



Parks, Recreation & Cultural Services
 230 W. Elm Street Lodi, CA 95240
 (209) 333-6742



2019 Registration Form

Child's Name: _____
(First and Last name)

Nickname: _____

Address: _____
Street City State Zip

Male/Female

Age _____ Birthdate ____/____/____

Child's Tee Shirt Size: _____



OA - Outdoor Adventure Camp



FS - Fast Sports Camp



KD - Kid Drama Camp



SB - Summer Blast Camp

IMPORTANT:

- Early drop off or Late Pick Up Fees is an additional \$1 per minute.
- After 6:15 pm, it's a flat rate of \$30.00 and at 6:30 pm *Lodi PD* will be called.
- Returned Check Fee is \$35.00, paid to the City of Lodi; and you will be placed on a "cash only" status.
- There will be refunds for medical and hardships; sessions are not transferable and discounts will not apply to field trips.

1) CHOOSE which SESSION and CAMP. 2) Choose the TIME desired.
 (Note: Session 1 and Session 2 are different fees due to the 4th of July holiday.)

Session:		Camps
1	2	
		OUTDOOR ADVENTURE
		F.A.S.T SPORTS
		KID DRAMA
		SUMMER BLAST
		COUNSELOR IN TRAINING-CIT

Select	Camp Hours	Session:	
		1	2
	All day 7 am- 6 pm	\$575	\$546
	9 am-4 pm	\$420	\$399
	20 Day Punch Pass 7am-6pm	\$700	\$700
	CIT (Ages 13-15)	\$210	\$199
	AM 7-9	\$120	\$120
	PM 4-6	\$120	\$120

NOTE: Additional fees apply to out of town field trips. Fees must be paid in advance.

Session: Choose only the trip applicable to enrollment:			
1	6/12	Discovery Kingdom	\$75
2	7/10	Raging Waters	\$60

Free Field Trips
Swimming
Nature Trails
WOW Museum
Lodi Lake Beach
City Parks

Parent/Guardian (Please Print Name) _____ Signature _____ Date _____

Home Phone _____ Cell Phone _____ Work Phone _____

For Office Use only

Date _____ Amount \$ _____ Check # _____ Cash Charge Deposit



2019

Lodi Kids Camp

Child Information Form



Child's Name: _____

Age: _____

Check the appropriate ratings that your child has your permission to view or play.

Movies

G PG PG-13

Video Game Ratings

E (Everyone) T (Teen) M (Mature)

Child Information _____

Health History / Allergies _____

Special Needs _____

Activity Needs and/or Problems _____

Social Needs or Unique circumstances _____

Snacks (Can your child have the item listed below?)

Peanuts/Nuts	YES / NO	Bread	YES / NO
Fresh Fruit	YES / NO	Lunch Meat	YES / NO
Milk	YES / NO	Juice	YES / NO
Other	_____		

Parent/Guardian Signature _____

Date _____



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**2019
Lodi Kids Camp
Parent Permission Slip**



Name: _____ has my permission to participate in the field trip.

YES _____ NO _____

YOUR SON/DAUGHTER WILL BE TRANSPORTED BY:

Walking or Commercial Transportation

Parent/Guardian:

As the parent, agency representative or legal guardian, I hereby give consent to the City of Lodi Staff to provide all emergency Dental or Medical care prescribed by a duly licensed Physician (M.D.) Osteopath (D.O.) or Dentist (D.D.S) for: **Child's name** _____.

Please initial the statement below:

_____ In the event of an accident or other emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the City of Lodi, Program Staff, to make arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. This care may be given under whatever conditions are necessary to preserve the Life, Limb, or Well Being of my child

Parent or Guardian Signature: _____ Date: _____

Home Address: _____

Home phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian:

Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child, as he/she considers necessary. In the event, said physician in is not available at anytime, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Please provide the following information in the event of an emergency or accident:

Please list any allergies, physical or medical problems child may have, to be considered necessary for medical treatment:

Physician's Name _____ Phone Number _____

Health Insurance Provider _____ Group I.D. Number _____

I, THE UNDERSIGNED HEREBY AGREE TO BEAR ALL COSTS THAT ARE INCURRED AS A RESULT OF AN ACCIDENT OR EMERGENCY:

X _____ Date _____

(Parent/Guardian Signature)

Photography:

I give my permission for the above child to be photographed participating in the Lodi Kids Camp Summer program.

Parent Signature: _____ Date: _____



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2019 Lodi Kids Camp Emergency Form

Must be completed by Parent or Guardian

Parent Email: _____

Child's Name: _____
Last First Middle Nickname

Home Address: _____
Address City Zip

Child's Info: _____
Age Male/Female Grade Birth date

Father's Info: _____
Last First Home # Cell # Work #

Mother's Info: _____
Last First Home # Cell # Work #

Authorized Adults to pick up child from program site

Name: _____
Last First Relationship Home Phone Work Phone

Name: _____
Last First Relationship Home Phone Work Phone

Name: _____
Last First Relationship Home Phone Work Phone

Physician/Dentist to be called in an emergency

Physician's Info: _____
Name Medical Plan Insurance Number Office Phone

Dentist's Info: _____
Name Medical Plan Insurance Number Office Phone

If Physician cannot be reached, what action should be taken?

Allergies, limitations, medications, dietary restrictions or special needs

Procedure

- I hereby agree to indemnify and hold the City of Lodi its officers and employees, harmless, and any community organization cosponsoring the program, from and against any and all liability for any injury which may be suffered by me or my child, arising out of or in any way connected with participation in the program named above.
- I recognize and understand that there may be risks of injury to my child as a participant in this program and I agree to accept those risks in registering my child as a participant. My signature below indicates that I am aware of and understand the policy and procedures of the Summer Safari Program.

Parent/Guardian Print Name

Parent/Guardian Signature

Date

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AGREEMENT AND RELEASE OF LIABILITY As the parent or guardian of a minor child (hereafter "my child") participating in activities of the City of Lodi, Parks and Recreation Department, I hereby waive and release any claims I or my child may have now or in the future, against the City and its officers, employees, contractors, servants and agents (hereafter referred to collectively as "the City") arising from injuries to my child or damages to my child's or my property, sustained while my child is (1) at the City's facilities, (2) participating in the City's activities, or (3) being transported to or from the facilities or activities, regardless of whether such injuries or property damage is caused in whole or in part by the City's alleged active or passive negligence. As lawful consideration for my child being permitted to participate in this activity, my child and I agree to release from legal liability and agree not to sue the City of Lodi.

In the event of an injury to my child, I hereby give the City permission to arrange transportation for my child to a hospital, and/or provide my child with EMERGENCY treatment or first aid, although I understand that the City does not assume any responsibility to take any of these actions. The City is not liable for any medical expenses in the event of an injury.

This waiver and release shall be valid for the duration of the sessions in which my child is enrolled. I have carefully read this waiver and release and agree to the terms stated and understand that this contract is legally binding and that my child and I are releasing legal rights by signing it. I certify that I am the parent or legal guardian of the child whose name is listed above.



Signature _____ Date _____