

# OUTDOOR EQUITY PROGRAM

# AIR, LAND & SEA



JACKIE TATUM / HARVARD RECREATION CENTER

WORKING IN THE OUTDOORS





## Outdoor Equity Grants Program

This program is funded by the Outdoor Equity Grants Program, created through AB 209 and administered by California State Parks, Office of Grants and Local Services

The Air, Land & Sea program was designed to introduce participants ages 11-15 to job opportunities in the outdoors while giving them a chance to explore the places these careers happen and encouraging them to explore the world around them.

### Our Partners:



Bolsa Chica Conservancy



THE HUNTINGTON  
Library, Art Museum, and Botanical Gardens

# REQUIREMENTS:

- Must be between ages 11-15
- To attend Field Trips participant must attend 2 out of 3 workshops
- To attend one night camping experience must attend 3 out of 6 Field Trips
- To attend two night camping experience must attend one night camping experience.
  
- If participant cannot attend any of the workshops, trips, or camping experiences guardian must contact facility or Program Coordinator and inform of absence.
- If participant wishes to exit program please contact facility or Program Coordinator to withdraw from program.

## SATURDAY WORKSHOPS

Sessions are at listed home park and have a specific focus each day.

Lunch will be provided to participants.

(Any special food accommodations must be arranged with program coordinator at least two weeks before the first session.)

### Workshop # 1: Saturday, January 20, 2024

@ Harvard Park, 10am-4pm

Focus: Air

Focusing on education, environmental justice, and solution-based learning about the community's connection to climate change, global warming, and air quality

### Workshop #2: Saturday, January 27, 2024

@ Harvard Park, 10am-4pm

Focus: Land

A portion of the day will focus on native animals and their habitats. The second portion will include **planting a native garden on site to learn about wildlife habitats.**

### Workshop # 3: Saturday, February 3, 2024

@ Harvard Park, 10am-4pm

Focus: Sea

Focusing on marine life native to Southern California. We will learn about the ocean, environmental sustainability, fish and wildlife resources, pollution, resource conservation, and recycling.

# FIELD TRIPS

- In order to attend Field Trips participant must attend at least 2 out of 3 Saturday workshops.
- ONE family member who is 18 years or older is invited to join participant on day trips.
- Preregistration is required for family member to attend trips. JPL trip requires a government issued ID.

**Trip #1: Saturday, February 17, 2024**

Focus: Air

Visit: Griffith Park Observatory and JPL

**Trip #4: Saturday, March 9, 2024**

Focus: Land

Visit: Huntington Library and Gardens

**Trip #2: Saturday, February 24, 2024**

Focus: Air

Visit: Discovery Cube, Hike and kayaking at Hansen Dam

**Trip #5: Saturday, March 16, 2024**

Focus: Sea

Visit: Bolsa Chica Wetlands and Cabrillo Marine Aquarium

**Trip # 3: Saturday, March 2, 2024**

Focus: Land

Visit: Los Angeles Zoo

**Trip #6: Saturday, April, 6, 2024**

(EVENING/NIGHT TRIP)

Focus: Sea

Visit: Cabrillo Marine Aquarium for Grunion Run

## CAMPING EXPERIENCE

- In order to participate in overnight camping experience, participants must attend 3 field trips to attend the one night camping experience.
- Participant must attend one night camping experience to attend two night camping experience.

One night: Saturday & Sunday. April 13-14, 2024

Location: TBD (Griffith Park Boys Camp or Camp Hollywoodland)

Two nights: Friday-Sunday. April 26-28, 2024

Location: Camp Seely

250 N. Highway 138 (P.O. Box 3372),

Crestline, CA 92325



## COMPLETION OF PROGRAM:

- Each grant cycle includes scholarships for participants to join us for a week of Summer Camp at Camp Hollywoodland or Griffith Park Boys Camp!
- In order to qualify for consideration, participants need to attend a minimum of 2 workshops, 3 field trips, and one camping experience.
- More attendance boosts their chances.
- Scholarship recipients will be selected by the Camping Division based on this criteria and their interest/enthusiasm for the program and will be notified following the completion of the program.

## GET IN TOUCH

### Registration Information:

Jackie Tatum / Harvard Recreation Center

Gordon Dupree

(323) 778-2579

1535 West 62nd St.

Los Angeles, CA 90047

### Program Questions:

Elena "Mermaid" Medina

(323) 467-7193



# REGISTRATION FORM

## AIR LAND AND SEA

### WORKING IN THE OUTDOORS



(Please print in Blue or Black Ink)

Camper's Name 1: \_\_\_\_\_

Date of Birth\* \_\_\_\_/\_\_\_\_/\_\_\_\_ Age\* \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ (check one)

\*Age for campers is determined as the age the camper will be when he/she attends camp.)

Camper's Shirt Size : AS AM AL AXL A2XL (circle one)

Camper's Name 2: \_\_\_\_\_

Date of Birth\* \_\_\_\_/\_\_\_\_/\_\_\_\_ Age\* \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ (check one)

\*Age for campers is determined as the age the camper will be when he/she attends camp.)

Camper's Shirt Size : AS AM AL AXL A2XL (circle one)

Camper Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Legal Custody? Yes \_\_\_\_ No \_\_\_\_

Contact Phone ( ) \_\_\_\_\_ Work /Cell Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Legal Custody? Yes \_\_\_\_ No \_\_\_\_

Contact Phone ( ) \_\_\_\_\_ Work /Cell Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# AUTHORIZED SIGNATURES

We do not release campers to friends, neighbors, or relatives without written confirmation from the parent/legal guardian. **Please list both parents/legal guardian(s) and all individuals authorized to pick up your child.** Any individual, who did not drop off you child, will be required to show photo identification to pick-up your child.

**All of the following people (parents/legal guardians must be included) have my permission to sign-in or sign-out my child. I understand they MUST show a photo ID.**

Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (        ) \_\_\_\_\_

Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (        ) \_\_\_\_\_

Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (        ) \_\_\_\_\_

Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (        ) \_\_\_\_\_

Name of any person(s) specifically **NOT** to sign-out the camper named below:

\_\_\_\_\_

\_\_\_\_\_

## AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR AT AUTHORIZED HOSPITAL IN CASE OF EMERGENCY ILLNESS OR ACCIDENT

I (we), the undersigned parent(s) of \_\_\_\_\_, a minor do hereby authorize the directors of Air, Land and Sea as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physical or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of their best judgement may deem advisable. This authorization shall remain effective through the conclusion of the event, unless sooner revoked in writing and delivered to said agent(s).

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

# WAIVER AND RELEASE FORM

(Please print in Blue or Black Ink)

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks at Jackie Tantum Harvard Recreation Center ("Facility") granting my child ("Minor") the opportunity to participate in Air, Land, and Sea ("Program"). I, \_\_\_\_\_ (print name) the undersigned, and the parent/guardian of (print child's name) \_\_\_\_\_ ("Minor") I do hereby agree as follows:

**I am aware that there are certain risks of injury and/or damage inherent in the Program's activities;**

**I understand that if my child misbehaves and/or is sick and needs to be sent home,** I agree to pick them up at the time requested by the Program Staff;

**I agree to complete the Programs Health History** from providing the Minor's current, complete and truthful health history; including immunization history and overall health status;

**I understand that under certain medical conditions the Program** staff may require a written authorization based on a physical examination by a licensed medical person as requirement for the Minor to participate in the Program;

**I confirm, to the best of my knowledge and belief,** that the Minor is not subject to a physical or mental infirmity nor under the influence of any medication or substance which might hinder their safe participation or the safety of others in the Program;

**I will instruct the Minor to abide by all safety rules,** policies and regulations and to take reasonable precautions to minimize risk of injury or damage arising from participation in the Program;

**I give my consent** to have the Minor(s) participate in all aspects of the Program;

**I knowingly assume full responsibility for all risks of bodily injury,** emotional injury, death or property damage that may occur in relation to the Minor as a consequence of participation in the in the Program at the Facility;

**I understand that the Program has no obligation to obtain medical treatment for the Minor** should it become necessary for the Minor to have emergency medical care while participating in the Program,

**I hereby give the Program personnel** my permission to use their judgement in obtaining medical care, and

**I give permission to the medical care provider** selected by the Program personnel to render medical care deemed necessary and appropriate ;

**I understand that Program, at it's sole option but without obligation,** may procure insurance to cover part or all of such medical expenses incurred by the Minor(s);

**I understand and agree that any cost incurred for such treatment which is not covered by insurance shall be my sole responsibility;**

**Except for the gross negligence or willful misconduct of the Program I, (print name) \_\_\_\_\_ waive**

all rights of recovery which the Minor(s) and/or I have now or in the future, whether known or unknown, against the City of Los Angeles, Department of Recreation and Parks, Air, Land and Sea , its officers, agents, employees and/or personnel, and

**I release, acquit and forever discharge** the City of Los Angeles, Department of Recreation and Parks, Air, Land and Sea Program, its officers, agents, employees and/or personnel, from all liability for any bodily injury, emotional injury, or other personal injury, damage, loss or expense, claims, demands, causes of action, costs, loss of services or use, compensations, debts, monetary damages, including but not limited to attorney fees, which result from or are in any way connected with the Minor(s) participating in the Program or any related activities;

**I agree to keep the Program advised if I will be out of contact for any period of time during the Program** and to provide additional and/or alternate contact information prior to my leaving;

**I authorize the Program, City of Los Angeles an Department of Recreation and Parks to make, procure and/or use photographs, films, tapes, digital media recordings or other likeness of myself and/or the Minor(s) physical image and/or voice for use with the Program and/or Camps' publicity, marketing, social media or advertising materials;**

**I have read this agreement and I understand what it means to my legal rights** and the Minor(s) participating, and my signature is made of my on free will and act;

**I agree to abide by the rules and policies set forth in the camp brochure, during the registration process, and on the waiver release forms;**

**I agree to be legally bound** by signing the registration and waiver release forms and extend this binding to the Minor(s).

**Important: Parent or Guardians Original Signature Required.**

Child's Name \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

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



# HEALTH HISTORY FORM

(Please print in Blue or Black Ink)

Note: Should anything happen to the camper that would alter his health history information after this form is returned, and before arrival at camp, please let the camp know immediately.

Camper's Name: \_\_\_\_\_

Date of Birth\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age\* \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ (check one)

Camper Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Doctor (Name) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Has the camper had the following (please check):

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Measles	<input type="checkbox"/> German Measles	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Mumps
<input type="checkbox"/> Sinus Trouble	<input type="checkbox"/> Tonsillitis	<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Asthma
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Headaches	<input type="checkbox"/> Bed Wetting
<input type="checkbox"/> Fainting	<input type="checkbox"/> Constipation	<input type="checkbox"/> Stomach Upset	<input type="checkbox"/> Skin Rash
<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Other: _____	

Give the month and year of last immunization or booster:

Tetanus \_\_\_\_\_ Mumps \_\_\_\_\_ Diphtheria (DPT) \_\_\_\_\_

Measles \_\_\_\_\_ Whooping Cough \_\_\_\_\_ German Measles \_\_\_\_\_

Polio \_\_\_\_\_ TB Test \_\_\_\_\_

Circle Results: (Positive or Negative)

Restrictions:

I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.

I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations: \_\_\_\_\_

Allergies / Other (please specify):

Bee Stings, Mosquitos, etc.: \_\_\_\_\_

Food (Name): \_\_\_\_\_

Medication(s): \_\_\_\_\_

Asthma (or hay fever): \_\_\_\_\_

Other: \_\_\_\_\_

Has the camper received medical treatment during the past year?  Yes or  No Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Is the child taking any medications now?  Yes or  No

The following non-prescription medications may be stocked at camp and are used as an as needed basis to manage illness and injury. Put a check next to the medications (or its generic form) that the camper may be given.

Tylenol  Motrin  Benadryl  Pepto-Bismol

Maalox  Neosporin  Calamine Lotion

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



**City of Los Angeles Mayor  
Karen Bass**

**Council Member  
Nithya Raman  
4th District**

**Department of Recreation and Parks  
Board of Recreation and Park Commissioners**

**Renata Simril, President**

**Luis Sanchez, Vice President**

**Marie Lloyd, Member**

**Fiona Hutton, Member**

**Benny Tran, Member**

### Executive Management Team

**Jimmy Kim, General Manager**

**Matthew Rudnick, Executive Officer**

**Noel Williams, Chief Financial Officer**

**Belinda Jackson, Assistant General Manager, Recreation Services Branch**

**Cathie Santo Domingo, Assistant General Manager, Planning, Maintenance & Construction Branch**

**Brenda Aguirre, Assistant General Manager, Special Operations Branch**

### Valley Region

**Chinyere Stoneham, Superintendent**

**Laura Island, Principal Recreation Supervisor II**

**Juan Aynat, Principal Recreation Supervisor I**

### Air, Land, Sea

**Program Coordinator:**

**Elena "Mermaid" Medina**

**Jackie Tatum**

**Harvard Recreation Center**

**Senior Director:**

**Gordon Dupree**

**Recreation Coordinator:**

**Warren Young**

**Camp Hollywoodland**

**Council District 4**

**Camp Director**

**Lynette "Cricket" Smith**

**Coordinator/ Program Director**

**Kristen "Rizzo" Demmerle**

**Griffith Park Boys Camp**

**Council District 4**

**Camp Director:**

**Sherri "Elmo" Lindsay**

**Program Director:**

**Marci "Poppy" Berumen**