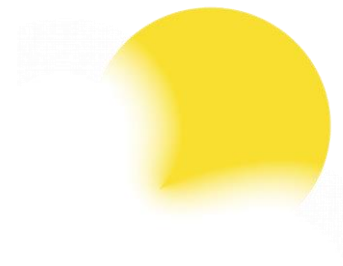




City of Carson

Recreation Division



SUMMER DAY CAMP

Application Packet



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

DAY CAMP - REGISTRATION CONTRACT**Participant Information (Please Print)**Child's Name: _____ Age: _____
First LastAddress: _____
Number Street City Zip CodePhone Number: _____ Birth Date: _____ Gender: ☐ M ☐ F

Name of School: _____ Grade: _____

Hours your child will be attending from _____ to _____

Days your child will be attending the program: ☐ M ☐ T ☐ W ☐ Th ☐ F**Parent or Legal Guardian Information (Please Print)**Parent/Legal Guardian Name: _____
First Last

Cell Phone Number: _____ Work Phone Number: _____

Email Address: _____

Parent/Legal Guardian Name: _____
First Last

Cell Phone Number: _____ Work Phone Number: _____

Email Address: _____

ADDITIONAL EMERGENCY CONTACT AND AUTHORIZED PICK-UP PERSONS

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

EMERGENCY MEDICAL INFORMATION

Medical History (Allergies, epilepsy, diabetes, etc.) _____

Please inform us of any behavioral issues or modifications: _____

Please list any food allergies: _____

CONTRACT AGREEMENTS

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. ____ If my child brings electronic items (cellphones, iPads, etc.) the City is NOT responsible if they are lost, stolen, or broken.
6. ____ 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.
7. ____ Day Camp will operate from 7:00 a.m. to 6:00 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.
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.

9. _____ 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.
10. _____ 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.

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.

NOTE: All payments are to be made through ActiveNet.

I agree to pay the 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_____
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 the Recreation Division, Attention: Tim Grierson, Recreation Superintendent, 18601 S. Main St., Carson, CA 90248.

To be filled out by staff only.

Hours: _____

Start Date: _____

\$ _____ weekly rate

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.

In giving the foregoing releases and waivers, I expressly waive any and all rights conferred upon me by the provisions of California Civil Code Section 1542, which I understand reads as follows:

"A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."

This waiver shall be effective as a bar to any and all actions, fees, damages, losses, claims, liabilities and demands of whatsoever character, nature and kind, that are known or unknown, or suspected or unsuspected, that may arise from or relate in any way to Participant's participation in the Program.

To the full extent permitted by law, I agree to hold and save the City and each City Party harmless from any and all actions, claims, proceedings, damages to persons or property, losses, costs, fees, expenses, forfeitures, penalties, obligations, errors, omissions or liabilities, whether actual or threatened, that may be asserted or claimed by any person, firm or entity ("Claims") arising out of or in connection with Participant's participation in the Program, and to defend and indemnify the City and each City Party from and against all Claims arising from the negligence or intentional misconduct of Participant or me in connection with Participant's participation in the Program. This obligation shall be binding on my heirs, successors and assigns and 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: _____