



City of Santa Clarita Parks, Recreation and Community Services Department
2011-12 Camp Clarita Winter Adventures Health History Form

PARTICIPANT INFORMATION

Last Name _____ First Name _____ Age* _____ Date of Birth _____
 Gender (circle one): Male / Female Parent/guardian email address: _____
 Camp Program: Winter Adventures Camp Camp Location: Santa Clarita Sports Complex, Activities Center
 Address: _____ City: _____ Zip Code: _____ Home Phone: _____
 Father/Guardian (Full Name): _____ Work Phone: _____ Cell Phone: _____
 Mother/Guardian (Full Name): _____ Work Phone: _____ Cell Phone: _____

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: _____
 Name: _____ Relationship: _____ Phone: _____

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 understand that:

- 1) There are no make-ups for missed days or transfers of money.
- 2) Staff reserves the right to require proof of age at any time.
- 3) For safety purposes, camp T-shirts and closed toe shoes with rubber soles must be worn daily. Campers will not be permitted into camp without them. **NO EXCEPTIONS.**
- 4) Camp hours are from 7:00 a.m. to 6:00 p.m.
- 5) Staff is not responsible for lost or stolen articles.
- 6) Campers are required to adhere to discipline policy and have self-discipline in order to provide a safe and constructive environment for everyone.
- 7) Winter Adventures Campers attend field trips on Wednesdays and no alternative care is provided. I have reviewed the list of planned field trips, and agree to allow my child to participate.

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. I also understand that only minor discipline problems will be handled in this program and recurrent behavioral problems of any kind may result in temporary or permanent suspension from the program without refund.

Parent/Guardian Signature: _____ Date: _____

Camp Clarita Winter Adventures Registration Form 2011-12

Step 1 Camper Name: _____ Age: _____ Birthdate: _____

Address: _____ Phone Number: _____

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.)

Code	Size	Quantity		Code	Size	Quantity
1600.100	Youth X-Small (2-4)			1600.104	Youth Large/Adult Small	
1600.101	Youth Small (6-8)			1600.105	Adult Medium	
1600.102	Youth Medium (10-12)			1600.106	Adult Large	

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

Step 3 Winter Adventures Camp (Ages 5-12 by the start of camp week)

Please choose the week(s) you would like to enroll

Week	Date	Code	Fee	Camp Location	Check box to enroll in week
1	December 27-30 (4 days)	1661.115	\$140	SCSC Activities Center	
2	January 2-6 (5 days)	1661.125	\$160	SCSC Activities Center	
3	January 9-13 (5 days)	1661.135	\$160	SCSC Activities Center	

Total Fees \$ _____

Step 4 Payment Option:

I choose the following payment option:

- Option 1: Payment in full (please proceed to Step 5)
- Option 2: Payment Plan (\$30 non-refundable and non-transferable deposit per child per week to hold spot. Balance due two weeks prior to camp.)
- I understand that my credit/debit card will be charged on the following dates based upon the above registration
 1st Week Due: 12/13/2011 2nd Week Due: 12/19/2011 3rd Week Due 12/26/2011

Credit Card to be charged on the above days: Visa Mastercard AmEx Discover

Name on Credit Card: _____ Signature: _____

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

Step 5 Payment Method for Original Payment or Deposit

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: _____



Winter Adventures Enrollment Agreement

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



Camper's Name _____ Age _____

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.
_____ Initial

Parent/Guardian Name

Parent/Guardian Signature

Date