



PARKS, RECREATION & CULTURAL SERVICES
 230 W. Elm Street Lodi, CA 95240
 (209) 333-6742



2019 Fall Camp Registration Form

Participants First Name	Last Name	MI
Mailing Address	City	Zip
Home Phone	Work Phone	
<input type="checkbox"/> M <input type="checkbox"/> F Age _____ Birthdate ____/____/____		

Please indicate weeks and time desired:

1 x Reg. Fee \$25 for Camp and Passes

Week 1 – Sept. 30 – Oct. 5 _____	9am to 4pm _____	\$ 140_____
Week 2 - Oct. 7 – Oct. 11 _____	7am to 6pm _____	\$165_____
Both Weeks	7am to 6pm _____	\$300_____
_____ 3 Day Camp Pass: \$125	_____ 5 Day Camp Pass: \$185	

Weekly Program Fees: 9am to 4pm is \$140 ~ 7am to 6pm is \$165 ~ Both Weeks is \$300 (7am to 6pm)

There is a **Registration Fee of \$25** for Camp/Passes. Fees are due prior to the start of each week.

Camp Passes are good for 2019/2020 Fall and Spring Camps Only

Early drop off or Late pick up fees: \$1 per minute. After 6pm it's a flat rate of \$30 and at 7pm the Lodi PD will be called.

If there is a **Returned Check**, the Fee is \$35, payable to the City of Lodi, and you will be placed on a "cash only" status.

****No Refunds - No Transferring of Weeks - No Exceptions****

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.

Parent/Legal Guardian (Please print)	Signature	Date
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For Office Use only

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



2019 Fall Camp Emergency Form

Must be completed by Parent or Guardian

Child's Name: _____
Last First Middle Nickname

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

Home Address: _____
Address City Zip

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





2019 Fall Camp Child Information Form

Child's Name: _____

Age: _____

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

Movie Friday

_____ G

_____ PG

Video Game Ratings

_____ E (Everyone)

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-Circle Yes or No)

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

Parent/Guardian Signature _____

Date _____





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2019 Fall Camp Permission Slip

CHILDS NAME: _____ BIRTH DATE: _____

PLEASE INITIAL THE STATEMENT BELOW:

_____ 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 a Dentist (D.D.S) for my child listed above.

_____ 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.

_____ 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 is not available at anytime, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Physician's Name _____ Phone Number _____

Health Insurance Provider _____ Group I.D. Number _____

My child has the following Medication / Allergies: _____

Please indicate any physical/medical problems to be considered or necessary for medical treatment:

I, THE UNDERSIGNED, AGREE THAT CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY CHILD. ADDITIONALLY, 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)

FIELD TRIPS:

Parent acknowledges that the program includes multiple field trips during this enrollment. Trips are taken via all of the methods outlined below. My child named above has permission to participate in any field trip connected with enrollment in this program. YES ___ NO ___

YOUR SON/DAUGHTER WILL BE TRANSPORTED BY: Walking ___X___ ASP Van ___X___

PHOTOGRAPHY:

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

Parent Signature: _____ Date: _____



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Signature _____ Date _____

