



## Summer Day Camp Registration: 2017

Please complete the following form (one per child) and return it to the La Sierra Community Center Sports Office, 5325 Engle Rd, Suite 100, Carmichael, CA 95608, Phone: (916) 483-7826, Fax: (916) 483-7861. Completed forms can also be faxed. This form must be filled out and returned the week before camp attendance.

**Mark camp:**     Voyager (5-8 yrs old)     Explorer (9-11 yrs old)     Teen (12-14 yrs old)

Child's Name: \_\_\_\_\_ Office Receipt # \_\_\_\_\_ Receipt Copy: Y or N  
 Address: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Male or Female  
 City/Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Parent(s) Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please **check mark** full time or part time (AM or PM) section below to indicate when your child will be attending and what you are paying for today.

You are **only** paying for the dates you circle on this form. You must fill out this form each time you register for more dates.

After your initial registration, you can simply phone in, fax, or email your registration. Please call 483-7826 for more details on all of our convenient registration options.

WEEK	DATES	FULL TIME	PART TIME	
			AM	PM
1	6/12—6/16			
2	6/19—6/23			
3	6/26—6/30			
*4	7/3—7/7			
5	7/10—7/14			
6	7/17—7/21			
7	7/24—7/28			
8	7/31—8/4			
**9	8/7 & 8/8			

**FEES:** All fees are per child per week  
 Sibling Discount—\$10 off for each additional child

**FULL TIME—\$145 (Resident) \$155 (Non-Resident)**

Monday - Friday, 7am—6pm  
 Fieldtrip and Swimming cost included

**PART TIME—\$95 (Resident) \$105 (Non-Resident)**

Monday - Friday  
 AM: 7am -12:30pm    PM: 12:30pm—6pm  
 Full Day for fieldtrip and fieldtrip cost included.

**Late Fee:** Registration for the following week is due by Friday 5pm. Any registration turned in after Friday at 5pm (including the drop box) will be charged a \$10 late fee.     Late Fee

**PAYMENT:** Payment must accompany registration.

Check One:  Check# \_\_\_\_\_  Cash  Money Order  Credit \*

**Make Checks payable to C.R.P.D.** Visa or Mastercard

Total Amount Due: \_\_\_\_\_

**\*Week 4: Closed on Tuesday, July 4th**  
 Summer Camp Prorated  
 FT: \$125 (R) \$135 (NR)  
 PT: \$85 (R) \$95 (NR)

**\*\*Week 9: After School Program begins 8/10**  
 Summer Camp Prorated  
 FT: \$55 (R) \$60 (NR)  
 PT: \$45 (R) \$50 (NR)

\* CREDIT: Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Card Holder Signature: \_\_\_\_\_  
 CVV: \_\_\_\_\_

**All registration received after 4:30pm will be processed the following day. A receipt will be emailed to the customer.**

Carmichael



RECREATION AND  
PARK DISTRICT

# SUMMER DAY CAMPS 2017

## Carmichael Recreation & Park District

5325 Engle Rd, Carmichael, CA 95608 • (916) 483-7826 • FAX: (916) 483-7861

SUMMER DAY CAMP

June 12th — August 8, 2017

### AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the above district to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, officials, employees, and agents) from any and all liability arising out of, or connected in any way, with my participation in said activity even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity.

**PARENTAL CONSENT:** (To be completed and signed by parent/guardian if applicant is under 18 years of age).

I hereby consent that my son/daughter \_\_\_\_\_ participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity.

**PHOTO RELEASE:** By signing this agreement, you are agreeing to release photo rights to Carmichael Recreation & Park District. Carmichael Recreation & Park District reserves the right to photograph facilities, activities, and program participants for potential future use. All photos will remain the property of Carmichael Recreation & Park District.

**I have carefully read this Agreement, Waiver, and Release and fully understand its content. I am aware that this is a release of liability and a contract between myself and Carmichael Recreation & Park District and I sign it of my own free will.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Parent     Guardian