations could lead to restrictions in my activities or notification of my parents and being sent home.** I have read the above letter and agree to abide by the expectations.

**X Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I confirm that my son/ daughter/ ward has read the above expectations and agrees to meet them. By signing this contract I understand and accept that if my son/daughter/ward fails to meet any or all of these expectations his/her activities may be restricted and I may need to pick him/her up at the camp location.

**X Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**pablove shutterbugs**  
a program of the pablove foundation

## STUDENT NAME AND LIKENESS AND WORK PRODUCT CONSENT FORM

I, \_\_\_\_\_, hereby irrevocably and perpetually grant to The Pablove Foundation ("Pablove") the right to use my image, voice and likeness (collectively, "Contributions") for all unrestricted purposes as Pablove may see fit, including fundraising activities. I further understand and agree that Pablove shall own all rights to any photographs, recordings, films, books, pamphlets, brochures and other written media or materials based in whole or in-part on my Contributions.

I hereby irrevocably and perpetually grant to Pablove a worldwide, royalty-free, exclusive license to (a) use, reproduce, distribute, display and perform (whether publicly or otherwise), publish, prepare derivative works of and otherwise modify, make, commercialize, sell, offer to sell, import and otherwise use and exploit (and have others exercise such rights on behalf of Pablove) all or any portion of any photographs taken by me during my involvement in the Pablove Shutterbugs Program, by themselves or in combination with other items, in any form or media (now known or later developed) including electronic format; and (b) modify all or any portion of such photographs, including, without limitation, the making of additions to or deletions from such photographs, regardless of the medium (now or hereafter known) into which such photographs may be modified and regardless of the effect of such modifications on the integrity of such photographs. The rights granted to Pablove include the right to sublicense such rights. I further grant Pablove the right to use, at Pablove's sole discretion, my name and likeness in association with the photographs in published form and in advertising and promotional materials.

I hereby waive any right that I may have to inspect and/or approve the finished product or products or the editorial, advertising, or printed copy that may be used in connection therewith and any right that I may have to control the use to which said product, products and/or copy may be applied. I understand that I will not receive any compensation for any publication or broadcast of these materials.

I hereby release, discharge and agree to save Pablove and their legal representatives and assigns from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form, whether intentional or otherwise, that may occur or be produced in the making, processing, duplication, projecting or displaying of said picture or images, and from liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof.

**X AGREED AND ACCEPTED BY STUDENT** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**(STUDENT SIGNATURE)**

**X PARENT'S SIGNATURE (if participant is under 18 years old)** \_\_\_\_\_  
**(PARENT SIGNATURE)**