2016 SUMMER CAMP/ SPORTS CAMP REGISTRATION FORM

Please circle desired Camp Session(s) below. Then clearly print and complete all required registration information. Use one form per child.

Cost:
- **Day Camp and Sports Camp** — **$112 per week (weeks 2-10); $65 per session (week 1)**
- **Morning or Afternoon Care** — **$ 26 per week *Must be enrolled in Day Camp**
- **Morning and Afternoon Care** — **$ 42 per week *Must be enrolled in Day Camp. (Please circle both morning and afternoon.)**

SESSION	1	2	3	4	5	6	7	8
DAY CAMP	6/20 - 6/24	6/27 - 7/1	7/5 - 7/8	7/11 - 7/15	7/18 - 7/22	7/25 - 7/29	8/1 - 8/5	8/8 - 8/12
MORNING* CARE*	6/20 - 6/24	6/27 - 7/1	7/5 - 7/8	7/11 - 7/15	7/18 - 7/22	7/25 - 7/29	8/1 - 8/5	8/8 - 8/12
AFTERNOON CARE*	6/20 - 6/24	6/27 - 7/1	7/5 - 7/8	7/11 - 7/15	7/18 - 7/22	7/25 - 7/29	8/1 - 8/5	8/8 - 8/12
SPORTS CAMP						7/25 - 7/26 Ages 5-10	8/1 - 8/5 Ages 11-15	8/8 - 8/12 Ages 5-10

CONTACT INFORMATION

Check: ☐ Female ☐ Male Camper's Last Name _____ First Name _____

Date of Birth _____ Age _____ Grade Entering in Fall _____ School _____ Birth Certificate ☐ Yes ☐ No

Home Address _____ Apt # _____

City/Zip Code _____ Home Phone (_____) _____

Parent/Guardian Name _____ Work Phone (_____) _____

Home (_____) _____ Cell (_____) _____ E-mail (_____) _____

PERSON TO NOTIFY IN CASE OF EMERGENCY IF PARENT/GUARDIAN CANNOT BE REACHED:

Name _____ Relationship _____ Phone (_____) _____

HEALTH AND PARTICIPATION QUESTIONS

1. Are there any special conditions such as allergies (e.g. bee stings, food allergies, pollen, etc), vegetarian, asthma, heart trouble, seizures, diabetes, or other medical information staff should be aware of? _____
2. List any medication taken daily and time(s) medication is taken. Reason for medication and any possible side effects we should be aware of? Recreation staff are not permitted by the department to administer medications.

   _____
3. Please list any disabilities or behavioral concerns staff should be aware of (ADD, hyperactivity, depression, etc)?

   _____
4. Counselor/Group request (please be aware that counselor and group requests cannot be guaranteed) _____
5. Will your child be walking home alone from his/her bus stop (do you give consent to walk home)? Yes ☐ No ☐
   Please indicate at which bus stop location your child will board: ☐ Camino Grove ☐ Longley Way ☐ Holly Avenue ☐ Baldwin Stocker ☐ Hugo Reid ☐ Dana Middle School ☐ Highland Oaks
6. How would you rate the ability level of your child's swimming? ☐ Strong Swimmer ☐ Moderate Swimmer ☐ Non-Swimmer

RELEASE OF LIABILITY AND INDEMNIFICATION FOR ALL PARTICIPANTS

I hereby waive, release and discharge any and all claims or rights to claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This Release is intended to discharge in advance the City of Arcadia, (and their respective agents, volunteers and employees), from and against any and all liability arising out of or connected in anyway with my participation in said activity. I further understand that accidents may occur during said activity, and that participants in such activity may sustain personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of said activity, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. If the participant is a minor, I also give permission for his/her participation in the above activities, and for any necessary emergency medical treatment. I understand that the City of Arcadia has no obligation to supervise my children at the close of the above activities and I release the City of Arcadia, its officers, employees and agents from any liability resulting from the lack of supervision of my children at the close of the above activities. I understand and agree that participants involved in recreation programs are subject to being photographed and such photographs may be used to publicize city programs.

In consideration for the City of Arcadia's acceptance of this registration, I hereby agree to indemnify and hold harmless the City of Arcadia, its officials, officers, employees, agents, or volunteers from any liability or claim or action for damages resulting from or in any way arising out of my participation in any City Recreation and Community Services Department program. I further understand and agree (1) to assume all risks inherent in the activities which are available and in which I may participate, and understand that these activities involve risk to my person and property and (2) to assume the risks, if any, arising from the conditions and use of equipment and facilities. I further understand and agree that there may be risks and dangers not known or reasonably foreseeable to me at this time, and in accordance with Section 1542 of the California Civil Code, I understand that my release extends to claims which I did not know or suspect to exist in my favor at the time of execution of this release.

I understand and agree that included within the scope of this release is any cause of action, arising from the performance of or the failure to perform maintenance, inspection, supervision or control of equipment and facilities, or the failure to warn of existing dangerous conditions not known to or reasonably discovered by the City, including all acts of negligence of the City. City programs DO NOT qualify as childcare for tax purpose.

IF THE PARTICIPANT IS A MINOR, his or her custodial parent or legal guardian must read and execute this agreement. I hereby warrant that I am the custodial parent or legal guardian of _____ _____ (print minor's name), who is a minor, and I agree on my own and said minor's behalf to the terms and conditions of this release.

In the event of injury or illness while the participant who is a minor is attending the recreation activity, I hereby authorize the City of Arcadia Recreation and Community Services Department to consent to medical treatment on behalf of the minor as deemed necessary. The undersigned, as parent or legal guardian of the child identified on this form, hereby authorizes the Recreation and Community Services Department and its officers, employees and agents into whose care the registered child has been entrusted, to consent to the advice of trained emergency personnel. This authorization to consent to treatment of the minor identified above is given to the Recreation and Community Services Department in conjunction with any activity or event in which the minor's care is entrusted to the Recreation and Community Services Department.

The Recreation and Community Services Department may take and use photos of participants for publicity purposes. Photos of participants are used in the City's activity guide and other media publications. I hereby grant the City of Arcadia permission to use my, or if the participant is a minor, the minor's likeness, name, voice and words in any broadcast, telecast or print media account of this event or activity free of charge.

PARENT/GUARDIAN SIGNATURE _____ Date _____

PAYMENT TYPE: ☐ Cash ☐ Check Number _____ ☐ Visa ☐ MasterCard ☐ Discover CVV Code ☐☐☐

Credit Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp. Date ☐☐☐☐ Authorizing Signature: _____

Complete this form for Mail-in / Walk-In / Fax Registration.
Forms should be mailed with a check or credit card authorization to: Arcadia Recreation and Community Services Department, Attn: Camp Registration, P.O. Box 60021, Arcadia, CA 91066-6021 OR Fax to: 626.821.4370

All materials fees are to be paid to the instructor at the first class meeting.