



City of
SANTA CLARITA

23920 Valencia Boulevard • Suite 300 • Santa Clarita, California 91355-2196

Phone: (661) 259-2489 • FAX: (661) 259-8125

www.santa-clarita.com

Dear Camp Clarita Parents:

The City of Santa Clarita Parks, Recreation, and Community Services Department welcomes you to Camp Clarita! Camp Clarita exists to provide campers with a safe and fun environment that fosters growth and development through recreational and creative activities such as games, crafts, skits, swimming, field trips, and more!

Registration Packet Includes:

- Camper Health History Form
- Camp Clarita Registration Form
- Enrollment Agreement
- Change Form (if needed)

To register via mail or walk-in, please fill out each form completely and mail or walk them into the Santa Clarita Sports Complex Aquatic Center with your payment. All forms must be completed in their entirety; incomplete forms will not be accepted. You may take advantage of our payment plan if you register prior to the last payment deadline of May 27 and place a valid credit card number on file. Registrations made online or after May 27, must be paid in full at the time of registration. For online registrations, you must only complete the Camper Health History form and Enrollment Agreement form, and you may do so online by visiting campclarita.com.

Please make sure you review the Camp Clarita Parent Handbook for detailed information on policies and procedures. You can pick one up from the registration counter or view online at campclarita.com.

Camp Clarita T-shirts must be worn daily. Each camper (excluding Voyager) will receive one T-shirt per paid enrollment regardless of how many weeks they are enrolled. Additional T-shirts may be purchased for \$8 at the time of registration or at the camp site (check only).

If you have any questions, please contact the Camp Clarita office at (661) 284-1465, or campclarita@santa-clarita.com. Thank you for choosing Camp Clarita to enrich your child's development this summer and we look forward to meeting you and your child.

See you this summer!

Lisa Nikkila
Day Camp Supervisor

Jennifer Lindstrom
Day Camp Coordinator



City of Santa Clarita Parks, Recreation and Community Services Department

2011 Camp Clarita Health History Form

PARTICIPANT INFORMATION

Last Name _____ First Name _____ Age* _____ Date of Birth _____

Gender (circle one): Male / Female Parent/guardian email address: _____

Address: _____ City: _____ Zip Code: _____ Home Phone: _____

Father/Guardian (Full Name): _____ Work Phone: _____ Cell Phone: _____

Mother/Guardian (Full Name): _____ Work Phone: _____ Cell Phone: _____

PROGRAM INFORMATION

Camp Program: Wee Folks Little Folks Ranger Camp Explorer Camp Voyager Camp

Camp Location: Canyon Country Park Newhall Park North Oaks Park
 Santa Clarita Park Valencia Glen Park Valencia Meadows Park

EMERGENCY CONTACT AND PERSONS AUTHORIZED TO PICK UP MY CHILD (other than parents, use back of form if needed):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

IF YOU WISH TO HAVE YOUR CHILD WALK HOME FROM CAMP UNACCOMPANIED, PLEASE SIGN:

Signature: _____ Time to be released: _____

HEALTH INFORMATION

The information you provide here will be held in the strictest confidence. It will be kept on file in our binder or carried by the camp director on field trips.

Name of Physician _____ Address _____ Phone # _____

Allergies Yes No If yes, please list the allergies and describe the severity of the reaction (medication, seasonal, food, etc.)

Medical, Physical, or Emotional Conditions (including Disabilities): Allows staff to provide your child with the best camp experience.

Please check here if your child requires reasonable accommodations through our Inclusion Program

Will your child need to take medication while at camp? Yes No

Any medication dispensed to your child must be brought to camp in its original prescription container and a **separate form** must be completed.

INSURANCE INFORMATION

Carrier/Plan Name _____ Group # _____ Name of Insured _____

Address _____ Phone # _____ Relationship to Camper _____

**We reserve the right to request proof of age at any time.*

PERMISSION TO PARTICIPATE / CAMP POLICIES AND PROCEDURES

I voluntarily agree to allow my child to participate in the above named program, or any extension thereof.

I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury including accidental death, as well as from claims for property damage which may arise in connection with the above named activity, against the Supervisors, City of Santa Clarita, and its elected and appointed officials, agents, and employees. As a parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I hereby give permission to the City of Santa Clarita to use my child(ren)'s photographs as they see fit for promotional purposes. I understand the photographs belong to the City and I will not receive payment of any kind.

Parent/Guardian Signature: _____ Date: _____

Camp Clarita Registration Form

Step 1 Camper Name: _____ Age: _____

Step 2 Additional Camp Clarita T-shirts (Additional T-shirts are optional) \$8.00 per shirt

(Each camper receives one T-shirt per paid enrollment regardless of how many weeks/sessions they attend. T-shirts will be given on their first day of camp for Wee Folks, Little Folks Ranger, and Explorer Camps. Voyager Campers do not wear camp shirts.)

Code	Size	Quantity		Code	Size	Quantity
1600.300	Youth X-Small (2-4)			1600.304	Adult Small	
1600.301	Youth Small (6-8)			1600.305	Adult Medium	
1600.302	Youth Medium (10-12)			1600.306	Adult Large	
1600.303	Youth Large (14-16)					

Total number of shirts _____ x \$8.00 = \$ _____

Step 3 Wee Folks Camp Only: Ages 3-4 by the start of camp 9:00 a.m. – 12:30 p.m.

(Proceed to Step 8)

Session	Dates	Days	Code	Park	Fee	Check Box to Enroll
1	June 13-July 6	M/W	1611.301	Canyon Country Park	\$111 (no camp 7/4)	
1	June 13-July 6	M/W	1612.301	Newhall Park	\$111 (no camp 7/4)	
1	June 14-July 7	T/Th	1611.311	Canyon Country Park	\$127	
1	June 14-July 7	T/Th	1612.311	Newhall Park	\$127	
2	July 11-Aug. 3	M/W	1611.302	Canyon Country Park	\$127	
2	July 11-Aug. 3	M/W	1612.302	Newhall Park	\$127	
2	July 12-Aug. 4	T/Th	1611.312	Canyon Country Park	\$127	
2	July 12-Aug. 4	T/Th	1612.312	Newhall Park	\$127	

Total Fees = _____

Step 4 Little Folks Camp Only: Ages 4-5 by the start of camp 9:00 a.m. – 1:00 p.m.

(Proceed to Step 8)

Session	Dates	Days	Code	Park	Fee	Check Box to Enroll
1	June 13-July 8	M/W/F	1621.313	Canyon Country Park	\$200 (no camp 7/4)	
1	June 13-July 8	M/W/F	1622.313	Valencia Glen Park	\$200 (no camp 7/4)	
1	June 14-July 7	T/Th	1621.312	Canyon Country	\$145	
1	June 14-July 7	T/Th	1622.312	Valencia Glen Park	\$145	
2	July 11-Aug. 5	M/W/F	1621.323	Canyon Country Park	\$218	
2	July 11-Aug. 5	M/W/F	1622.323	Valencia Glen Park	\$218	
2	July 12-Aug. 4	T/Th	1621.322	Canyon Country Park	\$145	
2	July 12-Aug. 4	T/Th	1622.322	Valencia Glen Park	\$145	

Total Fees = _____

Step 5 Ranger Camp Only: Ages 5-8 by the start of camp 7:00 a.m. – 6:00 p.m. (core hours 9:00 a.m. – 4:00 p.m.)

(Proceed to Step 8)

Week	Dates	Park Location <i>(please circle code to select park location)</i>			Options <i>(please circle code to select option)</i>	
		North Oaks Park	Santa Clarita Park	Valencia Meadows Park	M-F \$160	M/W/F \$126
1	June 13-17	1633.	1631.	1632.	315	313
2	June 20-24	1633.	1631.	1632.	325	323
3	June 27-July 1	1633.	1631.	1632.	335	333
4	July 5-8 (no camp 7/4*)	1633.	1631.	1632.	345* <i>\$140-4 days Tues-Fri</i>	343* <i>\$106-2 days W/F</i>
5	July 11-15	1633.	1631.	1632.	355	353
6	July 18-22	1633.	1631.	1632.	365	363
7	July 25-29	1633.	1631.	1632.	375	373
8	August 1-5	1633.	1631.	1632.	385	383
9	August 8-12	1633.	1631.	1632.	395	393

Total Fees = _____

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Step 6 Explorer Camp Only: Ages 9-12 by the start of camp 7:00 a.m. – 6:00 p.m. (core hours 9:00 a.m. – 4:00 p.m.)
(Proceed to Step 8)

Week	Dates	Park Location <i>(please circle code to select park location)</i>			Options <i>(please circle code to select option)</i>	
		North Oaks Park	Santa Clarita Park	Valencia Meadows Park	M-F \$160	M/W/F \$126
1	June 13-17	1643.	1641.	1642.	315	313
2	June 20-24	1643.	1641.	1642.	325	323
3	June 27-July 1	1643.	1641.	1642.	335	333
4	July 5-8 (no camp 7/4*)	1643.	1641.	1642.	345* \$140-4 days Tues-Fri	343* \$106-2 days W/F
5	July 11-15	1643.	1641.	1642.	355	353
6	July 18-22	1643.	1641.	1642.	365	363
7	July 25-29	1643.	1641.	1642.	375	373
8	August 1-5	1643.	1641.	1642.	385	383
9	August 8-12	1643.	1641.	1642.	395	393

Total Fees = _____

Step 7 Voyager Camp Only: Ages 11-15 by the start of camp 7:00 a.m. – 6:00 p.m.
(Proceed to Step 8)

Week	Dates	Park Location <i>(please circle code to select park location)</i>		Options <i>(please circle code to select option)</i>		
		Santa Clarita Park	Valencia Meadows Park	M-F \$218	M/W/F \$183	Camping Trip T/W/Th \$246
1	June 13-17	1651.	1652.	315	313	
2	June 20-24	1651.	1652.	325	323	
3	June 27-July 1	1651.	1652.	335	333	
4	July 5-8 (no camp 7/4*)	1651.	1652.	345* \$ 198-4 days Tues-Fri	343* \$163-2 days W/F	
5	July 11-15	1651.	1652.	355	353	
6	July 18-22 <i>Camping Trip Only</i>	1651.	1652.			363
7	July 25-29	1651.	1652.	375	373	
8	August 1-5	1651.	1652.	385	383	

Total Fees = _____

Step 8 Payment Option:

I choose the following payment option:

- Option 1: Payment in full
 Option 2: Payment Plan (Ranger/Explorer/Voyager Camps Only)

- I understand that my credit/debit card will be charged on the following dates based upon the above registration

1st Payment: Upon Registration 2nd Payment Due 4/22/2011 3rd Payment Due 5/27/2011

Name: _____ Signature: _____ Date: _____

Step 8 Payment Method Check/Money Order Credit/Debit Card: Visa Mastercard AmEx Discover

If paying by check or money order:

Check # _____ Driver's License # _____ State Issued _____ Exp. Date ____/____/____

If paying by credit card:

Name on Credit Card: _____ Signature: _____

Credit Card # _____ Exp. Date: ____/____/____

For Office Use Only: Receipt # _____ Staff Initials: _____ Date: _____
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Camp Clarita Enrollment Agreement



Camper's Name _____ Camp Program _____

- _____ Initial 1. I acknowledge that I have reviewed the Camp Clarita Parent Handbook and agree to adhere to the policies and procedures outlined. I have also reviewed this pertinent information with my child so they can follow the guidelines as well.
- _____ Initial 2. I understand that my child must adhere to the Discipline Policy outlined in the Parent Handbook. If my child fails to meet behavioral expectations, they may be temporarily or permanently suspended from the program without refund.
- _____ Initial 3. I understand that registration for each program closes the Wednesday prior to the start of the week at 5:00 p.m. Enrollments will not be accepted after this time.
- _____ Initial 4. If I participate in the payment plan, I understand that I am responsible for payment for the weeks I have signed up for. My credit card/debit card will be charged on April 22 for weeks 4-6 and May 27 for weeks 7 & 8.
- _____ Initial 5. I understand that all requests for refunds, transfers, or addition of weeks must be submitted in writing to the Camp Clarita office by completing a Change Form at least **10 business days** prior to the start of the week. All refunds will be assessed a \$14 processing fee. No refunds will be issued after this deadline.
- _____ Initial 6. I understand there are no make-ups for days missed at camp for any reason and my child may not attend camp on days they are not signed up for. Prorated refunds are not issued for campers who do not attend field trips and admission tickets are not distributed.
- _____ Initial 7. I understand the illness policy and will refrain from sending my child to camp when they are sick.
- _____ Initial 8. I understand that all medication must be checked in with the site Director and a Medication Consent form must be completed.
- _____ Initial 9. I understand that I must sign my child in and out of Camp Clarita daily. I must also be prepared to show photo identification in order to pick up my child.
- _____ Initial 10. I understand that only authorized people listed on the Health History form will be allowed to pick-up my child from camp. Should I wish to have my child released to another adult, I will send written authorization and they will be required to show photo identification.
- _____ Initial 11. I understand that camp hours are from 7:00 a.m. – 6:00 p.m. If I pick my child up after camp closes, I will be required to pay \$5/child for each 15-minute increment, or portion thereof, in which I am late. Payment is due and made payable by check the day I am late. On the third offense, my child will be suspended from the program until arrangements can be made to ensure they are picked up on time.
- _____ Initial 12. I understand that my child will be participating in many types of activities (i.e. field trips, water play, swimming, playground structures, etc.). I hereby authorize my child to participate in these activities.
- _____ Initial 13. I understand that my child will be required to wear their Camp Clarita T-shirt daily (except Voyager.) If my child arrives to camp without a Camp Clarita T-shirt, they will be given one and I must pay \$8 via check when my child is picked up.
- _____ Initial 14. I understand that photos of my child may be taken while at Camp Clarita and I give permission for the City of Santa Clarita to use these photographs as they see fit for promotional purposes.
- _____ Initial 15. I understand the City of Santa Clarita and staff will not be held liable for personal injury, loss, damage, or theft of property while my child is in attendance at Camp Clarita.

Parent/Guardian Name

Parent/Guardian Signature

Date



2011 Camp Clarita Change Form



Child's Name: _____ Date of Request: _____

All requests for refunds, transfers, or addition of weeks must be submitted in writing to the Camp Clarita office by completing the Change Form. Forms can be submitted directly to the Camp Clarita office through campclarita.com, fax at (661) 253-2567, or emailed to campclarita@santa-clarita.com. Change Forms must be submitted by the appropriate deadline. All requests to transfer or add additional weeks/days/programs will be based on availability and deadline requirements. You will be notified by the Camp Clarita office of the status of your request once written notification has been received.

REFUND POLICY

- A refund will be given when request is received by the Camp Clarita office at least 10 business days prior to the start of the week enrolled. All refunds will be assessed a \$14.00 processing fee.
A refund will not be issued for days missed in a week or session and there are no make-up days. Prorated refunds are not issued for campers who do not attend field trips and admission tickets are not distributed.
Any refund of camp fees may take up to one week after notification is received to be processed.
After a refund has been issued, credit card refunds may take up to seven business days depending on your credit card company/bank and check refunds may take up to three weeks to receive.
No refunds will be issued after the 10 business day deadline. Camp Clarita's advance reservation of buses, admission tickets, hiring of staff, etc. does not enable us to refund camp fees after the deadline regardless of the reason for non-attendance.

CAMP TRANSFERS OR ADDITIONS

- Transfer requests must be received by the Camp Clarita office no later than the Wednesday prior to the start of the week at 5:00 p.m. Requests for addition of weeks must be submitted to the Camp Clarita office by the Wednesday prior to the beginning of the week at 5:00 p.m.

WEE AND LITTLE FOLKS CAMPERS

Please circle the session you would like to cancel, add or transfer:

Table with 7 columns: Session, Program, Dates, Location*, Currently Registered (if only adding sessions, please leave blank), Circle One, Change/Add to. Rows include Wee Folks and Little Folks sessions at CCP, NP, and VGP locations.

*Canyon Country Park (CCP), Newhall Park (NP), Valencia Glen Park (VGP)

RANGER, EXPLORER AND VOYAGER CAMPERS

Please circle the week you would like to cancel, add or transfer:

Table with 7 columns: Week, Program (please circle one), Dates, Location* (please circle one), Currently Registered (if only adding weeks, please leave blank), Circle One, Change/Add to. Rows include Ranger Explorer Voyager sessions at NOP, SCP, and VMP locations.

* North Oaks Park (NOP), Santa Clarita Park (SCP), Valencia Meadows Park (VMP)

Please state the reason for the request: _____

Parent Name: _____ Parent Signature: _____ Email: _____

PAYMENT INFORMATION (complete only if balance due):

Credit Card # _____ Exp. Date: ____/____/____

Payee Name: _____ Payee Signature: _____

Check #: _____ Drivers License #: _____ State Issued: _____ Exp. Date: ____/____/____

For Office Use Only: Date Received by Staff: _____ Staff Initials: _____ Receipt #: _____