

City of Watsonville Parks & Community Services Department



WINTER DAY CAMP

2011 Camp Registration Form



CAMPER INFORMATION

Last Name: _____ First Name: _____
Date of Birth: _____ Gender: [] Male [] Female
Mailing Address: _____
City: _____ Zip Code: _____
Home Phone: _____ Alt. Phone: _____
School: _____ Grade: _____
T-Shirt Size: [] YS [] YM [] YL [] YXL [] AS [] AM [] AL [] AXL

PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____
Mailing Address: _____
City: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____

HEALTH/ALLERGY INFORMATION

Is the camper under doctor's care? [] NO [] YES
Is the camper currently taking any medication? [] NO [] YES
If yes, please list: _____
Does the camper have any special needs, medical problems or allergies? [] NO [] YES
If yes, please list: _____
Camper's Swimming Ability: [] Non-Swimmer [] Beginner [] Intermediate [] Advanced [] Don't Know
Does the camper have any food allergies or sensitivities*? [] NO [] YES
If yes, please list: _____
*(Please Note: If your child has multiple allergies/sensitivities you may need to supply pre-made meals for your child. Please call if you think that this may be an issue.)
Vegetarian? [] NO [] YES Vegan? [] NO [] YES

RELEASE OF LIABILITY

I, the undersigned, do hereby grant permission for the City of Watsonville Parks and Community Services staff to obtain emergency medical treatment if warranted, including calling an ambulance, any physician or paramedic deemed necessary. Any expense incurred as described above will be borne by the participant's family.
The undersigned, in consideration of participation in this program, agrees to indemnify and hold the City, its employees and its agents harmless from any and all liability for any injury, death, loss or harm that occurs by the above named individual registered in this program, arising out of, or in any way connected with, participation in this program. I hereby authorize and give consent to the City of Watsonville, its successors and assigns, to copyright, broadcast, publish and display all photographs and videos taken by them in which I and/or my children appear.

Parent/Guardian Signature: _____ Date: _____

TERMS AND CONDITIONS



DISCIPLINE POLICY: Campers are expected to follow the camp rules. If a camper exhibits unacceptable behavior, redirection will be used. If the behavior continues, a separation from other campers will occur. Continued misbehavior will result in a parent conference or expulsion from the program. If a camper misses a field trip or is asked to leave camp due to unacceptable behavior, the parent/guardian will be responsible for picking up the camper. We will not provide alternate care for those unable to participate in daily camp activities. There will be no refunds if a camper cannot participate for disciplinary reasons.



PERMISSION TO PARTICIPATE IN FIELD TRIPS: I allow my camper to participate in camp-sponsored activities at locations other than the camp location. I allow my camper to walk on field trips to locations close to the camp location. Activities may include swimming, field trips, etc. Activities will be guided and supervised by City of Watsonville Parks and Community Services staff. Bus Transportation, as applicable, will be provided by City vans or chartered buses.



CAMPER BEHAVIOR: I understand and accept the following: My camper agrees to abide by all camp rules and regulations. Campers are not allowed to possess or use any tobacco or smoking materials, alcohol or illegal drugs. Campers may not possess weapons of any kind. I am responsible for any expense incurred because of willful damage or destruction of property caused by my camper. Campers may not leave camp property or established boundaries without the approval of Camp Staff. Continued inappropriate behavior, including threatening, swearing, disobedience, teasing, spitting, harassment, intimidation or other improper behavior at any time may result in immediate expulsion from camp with no refund.



SIGN IN/OUT PROCEDURES: I understand that I will be required to sign in and sign out my camper each day. I will complete a Drop Off / Pick Up Authorization form and will inform staff immediately if I need to update telephone numbers, delete or add names to this form.



MEDICATION: Prescription and non-prescription medicine will **not** be administered by the City of Watsonville Parks and Community Services staff at any time.



TRANSPORTATION RESPONSIBILITY: I understand that I must promptly transport my camper home, at my expense, in the event that my camper is expelled from camp for behavioral or other reasons.



REFUNDS

1. There will be NO refunds or substitutions for missed days due to illness or other reasons.
2. There will be NO refunds if your child is suspended or expelled from the camp.
3. There will be NO refunds for any participants who drop out of the program for any reason or circumstance.
4. NO refunds will be issued for withdrawals requested less than 14 calendar days prior to the first day of the program.
5. A refund of fees, minus a \$10.00 processing fee, will be issued for program withdrawals requested 14 or more calendar days prior to the first day of the program.
6. A full refund is granted if the program is canceled by the City of Watsonville Parks and Community Services Department

By signing below, I accept and understand these Terms and Conditions of the Winter Day Camp.

Parent/Guardian Signature: _____ Date: _____

“We create community through people, parks and programs”