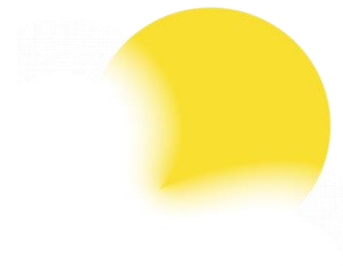




City of Carson

Recreation and Human Services Division



Day Camp

Application Packet



Thank you for allowing us to be your Day Camp provider!

DAY CAMP - REGISTRATION CONTRACT

Child's Name: _____ Age: _____

Address: _____
Number Street City Zip Code

Home Telephone: (_____) _____ Birth Date: _____ Gender: M F

Name of School: _____ Grade: _____

Hours your child will be attending from _____ to _____

T-Shirt Size: Youth Small Youth Medium Youth Large

Adult Small Adult Medium Adult Large

Days your child will be attending the program: M T W Th F

I agree to pay the above weekly fee until a new contract is executed or canceled. I also agree to pay the weekly fee in advance, due on the Friday prior to the upcoming week in which my child will attend. I agree to pay the contracted fees whether my child attends or not. No refunds will be made for illness or absence.

Parent/Legal Guardian Signature

Date

Staff Signature

Date

To be filled out by staff only.

Hours: _____ Start Date: _____ \$ _____ weekly rate

PARENT RESPONSIBILITIES/AGREEMENTS: Please initial each of the following to indicate that you have read, understand, and agree with each item.

Your Initials:

1. _____ My child is not allowed to come and go freely from Day Camp site.
2. _____ I (or an authorized person) must sign my child "in" and "out" each day.
3. _____ I will maintain open communication with the Program Site Director/Teacher about my child and keep him/her informed of any pertinent changes.
4. _____ I must notify the Program Site Director/Teacher in writing of any daily departure changes.
5. _____ I must contact Program Site Director/Teacher when my child will be absent or will be picked up early from the Day Camp. I realize this is for my child's protection.
6. _____ If a medical emergency arises, the Day Camp staff will first attempt to contact me. If I cannot be reached, the people on the emergency list will be notified. If the emergency is such that immediate hospital attention is necessary, the Day Camp staff will immediately contact the paramedics, and if they determine that it is necessary, they will arrange for my child to be transported to the nearest

available medical facility. I will be responsible for all costs incurred.

- 7. Day Camp will operate from 7:00 a.m. to 6 p.m., Monday through Friday. The program will not operate on legal holidays.
- 8. It is my responsibility to see that my child is picked up by the designated pick-up time.
- 9. I verify that I have given permission for the City of Carson to use my child’s photograph for publicity purposes in any forthcoming brochures. I further state that I release all rights and am fully cognizant of this agreement.
- 10. I understand that I cannot send any medicine for my child to take/use while he/she attends the Day Camp without prior written approval. For further information, contact the Recreation and Human Services Superintendent at (310) 847-3570.
- 11. I understand that staff will not assume any responsibility for storing any medical equipment without the prior written approval of the City of Carson. My child must keep any medical equipment with him/her at all times. For further information, contact the Recreation and Human Services Superintendent at (310) 847-3570.

BILLING PROCEDURES:

- 1. I agree to pay the City of Carson Day Camp fee on or before the Friday prior to the week in which my child will attend.
- 2. I will pay for contracted hours of service and am responsible for payment whether my child attends Day Camp or is absent.
- 3. I understand that credits or refunds in the case of prolonged illness (five or more consecutive days) may only be approved by the Recreation and Human Services Superintendent.
- 4.* I will be notified in advance of any rate increases.
- 5. I am aware that the Day Camp closing time is 6 p.m., and to avoid any late pick-up fee, I am informing staff that I will be picking up my child at _____p.m. I will be charged a late pick-up fee of \$7.50 at 15 to 30 minutes past my child’s pick-up time. This fee is due and payable when my child is picked-up. Chronic lateness or failure to pay late fees may result in the dismissal of my child from the program.
- 6. A \$5 late payment fee may be assessed for every day payment is late past the Friday registration.
- 7. I will notify the instructor of any changes of information as entered on this record.

**Fees are subject to change per the Council Comprehensive Fee Schedule.*

NOTE: All payments must be paid by check, money order, MasterCard, VISA, or American Express. We are NO LONGER accepting “cash” payments above \$5.

Parent/Legal Guardian Signature

Date

Print Name

Date

Enrollment in Day Camp shall be granted to children without regard to race, color, or national origin.

NOTE: Help the City of Carson respond to the Americans with Disabilities Act (ADA), by making parks, recreation programs, and facilities more accessible. If you experience any problems or difficulties in using facilities or programs, please submit (in writing) your concerns or suggestions for improvements to Recreation and Human Services, Attention: Arnold Carraway, Superintendent Recreation and Human Services Division, 2400 E. Dominguez Street, Carson, CA 90810, or call (310) 847-3570.

**CITY OF CARSON - COMMUNITY SERVICES DEPARTMENT
WAIVER, RELEASE, INDEMNIFICATION AND HOLD HARMLESS FORM (MINOR PARTICIPANT)**

(This form is intended for Participants under 18 years of age. If Participant is 18 or over, please use the form entitled, "WAIVER, RELEASE, INDEMNIFICATION AND HOLD HARMLESS FORM (ADULT PARTICIPANT)")

Name of Program or Event: _____

Date and Time of Program or Event: _____

Location of Program or Event: _____
(Information Above this Line to be Completed by City Staff)

Name of Participant: _____
(First) (Last) (M.I.)

Birthdate of Participant: _____ Age of Participant: _____

Name of Parent or Legal Guardian: _____
(First) (Last) (M.I.)

Address: _____
(Street) (City) (Zip)

Phone Number: (____) _____ - _____

I, the undersigned, certify that I am 18 years of age or over and that I am the parent or legal guardian of Participant. I request, permit, and consent to Participant's participation in the above-referenced program or event ("Program"). I certify and represent that I am aware of no medical condition or physical or mental impediment of Participant that would endanger Participant when participating in the Program. I understand that the Program involves the risk of accident and bodily injury, death, or property damage to Participant, and I agree to assume such risks.

In consideration for Participant's participation in the Program, I hereby waive, release and discharge the City of Carson, its officers, agents, and employees ("City"), from and against any and all claims or liabilities to me or any other person, including but not limited to claims or liabilities for bodily injury, death, or property damage, arising from or related in any way to Participant's participation in the Program, including the negligence of the City or any other participants in the Program, and I agree to waive my rights to make any such claims through any action or proceeding against the City. However, I understand that this paragraph is not intended to release any party from any act or omission of "gross negligence."

To the full extent permitted by law, I agree to indemnify, defend and hold harmless the City against, and will hold and save the City and each of them harmless from, any and all actions, either judicial, administrative, arbitration or regulatory claims, damages to persons or property, losses, costs, penalties, obligations, errors, omissions or liabilities, whether actual or threatened, that may be asserted or claimed by any person, firm or entity arising out of or in connection with Participant's participation in the Program. This indemnity obligation shall be binding on my heirs, successors and assigns and shall not expire.

I acknowledge and agree that City is not responsible for providing medical treatment or medication of any kind to Participant, or for supervising Participant, during or in connection with Participant's participation in the Program or otherwise. However, I authorize, consent, and waive any claim related to City seeking or providing for emergency medical care for Participant in the event City determines the need has arisen during or in connection with Participant's participation in the Program, provided that City shall first make an effort to contact me by calling me at the phone number above, and shall only proceed with seeking or providing for such treatment absent my directive in the event I do not answer or respond immediately.

I hereby grant City the right to photograph or video-record Participant during or in connection with the Program, and to use Participant's photographed or video-recorded likeness, and any image, silhouette, or reproduction of the voice or appearance of Participant taken during or in connection with the Program ("Likeness"), for any purpose, including publicity and promotion of City and its events, and creation or production of materials in any form for such purpose, with no claim of entitlement to any license fee or royalty of any kind from City. I hereby waive any right to the intellectual property of Participant's Likeness. The rights granted by me hereunder shall not expire.

No oral representations, statements or inducements, apart from this written form, have been made with regard to the subject matter of this form. If any portion of this form is declared invalid by a court of competent jurisdiction, the remainder shall continue in full force and effect.

By signing below, I acknowledge and represent that I have read and understand the above, and that I voluntarily agree to its terms.

Signature of Parent/Legal Guardian: _____ Date: _____