

2019 SUMMER DAY CAMP REGISTRATION FORM

Clearly print and complete all required registration information. Please use one form per child.

Camper's Name: _____ Date of Birth: _____ Age: _____ Male

Female

Home Address: _____ Apt #: _____ Entering Grade: _____

City: _____ Zip Code: _____ Home Phone: () _____

T-Shirt Size: Youth Small Adult Small
 Youth Medium Adult Medium
 Youth Large Adult Large
 Adult X-Large

SUMMER DAY CAMP:

Please Circle desired Day Camp session below: **Monday – Friday: 8:30 am to 4:30 pm = \$125**

WEEK	1	2	3	4	5	6	7	8	9	10
DATES	6/10-6/14	6/17-6/21	6/24-6/28	7/1-7/5	7/8-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/5-8/9	8/12-8/16
ACTIVITY#	1701.401	1702.401	1703.401	1704.401	1705.401	1706.401	1707.401	1708.401	1709.401	1710.401

Extended Care: **Monday – Friday: 7:00 am to 6:00 pm = \$145**

WEEK	1	2	3	4	5	6	7	8	9	10
DATES	6/10-6/14	6/17-6/21	6/24-6/28	7/1-7/5	7/8-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/5-8/9	8/12-8/16
ACTIVITY#	1701.402	1702.402	1703.402	1704.402	1705.402	1706.402	1707.402	1708.402	1709.402	1710.402

Please Circle desired Day Camp session below: **Monday – Friday: 7:30 am to 12:30 pm = \$75**

WEEK	1	2	3	4	5	6	7	8	9	10
DATES	6/10-6/14	6/17-6/21	6/24-6/28	7/1-7/5	7/8-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/5-8/9	8/12-8/16
ACTIVITY#	1701.403	1702.403	1703.403	1704.403	1705.403	1706.403	1707.403	1708.403	1709.403	1710.403

Please Circle desired Day Camp session below: **Monday – Friday: 12:30 to 5:30 pm = \$75**

WEEK	1	2	3	4	5	6	7	8	9	10
DATES	6/10-6/14	6/17-6/21	6/24-6/28	7/1-7/5	7/8-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/5-8/9	8/12-8/16
ACTIVITY#	1701.404	1702.404	1703.404	1704.404	1705.404	1706.404	1707.404	1708.404	1709.404	1710.404

Parent's/
Guardian's Name: _____

Work Phone: () _____

Cell Phone: () _____

Email: _____

Parent's/
Guardian's Name: _____

Work Phone: () _____

Cell Phone: () _____

Email: _____

EMERGENCY CONTACT INFORMATION/SIGN IN & OUT PRIVILEGES:

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____

HEALTH AND PARTICIPATION QUESTIONS

1. Are there any special conditions such as allergies (e.g. bee stings, food allergies, pollen, etc), vegetarian, asthma, heart trouble, seizures, diabetes, or other medical information of which staff should be aware? List any medication taken daily and time (s) taken.

2. Please list any disabilities or behavioral concerns of which staff should be aware (ADD, hyperactivity, depression, etc).

WAIVER OF LIABILITY PHOTO RELEASE

Through this registration form, I realize that no medical insurance is provided for the City of San Gabriel activities and I fully understand that my dependent's participation exposes him/her to the risk of personal injury, death or property loss or damage. I hereby acknowledge that I am allowing my dependent to participate in this event/class and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of San Gabriel or any of its officers, employees or agents for any injury, death or damage to or loss of personal property arising out of, or in connection with, the participation of my dependent in the event/class from whatever cause, including the active or passive negligence of the City of San Gabriel or any other participants in the event/class. In consideration for my dependent being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of San Gabriel from any and all claims, demands, actions or suits arising out of or in connection with my dependent's participation in the event/class. My dependent is physically able to participate in this activity. I consent to any medical treatment me or my dependent needs while involved in this activity and I agree to pay for it. I hereby consent to the use of photographs my dependent in city printed materials and or website. I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Parent/Guardian
Signature Required: _____

Date: _____