



Winter Adventures Enrollment Agreement

Each number must be initialed (not checked) in order for your child to participate.



Camper's Name _____ Age _____

- _____ 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 December 13, for week 1, December 19, for week 2, and December 26, for week 3. The balance must be received no later than two weeks prior to the start of the week or my deposit will be forfeited and my child's spot will be made available to others. **The deposit is non-refundable and non-transferable.**
- _____ 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. For each week refunded, a **\$30 charge per child per week** is withheld regardless of reason for refund. 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, outside activities, 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. 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